Form <b>990</b>
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Department of the Treasury Internal Revenue Service

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### \*\* PUBLIC DISCLOSURE COPY \*\*

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

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

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

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Amended return       SAINT LOUIS, MO 63121       H(a) is this a group return for subordinates?         Applica- pering       F Name and address of principal officer: CHERYL JONES SAME AS C ABOVE       Yes 2         I Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527       H(b) Are all subordinates?       Yes 2         J website: ▷       WWW.GIRLSINCSTL.ORG       H(b) Are all subordinates: included?       Yes 2         K form of organization: X Corporation Trust Association Other ▷       L Year of formation: 1983       M State of legal domic         Part I       Summary       1       Briefly describe the organization's mission or most significant activities: STRONG, SMART, AND BOLD       INSPIRING ALL GIRLS TO BE         2       Check this box ▷       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of individuals employed in calendar year 2021 (Part VI, line 1a)       3         4       Number of individuals employed in calendar year 2021 (Part V, line 2a)       5         6       Total number of numbers from Part VIII, column (C), line 12       7a         b Net unrelated business taxable income from Part VIII, column (C), line 12       74, 320.       12, 74         9       Program service revenue (Part VIII, line 1h)       10, 136.       4, 4         9       Program service revenue (Part VIII, column (A), lines 5, 4, 8c, 9c,	A For the	and e and e and e	enaing				
Change Instance	B Check if applicable	c Name of organization		D Employer identification number			
□ change       Doing business as       43-1321294         □ fraining       Number and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         3801 NELSON DRIVE       314-385-8088         City or town, state or province, country, and ZIP or foreign postal code       G. Gress receipts \$ 1,862,5         Arenerding       Family       For and address of principal officer: CHERYL JONES         SAME AS C ABOVE       H(a) is this a group returm       for subordinates?         I tax-exempt status:       \$ 010(c)(3)       01(c) (-)        (insert no.)         Yespite:       WWW.GIRLSINCSTL.ORG       H(b) are all subordinates included?       Yes [         K Form of organization;       X corporation       Trust       Association       Other > L Year of formation: 1983 M State of legal domic         Part I       Summary       1       Briefly describe the organization's mission or most significant activities:       INSPIRING ALL GIRLS TO BE         STRONG, SMART, AND BOLD       2       Check this box > [if the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of volumeers of the governing body (Part VI, line 1a)       3       4         4 Number of volumeers (estimate if necessary)       6       5         7 a total number of volumeers (estimate if necessary)       6 <th>change</th> <th>GIRLS INCORPORATED OF ST. LOUIS</th> <th></th> <th></th> <th></th>	change	GIRLS INCORPORATED OF ST. LOUIS					
Image: Section of the sectin sectin section of the section of the section of th	change	e Doing business as		43-13212	94		
itemini- interval       City or town, state or province, country, and ZIP or foreign postal code SAINT LOUIS, MO 63121       G cross receipts \$ 1,862,5         impendent pending       F Name and address of principal officer: CHERYL JONES       H(a) Is this a group return for subordinates; implementations: SAME AS C ABOVE       H(b) Are all subordinates; implementations         I Tax-exempt status:       X 501(c)(3)       501(c)(.) ◆ (insert no.)       4947(a)(1) or       527         J Website:       WWW.GIRLSINCSTL.ORG       H(c) Group exemption number       F         K Form of organization:       X Corporation       Trust       Association       Other       L year of formation; 1983       M State of legal domic         Part I       Summary       I Briefly describe the organization's mission or most significant activities:       INSPIRING ALL GIRLS TO BE         STRONG, SMART, AND BOLD       2 Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of individuals employed in calendar year 2021 (Part VI, line 1a)       3         4 Number of individuals employed in calendar year 2021 (Part VI, line 2a)       5         6 Total number of individuals employed in calendar year 2021 (Part VI, line 2a)       6         7 a Total unrelated business taxable income from Form 990-T, Part I, line 11       7a         8 Contributions and grants (Part VIII, column (C), lines 1.3       1, 761,	return						
Amended return       SAINT LOUIS, MO 63121       H(a) is this a group return for subordinates?         Application       F Name and address of principal officer: CHERYL JONES       H(b) Are all subordinates?       Yes 2         I Tax-exempt status: X 501(c)(3) 501(c) ()        (insert no.)       4947(a)(1) or       527         J Website: ▶       WWW.GIRLSINCSTL.ORG       H(b) Are all subordinates included?       Yes 2         Form of organization: X Corporation       Trust       Association       Other ▶       L Year of formation: 1983       M State of legal domic         Part I       Summary       1       Briefly describe the organization's mission or most significant activities:       INSPIRING ALL GIRLS TO BE         STRONG, SMART, AND BOLD       2       Check this box ▶       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of individuals employed in calendar year 2021 (Part VI, line 1a)       3         4       Number of individuals employed in calendar year 2021 (Part V, line 2a)       5         6       Total number of volunteers (estimate if necessary)       6         7 a Total unrelated business taxable income from Part VIII, column (C), line 12       7a       74, 320.       12, 9         9       Program service revenue (Part VIII, column (A), lines 5, 4, and 7d)       10, 136.       4, 4	l return/	3801 NELSON DRIVE	314-385-8				
Image: Constraint of the constrain		, , , , , , , , , , , , , , , , , , ,	G Gross receipts \$	1,862,956.			
I ison pending       F Name and address of principal officer: CHERT I DOMES       To subordinates /	return	SAINI LOUIS, MO 03121		H(a) Is this a group re			
I Tax-exempt status:       X 501(c)(3)       501(c) ()       (insert no.)       4947(a)(1) or       527         I Tax-exempt status:       X 501(c)(3)       501(c) ()       (insert no.)       4947(a)(1) or       527         If "No," attach a list. See instruction       If "No," attach a list. See instruction       If "No," attach a list. See instruction         J Website:       WWW. GIRLSINCSTL.ORG       If "No," attach a list. See instruction         Form of organization:       X Corporation       Trust       Association       Other       L Year of formation:       1983       M State of legal domic         Part I       Summary       I Briefly describe the organization's mission or most significant activities:       INSPIRING ALL GIRLS TO BE         STRONG, SMART, AND BOLD       2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of volumes of the governing body (Part VI, line 1a)       3         4       Number of individuals employed in calendar year 2021 (Part V, line 2a)       5         6       Total number of volunteers (estimate if necessary)       6         7 a Total number of ordinviduals employed in calendar year 2021 (Part V, line 12)       7a         8       Contributions and grants (Part VIII, column (C), line 12       7a         9       Prog	tion	F Name and address of principal officer: CHERIL COMES		for subordinates	? Yes X No		
J Website:       WWW.GIRLSINCSTL.ORG       H(c) Group exemption number         K Form of organization:       X Corporation       Trust       Association       Other       L Year of formation:       1983       M State of legal domic         Part I       Summary       1       Briefly describe the organization's mission or most significant activities:       INSPIRING ALL GIRLS TO BE         3       Number of undependent voting members of the governing body (Part VI, line 1a)       3       4         4       Number of independent voting members of the governing body (Part VI, line 1a)       4       5         5       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       6       7a         6       Total number of volunteers (estimate if necessary)       7a       7a       7a         7 a Total numelated business revenue from Part VIII, column (C), line 12       7a       7a       7b         8       Contributions and grants (Part VIII, line 1h)       9 Proorgram service revenue (Part VIII, line 2g)       74 A, 320 .       12, 25         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       10, 136 .       4, 4         11       Other revenue (Part VIII, column (A), lines 3, 6, 8c, 9c, 10c, and 11e)       3, 916 .       -9, 5         12       Total revenue - add lines 8 through 11 (must equal Part VIII, colu		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
K       Form of organization:       X       Corporation       Trust       Association       Other       L       Year of formation:       1983       M State of legal domic         Part I       Summary       1       Briefly describe the organization's mission or most significant activities:       INSPIRING ALL GIRLS TO BE         3       1       Briefly describe the organization's mission or most significant activities:       INSPIRING ALL GIRLS TO BE         2       Check this box <ul> <li>if the organization discontinued its operations or disposed of more than 25% of its net assets.</li>       3       Number of voting members of the governing body (Part VI, line 1a)       3         4       Number of independent voting members of the governing body (Part VI, line 1a)       4       5         5       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       5         6       Total number of volunteers (estimate if necessary)       7a         7a       Total unrelated business revenue from Form 990-T, Part I, line 11       7b         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       10, 136.       4, 4         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       3, 916.       -9, 5         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)</ul>			or 527	,			
Part I       Summary         1       Briefly describe the organization's mission or most significant activities: INSPIRING ALL GIRLS TO BE         2       Check this box ▶ □ 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)         4       Number of independent voting members of the governing body (Part VI, line 1b)         5       Total number of individuals employed in calendar year 2021 (Part V, line 2a)         6       Total number of volunteers (estimate if necessary)         7       Total unrelated business revenue from Part VIII, column (C), line 12         b       Net unrelated business taxable income from Form 990-T, Part I, line 11         7       Prior Year         6       Total, 4800.         9       Program service revenue (Part VIII, line 1h)         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1.3)         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       17, 900.         14       Benefits paid to or for members (Part IX, column (A), lines 4)       0.         15       Schware and sim		•					
Image: Streight describe the organization's mission or most significant activities:       INSPIRING ALL GIRLS TO BE         STRONG, SMART, AND BOLD       Check this box ▶ ☐ 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         4 Number of independent voting members of the governing body (Part VI, line 1a)       4         5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)       5         6 Total number of volunteers (estimate if necessary)       6         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a         b Net unrelated business taxable income from Form 990-T, Part I, line 11       7b         8 Contributions and grants (Part VIII, line 1h)       9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       10, 136.       4, 4         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       3, 916.       -9, 5         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1.3)       17, 900.       44, 2         13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)       17, 900.       44, 2         14 Benefits paid to or for members (Part IX, column (A), lines 1.3)       17, 900.       44, 2			L Year (	of formation: 1983 N	State of legal domicile: MO		
STRONG, SMART, AND BOLD         2       Check this box ▶ □ 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)         4       Number of independent voting members of the governing body (Part VI, line 1b)         5       Total number of individuals employed in calendar year 2021 (Part V, line 2a)         6       5         6       7a         7 total number of volunteers (estimate if necessary)       6         7       7 total unrelated business revenue from Part VIII, column (C), line 12       7a         b       Net unrelated business taxable income from Form 990-T, Part I, line 11       7b         8       Contributions and grants (Part VIII, line 1h)       1, 761, 480.       1, 833, 6         9       Program service revenue (Part VIII, line 2g)       74, 320.       12, 5         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       10, 136.       4, 4         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       3, 916.       -9, 5         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       1, 849, 852.       1, 841, 2         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       17, 900.       <							
5       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       5         6       Total number of volunteers (estimate if necessary)       6         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a         b Net unrelated business taxable income from Form 990-T, Part I, line 11       7a         8       Contributions and grants (Part VIII, line 1h)       1,761,480.         9       Program service revenue (Part VIII, line 2g)       74,320.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       10,136.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       3,916.       -9,3         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       17,900.       44,2         13       Grants and similar amounts paid (Part IX, column (A), lines 4)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       772, 207       700.	8 1		IRING .	ALL GIRLS TO	) BE		
5       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       5         6       Total number of volunteers (estimate if necessary)       6         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a         b Net unrelated business taxable income from Form 990-T, Part I, line 11       7a         8       Contributions and grants (Part VIII, line 1h)       1,761,480.         9       Program service revenue (Part VIII, line 2g)       74,320.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       10,136.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       3,916.       -9,3         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       17,900.       44,2         13       Grants and similar amounts paid (Part IX, column (A), lines 4)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       772, 207       700.	un o		od of moro	than 25% of its not ass	ote		
5       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       5         6       Total number of volunteers (estimate if necessary)       6         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a         b Net unrelated business taxable income from Form 990-T, Part I, line 11       7a         8       Contributions and grants (Part VIII, line 1h)       1,761,480.         9       Program service revenue (Part VIII, line 2g)       74,320.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       10,136.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       3,916.       -9,3         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       17,900.       44,2         13       Grants and similar amounts paid (Part IX, column (A), lines 4)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       772, 207       700.				1.1	30		
5       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       5         6       Total number of volunteers (estimate if necessary)       6         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a         b Net unrelated business taxable income from Form 990-T, Part I, line 11       7a         8       Contributions and grants (Part VIII, line 1h)       1,761,480.         9       Program service revenue (Part VIII, line 2g)       74,320.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       10,136.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       3,916.       -9,3         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       17,900.       44,2         13       Grants and similar amounts paid (Part IX, column (A), lines 4)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       772, 207       700.	ê 9 ⊿				30		
b         Net unrelated business taxable income from Form 990-T, Part I, line 11         Total           8         Contributions and grants (Part VIII, line 1h)         1,761,480.         1,833,6           9         Program service revenue (Part VIII, line 2g)         74,320.         12,5           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         10,136.         4,4           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         3,916.         -9,3           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         1,849,852.         1,841,2           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         17,900.         44,2           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.	∞ <b>5</b>			·····	49		
b         Net unrelated business taxable income from Form 990-T, Part I, line 11         Total           8         Contributions and grants (Part VIII, line 1h)         1,761,480.         1,833,6           9         Program service revenue (Part VIII, line 2g)         74,320.         12,5           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         10,136.         4,4           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         3,916.         -9,3           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         1,849,852.         1,841,2           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         17,900.         44,2           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.	a tie				400		
b         Net unrelated business taxable income from Form 990-T, Part I, line 11         Total           8         Contributions and grants (Part VIII, line 1h)         1,761,480.         1,833,6           9         Program service revenue (Part VIII, line 2g)         74,320.         12,5           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         10,136.         4,4           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         3,916.         -9,3           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         1,849,852.         1,841,2           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         17,900.         44,2           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.		Total unrelated business revenue from Part VIII column (C) line 12			0.		
B         Contributions and grants (Part VIII, line 1h)         Prior Year         Current Yea           9         Program service revenue (Part VIII, line 2g)         1,761,480.         1,833,6           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         10,136.         4,4           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         3,916.         -9,5           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         1,849,852.         1,841,2           13         Grants and similar amounts paid (Part IX, column (A), line 4)         0.         0.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         772, 207         700, 207	ĕ <sup>′</sup> ĕ				0.		
8       Contributions and grants (Part VIII, line 1h)       1,761,480.       1,833,6         9       Program service revenue (Part VIII, line 2g)       74,320.       12,5         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       10,136.       4,4         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       3,916.       -9,3         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       1,849,852.       1,841,2         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       17,900.       44,2         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.			<u> </u>				
9       Program service revenue (Part VIII, line 2g)       74,320.       12,5         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       10,136.       4,4         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       3,916.       -9,5         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       1,849,852.       1,841,2         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       17,900.       44,2         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.	. 8	Contributions and grants (Part VIII, line 1h)			1,833,636.		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       3, 910.       -9, 2         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       1, 849, 852.       1, 841, 2         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)       17, 900.       44, 2         14 Benefits paid to or for members (Part IX, column (A), line 4)       0.         15 Soleries other componentian employee herefits (Dart IX, column (A), line 5, 10)       772, 207       700.2	9 9				12,529.		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       3, 910.       -9, 2         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       1, 849, 852.       1, 841, 2         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)       17, 900.       44, 2         14 Benefits paid to or for members (Part IX, column (A), line 4)       0.         15 Soleries other componentian employee herefits (Dart IX, column (A), line 5, 10)       772, 207       700.2	ā 10				4,434.		
12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       1,849,852.       1,841,2         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       17,900.       44,2         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.         15       Salarias, other comparation, employee herefits (Dart IX, column (A), line 5, 10)       772,207       700,22	۳ <u>11</u>				-9,312.		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)       17,900.       44,2         14 Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15 Seleries other componentian employee herefits (Det IX, column (A), line 5,10)       772,207       700.2					1,841,287.		
14 Benefits paid to or for members (Part IX, column (A), line 4)       0.         15 Solarias other componentian employee benefits (Part IX, column (A), lines 5.10)       772.207				17,900.	44,250.		
<b>15.</b> Solution other componentian employee herefits (Part IV, column (A), lines 5.10) $772.207$ $700.20$				0.	0.		
	ω 15 s			772,207.	700,229.		
2 16a Professional fundraising fees (Part IX, column (A), line 11e) 11,968. 18,1				11,968.	18,135.		
b Total fundraising expenses (Part IX, column (D), line 25)  103,006.	b.	Total fundraising expenses (Part IX, column (D), line 25)   103,00	)6.				
<b>u</b> 17 Other expenses (Part IX, column (A), lines 11a 11d, 11f 24e)         603,678.         671,5	<u>ш</u> 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		603,678.	671,555.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,405,753. 1,434,1				1,405,753.	1,434,169.		
				444,099.	407,118.		
ଞ୍ଚ Beginning of Current Year End of Year	or		Be		End of Year		
응 4,105,577. 4,553,1	<b>102</b> Sets	Total assets (Part X, line 16)			4,553,121.		
	≚ ≝ 121	Total liabilities (Part X, line 26)		48,071.	39,940.		
22 Net assets or fund balances. Subtract line 21 from line 20	22 <u>– 22</u>	Net assets or fund balances. Subtract line 21 from line 20		4,057,506.	4,513,181.		

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	Signature of officer         CHERYL JONES, PRESIDENT         Type or print name and title	Г & СЕО		Date	
Paid	Print/Type preparer's name KIMBERLY A RYAN	Preparer's signature	Date	Check PTIN if self-employed P00829977	
Preparer	Firm's name 🕨 RUBINBROWN LLP	1	Firm's EIN ▶ 43-0765316		
Use Only	Firm's address 7676 FORSYTH BLV				
	SAINT LOUIS, MO	63105		Phone no. (314) 290-3300	
May the I	RS discuss this return with the preparer shown abo	ve? See instructions			
132001 12-0	LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2021)				

	1 990 (2021) GIRLS INCORPORATED OF ST. LOUIS 43-1321294 Page
Pa	rt 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 INCORPORATED OF ST. LOUIS IS TO INSPIRE ALL GIRLS
	TO BE STRONG, SMART, AND BOLD BY PROVIDING EDUCATIONAL, RECREATIONAL,
	AND CULTURAL PROGRAMS TO GIRLS IN A SAFE ENVIRONMENT TO ENABLE THEM TO
	RAISE THEIR ASPIRATIONS AND REALIZE THEIR POTENTIAL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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
4 -	revenue, if any, for each program service reported. (Code:) (Expenses \$
4a	(Code:) (Expenses \$/52,/22 including grants of \$44,250 ) (Revenue \$12,529 CENTER - MEMBERSHIP SERVICES
	THE CENTER-BASED PROGRAM IS AN EXTENDED LEARNING PROGRAM THAT INCLUDES
	SUMMER AND AFTER SCHOOL PROGRAMS. THE SUMMER PROGRAM IS HELD FOR EIGHT
	WEEKS DURING JUNE - JULY (917 GIRLS IN 2021). DAILY STRUCTURED,
	AGE-SPECIFIC PROGRAMS ARE PROVIDED, AS WELL AS WEEKLY OUTINGS ON FIELD
	TRIPS AND RECREATIONAL SWIM. GIRLS AGES 6 - 12 PARTICIPATE IN CLASSES
	IN THE PROGRAM AREAS OF CULTURAL ARTS, SPORTS AND PHYSICAL DEVELOPMENT,
	EDUCATIONAL ENHANCEMENT (INCLUDING STEM) AND PERSONAL DEVELOPMENT.
	CONTINUED ON SCHEDULE O
	100 753
4b	(Code:) (Expenses \$108,753. including grants of \$) (Revenue \$) (Revenue \$)
	THE EUREKA! TEEN ACHIEVEMENT PROGRAM (EUREKA) IS A YEAR ROUND,
	FIVE-YEAR PROGRAM COMMITMENT IN WHICH 8TH THROUGH 12TH GRADE GIRLS WILL
	FOCUS ON SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICS (STEM)
	EDUCATION. THE PROGRAM FOSTERS EDUCATIONAL, PROFESSIONAL AND PERSONAL
	DEVELOPMENT WITH A FOCUS ON LEADERSHIP AND COMMUNITY ADVOCACY, WITH
	COMPLEMENTARY ACTIVITIES IN SPORTS AND PHYSICAL FITNESS, HEALTHY
	LIVING, AND FINANCIAL LITERACY. A PORTION OF EUREKA TAKES PLACE IN A
	COLLEGE CAMPUS ENVIRONMENT, INCREASING THE LIKELIHOOD THAT THEY WILL
	PURSUE HIGHER EDUCATION AND CAREERS IN STEM FIELDS.
4c	(Code:) (Expenses \$119,841. including grants of \$) (Revenue \$)
	OUTREACH - PREVENTION:
	OUTREACH PROGRAMS (OVER 9,000 GIRLS SERVED IN 2021) PROVIDE EDUCATION
	ON STEM, PREVENTION OF TEEN PREGNANCY, DRUG AND ALCOHOL USE AND SEXUAL
	ABUSE. THESE CLASSES FOLLOW THE CURRICULA DEVELOPED AT THE NATIONAL
	LEVEL OF GIRLS INCORPORATED. A LOCALLY-DEVELOPED LIFE SKILLS PROGRAM IS
	ALSO OFFERED. FOR IN-PERSON PROGRAMMING, CLASSES ARE PROVIDED AT 72
	SITES THROUGHOUT THE ST. LOUIS METROPOLITAN AREA INCLUDING SCHOOLS,
	COMMUNITY CENTERS, CHURCHES AND OTHER NONPROFIT ORGANIZATIONS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 981, 316.
0005	Form 990 (202 SEE SCHEDULE O FOR CONTINUATION(S)
5200	2 12-09-21 SEE SCHEDULE OF OR CONTINUATION(S)
	919 132842 02020.0000 2021.04021 GIRLS INCORPORATED OF ST. 0202

Form	990	(2021)

Form 990 (2021) GIRLS INCORPORATED OF ST. LOUIS
Part IV Checklist of Required Schedules

or in quasi endowments? If 'Yes, ' complete Schedule D, Part V     10     X       11     If the organization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Parts VI, VII, VII, VII, VI, VI, VI, VII, VI				Yes	No
2         bit the organization require inter or index objects and page activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I         3         X           3         Diff the organization require inter or index objects and page activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I         3         X           4         Section SD (Kp)(3) organizations. Do the organization require in lobbing activities, or have a section SD (Kp) election in effect         4         X           5         Is the organization asseement, investments as defined in Rev. Proc. 88:10? If "Yes," complete Schedule C, Part I         5         X           6         Diff the organization measure in anounts in such throads or accounts? If "Yes," complete Schedule D, Part I         6         X           7         X         To be the organization measure in anount in Part V, inc 21, for socrow or custodial account liability, sorve as a custodian for amounts no situation are access or other similar assets? If "Yes," complete Schedule D, Part I         7         X           8         Diff the organization resort or order credit consensing, debt management, credit repair, or debt registrus serves?         9         X           10         Diff the organization resort an anount for anount in part V, into 21, resort an anount for anount set in a stress controls in advance section asset?         1         X           10         Diff the organization report an anount for investments	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
<ul> <li>3 Did the organization engage in direct or publical campaign activities on bahal of or in opposition to candidates for public office? (<i>I''</i>'reg.' <i>complete Schedule C, Part I</i></li> <li>4 Section 501(b) organizations. Did the organization engage in k0b/ying activities, or have a section 501(b) election in effect during the tax year? (<i>I''</i>'reg.' <i>complete Schedule C, Part II</i></li> <li>6 Did the organization matina and ydone advised times areament, including easements to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts (<i>P</i> //reg.' complete Schedule D, Part I</li> <li>9 Did the organization matina collectors of works of art , historical trassures, or other similar assets? (<i>P'</i> / reg.' complete Schedule D, Part I, for escone or cuetodial account liability, serve as a custodian for amounts not listed in Part X, in provide credit counseling, det margament, credit reg.'' or det negatition services?</li> <li>10 X</li> <li>10 Did the organization report a manue for investments - other socurities in Part X, line 12, full is 5% or more of its total assets reported in Part X, line 13, full is 5% or more of its total assets reported in Part X, line 119, <i>P'</i>'reg.' complete Schedule D, Part VI</li> <li>11 Did the organization report a manue for investments. Other securities in Part X, line 12, full is 5% or more of its total assets reported in Part X, line</li></ul>		If "Yes," complete Schedule A			
public office? # 'Yes,' complete Schedule Q, Part I         3         X           4         Section 501(6)1 organization. Did the organization engage in lobbying activities, or have a section 501(6)1 election in effect         4         X           5         Is the organization a section 501(6)(4), 501(6)(6) or 501(6)(4), 501(6)(6), or 501(6)(4), 501(6)(6), or 501(6)(4), 501(6)(6), or 501(6)(4), 501(6)(6), 501(6)(4), 501(6)(6), 501(6)(4), 501(6)(6), 501(6)(4), 501(6)(6), 501(6)(4), 501(6)(6), 501(6)(4), 501(6)(6), 501(6)(4), 501(6)(6), 501(6)(4), 501(6)(6), 501(6)(4), 501(6)(6), 501(6)(4), 501(6)(6), 501(6)(4), 501(6)(4), 501(6)(6), 501(6)(4), 501(6)(6), 501(6)(4), 501(6)(6), 501(6)(4), 5	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
<ul> <li>Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If Yes, 'complete Schedule C, Part II</i>.</li> <li>Is the organization a section 501(c)(k), 501(c)(k), or 501(c)(k), organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 89:197. <i>If Yes, 'complete Schedule C, Part II</i>.</li> <li>Did the organization certain any doore advised indus or any similar funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which doors have the right to provide advice and means. In Storic structures? <i>If Yes, 'complete Schedule D, Part II</i>.</li> <li>Did the organization neutral networks and the assesses, including easements to preserve open space, the environment, historic of trough a network (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1</li></ul>	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? "Yes," complete Schedule C, Part II         4         X           5         is the organization a section 50(16)(5) 00(16)(5) 00(16)(5) 00(16)(5) 00(16)(5) 00(16)(5)         55         X           6         Did the organization martain any domoral visual funds or any similar funds or accounts for which domors have the right to provide advision or investment at amounts in such funds or accounts [Or which domors have the right to provide advision or investment at amounts in such funds or accounts [Or which domors have the right to provide advision or investment at amounts in such funds or accounts [Or which domors have the right to provide advision or investment at amounts in such funds or accounts [Or which domors have the right to provide advision or investment at amounts in such funds or accounts (ID which domors have the right to provide advision eases, or hotion cultures? II "Ves," complete Schedule D, Part II         6         X           7         X         Did the organization right areas or hotion is cultures? II "Ves," complete Schedule D, Part II         7         X           8         X         Ord the organization right areas or hotion is cold to curvesting advision provide credit counseling, dott magnement, credit reparts, or dott negotiation services?         9         X           9         Did the organization right and manut for lined, buildings, and equipment in Part X, line 10? II "Yes," complete Schedule D, Part II         10         X           11         If the organization report an amount for lines there securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? II "Yes," compl		public office? If "Yes," complete Schedule C, Part I	3		X
5         Is the organization asciolor 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 991:97 <i>If Yes," complete Schedule C, Part II</i> 5         X           D Dd the organization markum any doore advised funds or any similar toxids or accounts? <i>If Yes," complete Schedule D, Part II</i> 6         X           D Dd the organization nearement in black funds or accounts? <i>If Yes," complete Schedule D, Part II</i> 7         X           B Dd the organization markum any doore advised in cassement, including assements to the preserve open space, the environment, historic through a related organization areause, or other similar assets? <i>If Yes," complete Schedule D, Part II</i> 7         X           9 Dd the organization report an amount in Part X, line 21, for secrow or custodal account liability, serve as a custodian for amounts no tilsed in Part X, or provide credit counseling, debt management, credit repair, or debt negolitation services?         8         X           9 Dd the organization, directly through a related organization, hold assets in donor-estricted endowments or in quasi endowments? <i>If Yes," complete Schedule D, Part VI</i> 10         X           9 Dd the organization report an amount for lund, building, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 147, <i>Yes, "complete Schedule D, Part VI</i> 11a         X           10 Dd the organization report an amount for investments - order assets in Part X, line 12, that is 5% or more of its total assets reported in Part Y, line 17 <i>Yrs, "complete Schedule D, </i>	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
similar amounts as defined in Rev. Proc. 98-197. #*es*; complete Schedule Q, Part II         5         X           O Did the organization maintain eases, or historic durds or any similar funds or accounts? If *Yes, "complete Schedule D, Part II         6         X           7 Did the organization maintain ease, or historic accounts? If *Yes, "complete Schedule D, Part II         7         X           8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If *Yes, "complete Schedule D, Part II         7         X           9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If *Yes, "complete Schedule D, Part II         8         X           9 Did the organization, directly or through a nelated organization, hold assets in donor restricted endowments or in quasi endowments? #*Yes, "complete Schedule D, Part V         10         X           10 Did the organization answer to any of the following questions is *Yes, "then complete Schedule D, Part V         10         X           11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? #*Yes, "complete Schedule D, Part V         10         X           12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? #*Yes, "complete Schedule D, Part V         11a         X           13 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? #*Yes, "complete Schedule D, Part V         11a         X		during the tax year? If "Yes," complete Schedule C, Part II	4		X
6       Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II       8       X         7       X       X       7       X         8       Did the organization maintain any donor advised structures? If "Yes," complete Schedule D, Part II       7       X         9       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       7       X         9       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       8       X         9       Did the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, K, or X, as applicable.       9       X       10       X         10       If the organization report an amount for investments - lorder sacetifies in Part X, line 10? If "Yes," complete Schedule D, Parts VI. VII, VIII, K, or X, as applicable.       11       X       11       X         11       If the organization report an amount for investments - lorder sacetifies in Part X, line 10? If "Yes," complete Schedule D, Part X       11       X       11       X         11       If the organization report an amount for or the sassets in Part X, line 10? If "Yes," complete Schedule D,	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
provide advice on the distribution or investment of amounts in such funds or account? If "Yes," complete Schedule D, Part I         6         X           7         Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic ind areas, or historic structures? If "Yes," complete Schedule D, Part II         7         X           8         Did the organization report an amount in Part X, line 21, for eacrow or custodial account liability, serve as a custodian for amounts not listel in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV         8         X           9         Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi notowment? If "Yes," complete Schedule D, Part V         10         X           11         If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI         10         X           12         Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII         11a         X           13         Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII         11a         X           14         Did the organization report an amount for other assets in P		similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
7       Did the organization receive or hold a conservation easement, including easements to preserve open space.       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>IF Yes</i> , <i>* complete Schedule D, Part II</i> 8       X         9       Did the organization report an amount in Part X, line 21, for servow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 107. <i>IF Yes</i> , <i>* complete Schedule D, Part V</i> 10       X         11       If the organization report an amount for investments - other securities in Part X, line 107. <i>IF Yes</i> , <i>* complete Schedule D, Part VI</i> 11a       X         12       Did the organization report an amount for investments - other securities in Part X, line 107. <i>IF Yes</i> , <i>* complete Schedule D, Part VI</i> 11a       X         13       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167. <i>IF Yes</i> , <i>* complete Schedule D, Part VII</i> 11b       X         14       X       11c       X       11c       X         15       Did the organization report an amount for investments - program related in Part X, line 12, <i>IF Yes</i> , <i>* complete Schedule D, Part X</i> <td< td=""><td>6</td><td></td><td></td><td></td><td></td></td<>	6				
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes," complete Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for secrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization directly or through a related organization, hold assets in donor restricted endowments or in guasi endowments? If "yes," complete Schedule D, Part V       10       X         10       Did the organization report an amount for indu, buildings, and equipment in Part X, line 10? If "yes," complete Schedule D, Part VI       10       X         11       Did the organization report an amount for investments - other securities in Part X, line 10? If "yes," complete Schedule D, Part VI       11a       X         11       Did the organization report an amount for other liabilities in Part X, line 12? If "yes," complete Schedule D, Part VI       11a       X         11       Did the organization report an amount for other liabilities in Part X, line 25? If "yes," complete Schedule D, Part X       11a       X         12       Did the organization included in consolidated financial statements for the tax year?       114       X			6		_X_
8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? // 'Yes,' complete       8       X         9       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V       9       X         11       If the organization report an amount for line following questions is "Yes," then complete Schedule D, Part VI, VII, VII, IX, or X, as applicable.       10       X         12       Did the organization report an amount for line duplicity, complete Schedule D, Part VI       11       X         13       Did the organization report an amount for line stements - other securities in Part X, line 127. If "Yes," complete Schedule D, Part VI       11       X         14       X       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167. If "Yes," complete Schedule D, Part XI       11d       X         14       Did the organization report an amount for other assets in Part X, line 257. If "Yes," complete Schedule D, Part XI       11d       X         14       Did the organization submit on duce Tit Net Al (ASC 7407). If "Yes," complete Schedule D, Part X       11d       X	7				
Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V       10       X         10       Did the organization, answer to any of the following questions is 'Yes,' then complete Schedule D, Part X, UII, VIII, VIII, VII, VI, VX, or X, as applicable.       10       X         10       Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI       11a       X         11a       X       Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII       11a       X         11a       X       Ite organization report an amount for investments - protein schedule D, Part VII       11a       X         11a       X       Ite organization sector in Part X, line 16? If 'Yes,' complete Schedule D, Part VII       11a       X         11a       X       Ite organization report an amount for investments for the tax year'. If 'Yes,' controthe that addresses the organization report an amount for other li			7		<u> </u>
9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Uid the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? (# 'Yes,' complete Schedule D, Part V       10       X         11       If the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? (# 'Yes,' complete Schedule D, Part V       11a       X         12       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? (# 'Yes,' complete Schedule D, Part VI       11a       X         13       Did the organization report an amount for there assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? (# 'Yes,' complete Schedule D, Part X       11a       X         14       Did the organization report an amount for other assets in Part X, line 25? (# 'Yes,' complete Schedule D, Part X       11d       X         11       Did the organization subari RH 24 (SC 740?) * (Yes,' complete Schedule D, Part X       11d       X         12       Did the organization chotal asparate, independent audited financia	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments       9       X         11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments       9       X         a Did the organization report an answer to any of the following questions is "Yes," then complete Schedule D, Part VI.       10       X         a Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11       X         b Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11       X         c Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11       X         d Did the organization separate or consolidated financial statements for the tax year include a controle that addresses the organization to bara separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X       114       X         12a Did the organization askneed TV to line 12a, three completing Schedule D, Part X and XII apptronal       112a       X			8		<u> </u>
# "Yes," complete Schedule D, Part IV       9       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         11       If the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         12       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11a       X         13       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11d       X         14       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         11d       Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         11d       Did the organization separate in doreli labilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         11d       Did the organization asset Part	9				
10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? // m/vsc, 'complete Schedule D, Part V       10       X         11       If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,					
or in quasi endowments? If 'Yes,' complete Schedule D, Part V     10     X       11 If the organization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Parts VI, VIII, VII, X, or X, as applicable.     11a     X       a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,'' complete Schedule D, Part VI     11b     X       b Did the organization report an amount for investments - other securities in Part X, line 12?, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VI     11b     X       c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VII     11c     X       d Did the organization report an amount for other assets in Part X, line 15?, If 'Yes,'' complete Schedule D, Part X     11d     X       e Did the organization report an amount for other labilities in Part X, line 15?, If 'Yes,'' complete Schedule D, Part X     11d     X       11d     X     11d     X     11d     X       12a     Did the organization is bapt to uncertain tax positions under FIN 49 (ASC 'YdP) /' 'Yes,'' complete Schedule D, Part X     11d     X       12a     Did the organization isolded in consolidated, independent audited financial statements for the tax year?     11d     X       12a     X     11d     X     11d     X       13     St he organization in			9		<u> </u>
11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable.       11       In the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         b       Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VI       11a       X         c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         c       Did the organization report an amount for other assets in Part X, line 16? If "Yes," complete Schedule D, Part VII       11d       X         d       Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X       11d       X         e       Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization a separate, independent audited financial statements for the tax year?       11f 'Yes," complete Schedule D, Part X       11d       X         12a       Did the organization as parate, independent audited financial statements for the tax year?       11f 'Yes," complete Schedule D, Part X       11d       X         12a       Did the organization answerd 'No" to line 12a, then completing Schedule D, Part X Al AX XII optional	10			v	
as applicable.       a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? /// "Yes," complete Schedule D, Part VI       11a       X         b) Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? /// "Yes," complete Schedule D, Part VII       11a       X         c) Did the organization report an amount for investments - orgoram related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII       11c       X         d) Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X       11e       X         e) Did the organization report an amount for other assets in Part X, line 25? // "Yes," complete Schedule D, Part X       11e       X         f) Did the organization is separate, independent audited financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11t       X         12a       X       11d       X       12a       X         13       Is the organization included in consolidated, independent audited financial statements for the tax year?       11t       X         14a       X       11d       X       12a       X         14a       14b       14a			10	A	
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X       11c       X         d Did the organization report an amount for other lassets in Part X, line 25? If 'Yes,' complete Schedule D, Part X       11d       X         f Did the organization separate or consolidated financial statements for the tax year' include a footnote that addresses the organization ischool described in section 170b(1)(A)(II)? If 'Yes,' complete Schedule D, Part X       11f       X         12a       Did the organization aschool described in section 170b(1)(A)(II)? If 'Yes,' complete Schedule E       11a       X         13       If the organization nation answered 'No' to line 12a, then completing Schedule E, Parts XI and XII is optional       12b       X         14a       Did the organization report an and/L, line 3, more than \$5,000 of garegate foreing investiments valued at \$10,000 or more? If 'Yes,' c	11				
Part VI       11a       X         b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       X         e       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization's separate or consolidated financial statements for the tax year? in the organization neluded in consolidated, independent audited financial statements for the tax year?       11f       X         12a       Did the organization a school described in section 170(b)(1)(A)(W)?       f "Yes," complete Schedule E       11a       X         13       Is the organization neport on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States?       14a       X         14       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for fore	_				
b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         e       Did the organization report an amount for other liabilities in Part X, line 26? If "Yes," complete Schedule D, Part X       11d       X         11d       X       11d       X       11d       X         11d       X	а		44.	v	
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         11d       X       11e       X       11e       X         12a Did the organization separate, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Part X       11f       X         12a Did the organization included in consolidated, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Part X       12a       X         13 Is the organization aschool described in section 170(0)(1)/A(0)(i)? If "Yes," complete Schedule E       13a       X         14a Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargeate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of gargeate grants or other assistance to or for any foreign organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,0	L		11a	Δ	
c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? /f 'Yes," complete Schedule D, Part VIII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? /f 'Yes," complete Schedule D, Part IX       11c       X         e       Did the organization report an amount for other assets in Part X, line 25? /f 'Yes," complete Schedule D, Part X       11e       X         f       Did the organization separate or consolidated financial statements for the tax year include a tootnote that addresses the organization bilability for uncertain tax positions under FIN 48 (ASC 740)? /f "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         13       Sthe organization aschool described in section 170(b)(1)A(iii)? /f 'Yes," complete Schedule E       13       X         14a       Did the organization naintain an office, employees, or agents outside of the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garats or other assistance to or for any foreign organization? /f 'Yes," complete Schedule F, Parts II and IV       15       X         16       X       11d       X       11d       X	D		116		x
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         d Did the organization report an amount for other assets in Part X, line 15; that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f Did the organization's separate or consolidated financial statements for the tax year (complete Schedule D, Part X       11d       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X and XII       12a       X         b Was the organization assched in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E       13       X         14a       Did the organization assched in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E       13a       X         14b       Did the organization naminatian an office, employees, or agents outside of the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$1,0,000 forg martmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II       16       X         17       Did the orga	~				
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? if "Yes," complete Schedule D, Part X       11d       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11t       X         12a       Did the organization assered "No" to line 12a, then completing Schedule D, Parts XI and XII       12a       X         b Was the organization aschool described in section 170(b)(1)(X)(ii)? If "Yes," complete Schedule E       13       X         114a       Did the organization aschool described in section 170(b)(1)(X)(ii)? If "Yes," complete Schedule E       13       X         114a       Did the organization aschool described in section 170(b)(1)(X)(ii)? If "Yes," complete Schedule E       13       X         114a       Did the organization aschool described in section 170(b)(1)(X)(ii)? If "Yes," complete Schedule E       13       X         114a       Did the organization aschool described in section 170(b)(1)(X)(ii)? If "Yes," complete Schedule E       13       X         114b       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreigin organization? If "Yes," complete Schedu	C		110		x
Part X, line 16? If "Yes," complete Schedule D, Part IX       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       If "Yes," and if the organization answerd "No" to line 12a, then completing Schedule D, Part X and XII is optional       12a       X         b Was the organization maintain an office, employees, or agents outside of the United States?       14a       X         14b       X       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report nore than \$15,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV       16       X         18       Did the organization report more than \$15,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV<	Ь				
e       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization silability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11e       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X XI and XII is optional       12a       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X         14a       X       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report or Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         18       Did the organization report or Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part	ŭ		11d		x
f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Part X / and X/I       12a       X         b       Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       11f       X         13       Is the organization answered "No" to line 12a, then completing Schedule E, Parts XI and XII is optional       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garts or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II       18       X         16       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18	e	Did the organization report an amount for other liabilities in Part X line 25? If "Ves." complete Schedule D. Part X			
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         12b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         13       Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization nave argregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report nore than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or oth					
12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         12b       X       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete       12a       X         13       Is the organization askered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization neoption part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II       18       X         18       Did the organization report more than \$15,000 of gross income from gaming activit	•	• •	11f		х
Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       13       X         b       Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garets or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3 complete Schedule G, Part I.       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If	12a				
b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)?       /// # "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more?       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.       18       X         19       Did the organization report more than \$15,000 of gross income from graning activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization report more than \$15,000 of gross income from graning activities on Part VIII, line 9a? If "Yes,"       19       X         12			12a	Х	
13       Is the organization a school described in section 170(b)(1)(A)(ii)?       If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X	b				
13       Is the organization a school described in section 170(b)(1)(A)(ii)?       If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X			12b		Х
<ul> <li>14a Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>14a X</li> <li>b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV</li> <li>14b X</li> <li>15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV</li> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV</li> <li>16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions</li> <li>17 X</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," and IX</li> <li>20a X</li> <li>20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</li> <li>20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II</li> </ul>	13				Х
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more thospital facilities? If "Yes," complete Schedule H       20a       X         20a       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H       20a       X         19       X       20a       X	14a		14a		Х
or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H       20a       X	b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1 c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18       X         19       Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 19       X         20a       X       20a       X         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule H</i> 20a       X		investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 ot total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       X       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H       20a       X			14b		X
<ul> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i></li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i></li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>omplete Schedule G, Part II</i></li> <li>20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i></li> <li>20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</li> <li>21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i></li> </ul>	15				
or for foreign individuals? // f "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? // f "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? // f "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // f "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? // f "Yes," complete Schedule H       20a       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? // f "Yes," complete Schedule I, Parts I and II       20b       21			15		<u> </u>
<ul> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions</li> <li>18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? <i>If "Yes," complete Schedule G, Part II</i></li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part II</i></li> <li>19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i></li> <li>19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i></li> <li>20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i></li> </ul>	16				
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       21       X			16		<u> </u>
18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines         1       1c and 8a? If "Yes," complete Schedule G, Part II         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H         20a       X         20b       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	17				
1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X			17	Х	<u> </u>
19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	18			77	
complete Schedule G, Part III       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	46		18	X	
20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	19				v
b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II       21       X	<b></b>				
21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II       21       X					<u> </u>
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			206		<u> </u>
	21		24		x
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			<b>v</b>
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		- 23
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<u> </u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Stat	ements Reg	arding C	Other IRS	Filings an	ld Ta	x Con	npliance	(continued)

Form 990 (2021) Part V

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	49			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions	s				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			
_	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoui	nt)?	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 Ac		( )	<b>F</b> -		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			50 50		<u></u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50		
ua	any contributions that were not tax deductible as charitable contributions?	-		6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contribution			Ua		
D.	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).			0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices i	provided to the payor?	7a	Х	
				7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa					
	to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:		1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	11a	1			
a ⊾	Gross income from members or shareholders	11a				
a	Gross income from other sources. (Do not net amounts due or paid to other sources against	11b				
102	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041		.£a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>	•			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation	or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069. 12-09-21 5			F	000	(000
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Form	990	(2021)
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Section A. Governing Body and Management

#### GIRLS INCORPORATED OF ST. LOUIS

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

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X

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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3	<u>)</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 3	<u>0</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	<u>8a</u>	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
ect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
_			Yes	
	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10-	x	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c	x	
	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
	Did the organization have a written whistleblower policy?	14	X	
	Did the process for determining compensation of the following persons include a review and approval by independent	14		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	x	
	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	ion C. Disclosure		1	
	List the states with which a copy of this Form 990 is required to be filed  MONE			
	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)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	.,		
	Own website Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd finan	icial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records 🕨 🚬			
0	CHERYL JONES - 314-385-8088			
0	CHERYL JONES - 314-385-8088 3801 NELSON DRIVE, ST LOUIS, MO 63121			

<u>Form 990 (</u> 2	2021) GIRLS INCORPORATED OF ST. LOUIS	43-1321294	Page 7						
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated							
	Employees, and Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII								
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.									

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		l than c	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar		recio	r/trus <sup>:</sup>	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional	Ι.	nploy	st con yee	L	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) CHERYL JONES	65.00	_			-		4			
PRESIDENT & CEO				x				125,000.	Ο.	0.
(2) HON. GLORIA RENO	2.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(3) DR. ROBERT VIRGIL	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) KIMBERLY HALL	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) LAUREN BAKER	2.00									
SECRETARY		Х		X				0.	0.	0.
(6) ROCHELLE GRIFFIN	2.00									
TREASURER		Х		Х				0.	0.	0.
(7) DR. BENJAMIN OLA AKANDE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) DR. YOLI ALOVOR	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) KIM AUSMER	2.00									_
BOARD MEMBER		Х						0.	0.	0.
(10) SHERETTA BUTLER-BARNES	2.00									_
BOARD MEMBER		Х						0.	0.	0.
(11) ERRIN BRADDOCK	2.00									-
BOARD MEMBER		Х						0.	0.	0.
(12) DR. NINA CALDWELL	2.00									•
BOARD MEMBER		Х						0.	0.	0.
(13) JACQUI DESCHLER	2.00									•
BOARD MEMBER		х						0.	0.	0.
(14) CLAYTON EVANS	2.00									•
BOARD MEMBER		Х						0.	0.	0.
(15) KEN FRANKLIN	2.00								•	•
BOARD MEMBER		Х						0.	0.	0.
(16) DR. SHARILYN FRANKLIN	2.00								0	0
BOARD MEMBER	2 00	Х						0.	0.	0.
(17) JEROME GIDLOW	2.00	v							•	<u> </u>
BOARD MEMBER 132007 12-09-21		Х						0.	0.	0 • Form <b>990</b> (2021)

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Form **990** (2021)

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Form 990 (	)
Dart VII	

GIRLS INCORPORATED OF ST. LOUIS

43-1321294 Page 8

Part VII Section A. Officers, Directors, Trus		<u>oloy</u>	ees,			ghes	st C		,		
(A)	(B)	1			C)			(D)	(E)	(F	
Name and title	Average hours per		not c	heck		than o		Reportable	Reportable	Estim	
	week					is both pr/trus		compensation from	compensation from related	amou oth	
	(list any	tor						the	organizations	comper	
	hours for	r direc				ed		organization	(W-2/1099-MISC/	from	
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)	organi	
	organizations below	al trus	onal ti		loyee	e comp		1099-NEC)		and re	
	line)	In dividual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former			organiz	zations
(18) JENNIFER TYUS-HAYNES	2.00								_		
BOARD MEMBER		Х						0.	0.		0.
(19) JENNIFER ITO	2.00										•
BOARD MEMBER		х				-		0.	0.		0.
(20) PAGE MELTON-IVIE	2.00								0		0
BOARD MEMBER	2 00	Х				-		0.	0.		0.
(21) HEATHER JIN	2.00	v						0	٥		0
BOARD MEMBER (22) TAMEKIA JUSZCZYK	2.00	Х				-		0.	0.		0.
BOARD MEMBER	2.00	x						0.	0.		0.
(23) DANA LORBERG	2.00					$\vdash$		0.	0.		0.
BOARD MEMBER	2.00	x						0.	0.		0.
(24) LAKSHMI MARCELLAN	2.00								0.		
BOARD MEMBER	2.00	х						0.	0.		0.
(25) JOHN MEISTER	2.00										
BOARD MEMBER		Х						0.	0.		0.
(26) DR. STEVEN PLAYER	2.00										
BOARD MEMBER		Х						0.	0.		0.
1b Subtotal								125,000.	0.		0.
c Total from continuation sheets to Part V	II, Section A							0.	0.		0.
d Total (add lines 1b and 1c)								125,000.	0.		0.
2 Total number of individuals (including but r	not limited to th	ose	liste	d at	oove	e) wh	o re	ceived more than \$100,	000 of reportable		1
compensation from the organization										Ye	1 es No
3 Did the organization list any <b>former</b> officer	director trust	مم ا		mn			hia	hest compensated empl			
line 1a? If "Yes," complete Schedule J for s				•	•		Ŭ	• •	•	3	x
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$15										4	X
5 Did any person listed on line 1a receive or											
rendered to the organization? If "Yes." con	nplete Schedule	e J fr	or su	ich i	, pers	on .				5	X
Section B. Independent Contractors	•										
1 Complete this table for your five highest co										tion from	
the organization. Report compensation for (A)	the calendar ye	ear e	enair	ig w	htn c	or wi	<u>tnin</u>	the organization's tax ye	ear.	(C)	
(م) Name and business	address	NC	ONE	3				Description of s	ervices C	Compensa	ation
							_				
2 Total number of independent contractors (i	ncluding but no	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than		
\$100,000 of compensation from the organi SEE PART VII, SECTION		יאדי	777	<u>π</u> τ	) 140	)	UP	<u>ъ</u> що		QQ	0 (0001)
SEE PART VII, SECTIOI 132008 12-09-21	A CONT	ти	OA	тт	ON	G.		010		Form <b>99</b>	J (2021)

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(A)       (B)       (C)       (D)       (E)       ((I)         Name and title       Average hours       Position (check all that apply)       Reportable compensation       Reportable compensation       Reportable compensation       Estin amount organizations         (I)       (I)       (I)       (I)       (I)       (I)         (I)       (I)       (I)       (I)       (I)       (I)       (I)         (I)       (I)       (I)       (I)       (I)       (I)       (I)       (I)         (I)       (I)       (I)       (I)       (I)       (I)       (I)       (I)       (I)       (I)       (I)         (I)       (	Form 990 GIRLS INC									43-132	1294
Name and titleAverage hours per week (list any below line)Position (check all that apply) equiper the equiper equiper equiper the organizations below line)Reportable compensation from the organizations (W-2/1099-MISC)Reportable 		1	nplo	yee			lighe	est (		, ,	
hours per week (list any hours for related organization below line)(check all that apply)compensation from the organization (W-2/1099-MISC)compensation from related organizations (W-2/1099-MISC)amound form related organizations (W-2/1099-MISC)amound form related organizations (W-2/1099-MISC)amound form related organizations (W-2/1099-MISC)amound form related organizations (W-2/1099-MISC)amound form related organizations (W-2/1099-MISC)amound form related organizations (W-2/1099-MISC)amound form related organizations (W-2/1099-MISC)amound form related organizations (W-2/1099-MISC)amound form related organizations (W-2/1099-MISC)amound form related organizations (W-2/1099-MISC)amound form related organization (W-2/1099-MISC)amound form related organization (W-2/1099-MISC)amound form related organization (W-2/1099-MISC)amound form related organization (W-2/1099-MISC)amound form related organization (W-2/1099-MISC)amound form related organization (W-2/1099-MISC)amound form related organization (W-2/1099-MISC)amound form organization (W-2/1099-MISC)amound form form organization (W-2/1099-MISC)amound form form organization (W-2/1099-MISC)amound form form form organization (W-2/1099-MISC)amound form 	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per week (list any hours for related organizations below line)(check all that apply)compensation from the organization (W-2/1099-MISC)compensation from related organizations (W-2/1099-MISC)amound form related organizations (W-2/1099-MISC)amound form related organizations (W-2/1099-MISC)amound form related organizations (W-2/1099-MISC)amound form related organizations (W-2/1099-MISC)amound form related organizations (W-2/1099-MISC)amound form related organizations (W-2/1099-MISC)amound form related organizations (W-2/1099-MISC)amound form related organizations (W-2/1099-MISC)amound form related organizations (W-2/1099-MISC)amound form related organizations (W-2/1099-MISC)amound form related organization (W-2/1099-MISC)amound form related organization (W-2/1099-MISC)amound form organization (W-2/1099-MISC)amound form related organization (W-2/1099-MISC)amound form related organization (W-2/1099-MISC)amound form related organization (W-2/1099-MISC)amound form related organization (W-2/1099-MISC)amound form related organization (W-2/1099-MISC)amound form related organization (W-2/1099-MISC)amound form related organization (W-2/1099-MISC)amound form related organization (W-2/1099-MISC)amound form form form organization (W-2/1099-MISC)amound form form form form form form form form form form form form form f	Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
per week (list any hours for related organizations below line)per week (list any hours for related organizations below line)from the organization (W-2/1099-MISC)from related organizations (W-2/1099-MISC)othe comparizations (W-2/1099-MISC)(27) ERICA VAN ROSS2.00 XX000BOARD MEMBERX0000(28) MOLLY SALKY2.00 XX000BOARD MEMBERX0000(29) ANDREA SAVALA2.00 XX000BOARD MEMBERX0000(30) MICHAEL THOMPSON2.000 XX000BOARD MEMBERX000(31) PAUL ZEMITZSCH2.000000		-	(cl					V)			amount of
week (list any hours for related organizations below line)u t			(0.	T				<b>)</b>			other
(iist any hours for related organizations below line)ion and rion organization below line)ion and rion organization and r(W-2/1099-MISC)(W-2/1099-MISC)from organi and r(27) ERICA VAN ROSS2.00X0000000BOARD MEMBER2.00X000000000(29) ANDREA SAVALA2.00X000<							e.				compensation
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(29) ANDREA SAVALA2.00BOARD MEMBERX0.(30) MICHAEL THOMPSON2.00BOARD MEMBERX(31) PAUL ZEMITZSCH2.00	(28) MOLLY SALKY	2.00									
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(30) MICHAEL THOMPSON2.00BOARD MEMBERX(31) PAUL ZEMITZSCH2.00	(29) ANDREA SAVALA	2.00									
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BOARD MEMBER     X     0.     0.       (31) PAUL ZEMITZSCH     2.00	(30) MICHAEL THOMPSON	2.00									
(31) PAUL ZEMITZSCH 2.00			x						0.	0.	0.
		2.00								<b>.</b>	
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			-								
			-								
			-								
			I								
Total to Part VII, Section A, line 1c	Total to Part VII, Section A, line 1c										

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arrow         arrow <th< th=""><th></th><th></th><th>Check if Schedule O contains a response or r</th><th>note to any line</th><th>in this Part VIII</th><th></th><th></th><th></th></th<>			Check if Schedule O contains a response or r	note to any line	in this Part VIII			
a Production comparison         In a Federated campaigns         In a Production comparison           b         Membership dues         In         27.4 (113.         In         In <thin< th=""><th></th><th></th><th></th><th></th><th>(A)</th><th>Related or exempt</th><th>Unrelated</th><th>(D) Revenue excluded from tax under sections 512 - 514</th></thin<>					(A)	Related or exempt	Unrelated	(D) Revenue excluded from tax under sections 512 - 514
orgent of the second	Contributions, Gifts, Grants and Other Similar Amounts	1 a b c c f f	b       Membership dues       1b         c       Fundraising events       1c       3.2         d       Related organizations       1d       1d         d       Government grants (contributions)       1e       3.6         All other contributions, gifts, grants, and similar amounts not included above       1f       8.9         g       Noncash contributions included in lines 1a-1f       1g \$       14	34,806. 65,123. 59,594. 49,871. ▶ 1	L,833,636.			36610113 512 - 514
3       investment income (including dividends, interest, and other similar amounts)       4,434.       4,434.         4       income from investment of tax exempt bond proceeds       4,434.       4,434.         6       Gross rents       6       6         6       a Gross rents       6       6         7       Bos amount from sales of assess other than inventory b Less: cost or other basis and alse septenses       0         7       Gross amount from sales of assess other than inventory b Less: cost or other basis and alse septenses       7         7       Gross income from fundraising events (not including \$334, 806. or contributions reported on line 10. See Part IV, line 18       8a forses income from fundraising events (see Part IV, line 18         9       Gross income from gaming activities. See Part IV, line 19       9       9         9       Less: cost of goods sold       100         0       B cross income from gaming activities. See Part IV, line 19       9         9       Less: cost of goods sold       100         0       A cross from gaming activities. See Part IV, line 19       9         9       Less: cost of goods sold       100         0       Less: cost of goods sold       100         0       A cross income from gaming activities       100         0       Less: c	Program Service Revenue	2a b c c f		611600		12,529.		
5       Royatties       (i) Real       (ii) Personal         6       a       Gross rents       6a         b       Less: rental expenses       6b       a         c       Rental income or (loss)       6c       a         7       a Gross anount from sales of assets other than inventory       b       b         b       Less: cost or other basis of assets and sale sepenses       7b       c         c       Gain or (loss)       7c       c       c         d       Net gain or (loss)       7c       c       c         d       Net gain or (loss)       334,806 - or       c       c         d       Net income or (loss) from fundraising events (not including \$334,806 - or       c       c         c       chi income or (loss) from fundraising events       -10,434.       -10,4         9       a Gross income from gaming activities. See       b       b       c       c         e       income or (loss) from gaming activities. See       b       c       c       c         0       a Gross sinceme from gaming activities. See       b       c       c       c         10       a Gross sinceme from gaming activities. See       c       c       c       c <td></td> <td>3</td> <td>Investment income (including dividends, interest, other similar amounts)</td> <td>and</td> <td>-</td> <td></td> <td></td> <td>4,434.</td>		3	Investment income (including dividends, interest, other similar amounts)	and	-			4,434.
d       Net rental income or (loss)       (i) Securities       (ii) Other         7       a Gross amount from sales of assets other than inventory       7a       7a       7a         b       Less: cost or other basis and sales expenses       7b       7c       7c         c       Gain or (loss)       7c       7c       7c         d       Net gain or (loss)       8a       11,235.       8b       11,235.         B       Gross income from fundraising events (not including \$\frac{1}{10,669}\$.       -10,434.       -10,4         g       Gross income from gaming activities. See       9a       9a       9b       9b       9b         c       Net income or (loss) from gaming activities       10a       10a       10a       10a       10a         d       Ross sales of inventory, less returns and allowances       10a		5 6 a b	Royalties       a Gross rents       b Less: rental expenses	►				
and sales expenses       7b       7c         c       Gain or (loss)       7c		с 7 а	d Net rental income or (loss)         a Gross amount from sales of assets other than inventory         7a					
Form including \$	Revenue	c	and sales expenses 7b c Gain or (loss) 7c	►				
9 a Gross income from gaming activities. See Part IV, line 19       9a       9a       9a         b Less: direct expenses       9b       9b       0         c Net income or (loss) from gaming activities and allowances       0a       0a       0a         b Less: cost of goods sold       10a       10a       10a       10a         c Net income or (loss) from sales of inventory, less returns and allowances       10a       10a       10a         b Less: cost of goods sold       10b       0       0       0         c Net income or (loss) from sales of inventory       ▶       0       0         b Less: cost of goods sold       10b       0       0       0         c All other revenue       900099       1,122.       1,122.       0         b C C All other revenue       1,122.       1,122.       0       0	_	b	including \$ 334,806. of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b		10 424			10 424
10 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       ▶         sogged c Net income or (loss) from sales of inventory       ▶         11 a OTHER INCOME       900099       1,122.         b c d All other revenue       11a         e Total. Add lines 11a-11d       ▶       1,122.		9 a b	a Gross income from gaming activities. See         Part IV, line 19         b Less: direct expenses         9b	······ <b>&gt;</b>	-10,434.			-10,434.
Business Code       Image: Code <td></td> <td>10 a</td> <td>a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b</td> <td>······ •</td> <td></td> <td></td> <td></td> <td></td>		10 a	a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b	······ •				
e Total. Add lines 11a-11d	ellaneous venue		A OTHER INCOME		1,122.	1,122.		
	Misce Re	e	d All other revenue			13,651.	0.	-6,000. Form <b>990</b> (2021

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2021.04021 GIRLS INCORPORATED OF ST. 02020.01

#### GIRLS INCORPORATED OF ST. LOUIS

Form 990 (2021) GIRLS I Part VIII Statement of Revenue 
 Form 990 (2021)
 GIRLS INCORPORATED OF ST. LOUIS

 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							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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	44,250.	44,250.					
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	125,000.	31,250.	50,000.	43,750.			
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	486,511.	331,375.	134,103.	21,033.			
8	Pension plan accruals and contributions (include			<b>•</b>				
	section 401(k) and 403(b) employer contributions)	7,560.	3,211.	2,515.	<u>1,834</u> . 599.			
9	Other employee benefits	31,710.	24,869.	6,242.	599.			
10	Payroll taxes	49,448.	29,583.	14,971.	4,894.			
11	Fees for services (nonemployees):							
а	Management							
	Legal	F1 110		<b>F1 110</b>				
	Accounting	51,118.		51,118.				
	Lobbying	10 105			10 125			
е	Professional fundraising services. See Part IV, line 17	18,135.			18,135.			
f	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25,	00 042	70 000	07 040				
	column (A), amount, list line 11g expenses on Sch 0.)	99,043.	72,000.	27,043.				
12	Advertising and promotion	11 772	20 572	3,229.	1 070			
13	Office expenses	44,772.	39,573.	5,229.	1,970.			
14	Information technology							
15	Royalties	58,358.	50,174.	8,184.				
16		4,406.	4,292.	114.				
17	Travel	4,400.	4,292.	1140				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
10	Conferences, conventions, and meetings							
19 20								
20 21	Interest Payments to affiliates	12,000.	12,000.					
21	Depreciation, depletion, and amortization	153,413.	115,060.	38,353.				
22	Insurance	72,103.	52,866.	12,188.	7,049.			
23 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 0.)							
а	IN-KIND	116,871.	116,871.					
b	TRANSPORTATION	31,763.	31,763.					
c	MISCELLANEOUS	15,187.	10,766.	679.	3,742.			
d	FOOD SUPPLIES	11,413.	11,413.					
е	All other expenses	1,108.		1,108.				
25	Total functional expenses. Add lines 1 through 24e	1,434,169.	981,316.	349,847.	103,006.			
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 Figure if following SOP 98-2 (ASC 958-720)							
					- 000 (			

11

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Form 990 (2021)

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GIRLS	INCORPORATED	OF	ST.	LOUIS
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		Check if Schedule O contains a response or note	to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			830,205.	1	1,463,000.
	2	Savings and temporary cash investments			91,102.	2	107,876.
	3	Pledges and grants receivable, net			692,588.	3	583,046.
	4	Accounts receivable, net			4,388.	4	3,783.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa		· · · ·			
		controlled entity or family member of any of these				5	
	6		bans and other receivables from other disqualified persons (as defined				
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				20,617.	9	19,814.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,330,239.			
	b	Less: accumulated depreciation	10b	1,522,412.	1,952,341.	10c	1,807,827.
	11	Investments - publicly traded securities			514,336.	11	567,775.
	12	Investments - other securities. See Part IV, line 1		F		12	
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa		4,105,577.	16	4,553,121.	
	17	Accounts payable and accrued expenses			48,071.	17	39,940.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
6	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substa					
lide		controlled entity or family member of any of these				22	
Ë	23	Secured mortgages and notes payable to unrelat				23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			48,071.	26	39,940.
		Organizations that follow FASB ASC 958, check					
se		and complete lines 27, 28, 32, and 33.					
anc	27				3,159,187.	27	3,517,441.
Bal	28	Net assets with donor restrictions		898,319.	28	3,517,441. 995,740.	
pu		Organizations that do not follow FASB ASC 95					
Fu		and complete lines 29 through 33.					
ç	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or equ				30	
Ast	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		Г	4,057,506.	32	4,513,181.
2	33	Total liabilities and net assets/fund balances			4,105,577.	33	4,553,121.

Form 990 (2021)

# Form 990 (2021) Part X Balance Sheet

132011 12-09-21

	990 (2021) GIRLS INCORPORATED OF ST. LOUIS	43-132	1294	Pa	<sub>ge</sub> 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,843	<u> </u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,434	<u> </u>			
3	Revenue less expenses. Subtract line 2 from line 1	3	<u>40'</u> 4,05'		18.		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments	5	48	<b>3,</b> 5	57.		
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	4,51	3,1	81.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	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:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			1		
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
Act and OMB Circular A-133?							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b				
			Form	990	(2021)		

Form **990** (2021)

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SCHEDULE A	Dublic Cha	rity Status on	d Dublia	Support		OMB No. 1545-0047			
(Form 990)		rity Status an nization is a section 50°				2021			
	49	47(a)(1) nonexempt cha	ritable trust.						
Department of the Treasury Internal Revenue Service	-	Attach to Form 990 or I v/Form990 for instruction		st information.		Open to Public Inspection			
Name of the organization					Employer	identification number			
	GIRLS INCORPOR					3-1321294			
Part I Reason	for Public Charity Status.	(All organizations must of	complete this par	t.) See instruction	S.				
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).									
	cribed in section 170(b)(1)(A)(ii).								
	a cooperative hospital service org								
	search organization operated in co	njunction with a hospital	described in se	ction 170(b)(1)(A	)(iii). Enter	the hospital's name,			
city, and state	e. on operated for the benefit of a cc	ollege or university owned	or operated by	a governmental u	nit describe	ed in			
	(b)(1)(A)(iv). (Complete Part II.)								
6 A federal, sta	te, or local government or governr	mental unit described in	section 170(b)(1	)(A)(v).					
7 X An organizati	on that normally receives a substa	antial part of its support f	rom a governmer	ntal unit or from th	ne general p	oublic described in			
section 170(I	b)(1)(A)(vi). (Complete Part II.)								
	trust described in section 170(b)		-						
•	al research organization described			•	-	•			
	or a non-land-grant college of agric	culture (see instructions).	Enter the name,	city, and state of	the college	or			
university:	on that normally receives (1) more	than 33 1/3% of its supr	ort from contribu	utions, membersh	ip fees, and	aross receipts from			
-	ted to its exempt functions, subject				-	•			
	inrelated business taxable income	-				-			
See section	<b>509(a)(2).</b> (Complete Part III.)					·			
11 An organizati	on organized and operated exclus	ively to test for public sa	fety. See <b>sectio</b>	n 509(a)(4).					
12 An organizati	on organized and operated exclus	ively for the benefit of, to	perform the fund	ctions of, or to ca	rry out the	purposes of one or			
more publicly	v supported organizations describe	ed in section 509(a)(1) o	or section 509(a)	(2). See section	5 <b>09(a)(3).</b> C	Check the box on			
lines 12a thro	ough 12d that describes the type o	of supporting organization	n and complete li	nes 12e, 12f, and	12g.				
a Type I. A si	upporting organization operated, s	supervised, or controlled	by its supported	organization(s), ty	/pically by o	giving			
	ted organization(s) the power to re		majority of the c	lirectors or truste	es of the su	pporting			
	n. You must complete Part IV, S								
	supporting organization supervised			0		•			
	nanagement of the supporting org n(s). <b>You must complete Part IV,</b>		ame persons that	t control or manag	ge the supp	ortea			
	nctionally integrated. A supportir		in connection wi	th, and functional	lv integrate	d with			
	ed organization(s) (see instructions			,	.,				
	n-functionally integrated. A sup	•			ted organiz	ation(s)			
that is not f	functionally integrated. The organi	zation generally must sat	isfy a distributior	n requirement and	an attentiv	reness			
requiremen	t (see instructions). You must co	mplete Part IV, Sections	A and D, and P	art V.					
e Check this	box if the organization received a	written determination fro	m the IRS that it	is a Type I, Type	II, Type III				
	v integrated, or Type III non-function	nally integrated supporti	ng organization.			[]			
	• • •								
(i) Name of suppo	ing information about the supporte	(iii) Type of organization	(iv) Is the organization li	sted (v) Amount o	monetary	(vi) Amount of other			
organization		(described on lines 1-10	in your governing docum	ent?	-	support (see instructions)			
		above (see instructions))							
		1							

Total

GIRLS INCORPORATED OF ST. LOUIS

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 failed to qualify under Part III. If the organization failed to qualify under Part III.

fails to qualify under the tests listed below,	please complete Part III.)
--	----------------------------

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	1466159.	1299027.	1522122.	1761480.	1833636.	7882424.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1466159.	1299027.	1522122.	1761480.	1833636.	7882424.
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,						401 004
-	column (f)						<u>421,024.</u> 7461400.
	Public support. Subtract line 5 from line 4. ction B. Total Support						/401400.
		(a) 2017	<b>(b)</b> 2019	(a) 2010	(d) 2020	(a) 2021	
0ale 7	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2017 1466159.	(b)2018 1299027.	(c) 2019 1522122.	(d) 2020 1761480.	(e) 2021 1833636.	(f) Total 7882424 •
8	Gross income from interest,	1100100.	1255027.	1900100.	1,01100.	100000.	/0021210
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,623.	6,777.	5,868.	10,136.	4,434.	31,838.
9	Net income from unrelated business			2,000		_,,	
v	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
-	or loss from the sale of capital						
	assets (Explain in Part VI.)		10.	197.			207.
11							7914469.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	622,190.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi		-				
14	Public support percentage for 2021 (I		•			14	94.28 %
15	Public support percentage from 2020					15	95.10 %
16a	a 33 1/3% support test - 2021. If the c	-					
	stop here. The organization qualifies		•				
k	<b>33 1/3% support test - 2020.</b> If the c	-					
47-	and <b>stop here.</b> The organization qual					and line 14 is 1004	
1/8	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	-	
F	meets the facts-and-circumstances te 10% -facts-and-circumstances test	-			-	7a and line 15 is 1	
Ĺ	more, and if the organization meets the	-					
	organization meets the facts-and-circl				• •		
18			•				
					,		(Form 990) 2021

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Schedule A	Form	990	) 2021

#### GIRLS INCORPORATED OF ST. LOUIS 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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.)						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regulately aperiad on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			-		
<u> </u>	check this box and stop here	o Cupport Do					<b>&gt;</b>
				(f))		45	
	Public support percentage for 2021 ( Public support percentage from 2020			.,,		15	<u>%</u> %
	ction D. Computation of Invest						70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	%
	<b>33 1/3% support tests - 2021.</b> If the						
	more than 33 1/3%, check this box a						
k	<b>33 1/3% support tests - 2020.</b> If the	organization did r	not check a box on	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	t <b>op here.</b> The orga	nization qualifies	as a publicly suppo	orted organization	• <b>&gt;</b>
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
1320	23 01-04-22		16			Schedule	A (Form 990) 2021

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

17

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#### Schedule A (Form 990) 2021 GIRLS INCORPORATED OF ST. LOUIS

Pa	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	• A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction 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 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	ers,		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported experiation(s)	1		

110 30	bbonica orga	nzationis).	
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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used	to satisfy the Integral Part	Test during the year	r (see instructions).
-	Onech the box next to the method that the organization used	i to satisfy the integral i art	Tost during the yea	, (

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization is the parent of each of its supported organizations.	Complete line 3 below.
---	--	--	------------------------

С		The organization supported a	a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions	s).
---	--	------------------------------	------------------------	-------------------------	-----------------	---------------------	-------------------	-----

- 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? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

3b | | Schedule A (Form 990) 2021

2a

2b

3a

Yes No

20320919 132842 02020.0000

18

1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on N		Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus	st complete S	(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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally integrated	d Type III supporting orga	nization (see

supporti g i ype i У чy -y ıy лy instructions).

Schedule A (Form 990) 2021

 
 Schedule A (Form 990) 2021
 GIRLS INCORPORATED OF ST. LOUIS

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 GIRLS INCORPORATED OF ST. LOUIS

132026 01-04-22

20320919 132842 02020.0000

20320919 132842 02020.0000

Schedule A (Form 990) 2021

4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - provid	5			
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the o	organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

GIRLS INCORPORATED OF ST. LOUIS

43-1321294 Page 7

1

2

3

**Current Year** 

#### Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

Section D - Distributions

2

3

	CORPORATED OF ST. LOUIS	43-1321294 Page 8
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c	e the explanations required by Part II, line 10; Part II, li 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section 10, 20, 20, 20, 20, 20, 20, 20, 20, 20, 2	B, lines 1 and 2; Part IV, Section C,
line 1; Part IV, Section D, lines 2 and 3; Par	IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line tion E, lines 2, 5, and 6. Also complete this part for ar	e 1; Part V, Section B, line 1e; Part V,
(See instructions.)		
	EVDIANATION BOD OFFIED INC	OME
SCHEDULE A, PART II, LINE 10	, EXPLANATION FOR OTHER INCO	OME:
OTHER INCOME		
2018 AMOUNT: \$ 10.		
2019 AMOUNT: \$ 197.		
<u>2019 millioni și 1970</u>		
122028 01 04 22		Schedule A (Form 990) 202
132028 01-04-22	21	Schedule A (FULIII 330) 202

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*\*

### 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

2021

Employer identification number

GIRLS	INCORPORATED	OF	ST.	LOUIS	
Organization type (check one):					

43-1321294

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

X 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  $\dots$   $\blacktriangleright$  \$

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

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

Schedule B (Form 990) (2021)

Schedule B (	(Form 990)	(2021)	
--------------	------------	--------	--

Name of organization

Part I

GIRLS INCORPORATED OF ST. LOUIS

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

(a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 274,113. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 100,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 252,047. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 50,000. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 47,673. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021) 23 20320919 132842 02020.0000

Employer identification number

43-1321294

20320919 132842 02020.0000

Employer identification number

(d)

(d)

(d)

(d)

(d)

X

GIRLS INCORPORATED OF ST. LOUIS 43-1321294 Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 Person Payroll 147,687. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (a) (c)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

123452 11-11-21

Name of organization

Page 2

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
3453 11-11-21	25		Schedule B (Form 990) (20

### Schedule B (Form 990) (2021)

Name of organization

Part II

(a)

Employer identification number

43-1321294

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

GIRLS INCORPORATED OF ST. LOUIS

Schedule E	B (Form 990) (2021)		Page 4
Name of or	rganization		Employer identification number
GIRLS	INCORPORATED OF ST. LO	UIS	43-1321294
Part III		ions to organizations described in s	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	or less for the year. (Enter this info. once.)  \$
(a) No.	Use duplicate copies of Part III if additional	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
	Transferee's name, address, a	nd <b>7</b> IP + 4	Relationship of transferor to transferee
Ī			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		e) Transfer of gi	iff
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of gi	i ift
	Transforce's name address	nd <b>7</b> ID + 4	Polationship of transforms to transforms
ŀ	Transferee's name, address, a		Relationship of transferor to transferee
123454 11-11	I-21		Schedule B (Form 990) (2021)

SCHEDULE	)
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(Form 9	90)
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### Supplemental Financial Statements

SCHEDULE D Supplemental Financial Statements					OMB N	o. 1545	5-0047			
	n 990)		Complete if the org					2	በኃ	1
(1 011			Part IV, line 6, 7, 8, 9, 10	), 11a, 11b, 11c, 11d	l, 11e, 11f, 12			Ľ	UΖ	
	ment of the Treasury I Revenue Service		► Go to www.irs.gov/Form9	Attach to Form 990		information			n to P ectioı	
	e of the organ						Emplo	yer identifica		
	<b>j</b>		INCORPORATED	OF ST. LOU	JIS			43-132		
Pa	rt I 🛛 Orga	nizations Maint	aining Donor Advise	d Funds or Othe	er Similar F	unds or Ac	counts	Complete	if the	
	organiz	ation answered "Ye	s" on Form 990, Part IV, lir	ne 6.						
				(a) Donor ad	dvised funds	(	<b>b)</b> Funds	and other ac	count	S
1	Total number	at end of year								
2			o (during year)							
3	Aggregate val	ue of grants from (du	uring year)							
4	Aggregate val	ue at end of year								
5		• •	ors and donor advisors in		ts held in dono	or advised fund	s			
	-		bject to the organization's	-				Yes	<b>;</b> [	No
6			ntees, donors, and donor a							
	for charitable	purposes and not fo	r the benefit of the donor o	or donor advisor, or fo	or any other pu	urpose conferri	ng			
		-				-	-	🗌 Yes	<b>;</b> [	No
Pa	rt II Cons		ents. Complete if the or							
1			ents held by the organizati							
			lic use (for example, recrea		<u> </u>	ation of a histo	rically im	portant land	area	
	Protecti	on of natural habitat				ation of a certif	-			
	Preserv	ation of open space								
2	Complete line	s 2a through 2d if th	e organization held a quali	fied conservation co	ntribution in th	e form of a cor	servatio	n easement o	n the	last
	day of the tax		-					eld at the End		
а	Total number	of conservation ease	ements				2a			
b	Total acreage	restricted by conser					2b			
с	•	-	ts on a certified historic str				2c			
d			ts included in (c) acquired							
							2d			
3			ts modified, transferred, re				ation du	iring the tax		
	year 🕨		, , ,	<i>,</i> <b>,</b>		, 0		C		
4	Number of sta	tes where property	subject to conservation ea	sement is located 🕨						
5			en policy regarding the pe		pection, hand	ling of				
			conservation easements i					Yes	<b>;</b> [	No
6	Staff and volu	nteer hours devoted	to monitoring, inspecting,						ie yea	r
	▶ _			-				-	-	
7	Amount of exp	penses incurred in m	onitoring, inspecting, hand	dling of violations, an	d enforcing co	nservation eas	ements	during the yea	ar	
	▶\$		-	·	-					
8	Does each co	nservation easemen	t reported on line 2(d) abov	e satisfy the require	ments of section	on 170(h)(4)(B)(	i)			
	and section 1	70(h)(4)(B)(ii)?						Yes	<b>;</b> [	No
9			nization reports conservati							
	balance sheet	, and include, if appl	icable, the text of the foot	note to the organizat	ion's financial	statements tha	t describ	oes the		
	organization's	accounting for cons	servation easements.							
Pa	rt III Orga	nizations Maint	aining Collections o	f Art, Historical	Treasures,	or Other Si	milar /	Assets.		
	Compl	ete if the organizatio	n answered "Yes" on Form	n 990, Part IV, line 8.						
1a	If the organiza	tion elected, as perr	nitted under FASB ASC 95	58, not to report in its	revenue state	ment and bala	nce shee	et works		
	of art, historic	al treasures, or othe	r similar assets held for pu	blic exhibition, educa	tion, or resear	ch in furtheran	ce of pul	blic		
			t of the footnote to its fina				-			
b	If the organiza	tion elected, as perr	nitted under FASB ASC 95	58, to report in its rev	enue stateme	nt and balance	sheet w	orks of		
	art, historical	reasures, or other si	milar assets held for public	c exhibition, educatio	n, or research	in furtherance	of public	c service,		
		llowing amounts rela	-							

(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

a Revenue included on Form 990, Part VIII, line 1

the following amounts required to be reported under FASB ASC 958 relating to these items:

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

132051 10-28-21

**b** Assets included in Form 990, Part X

27 2021.04021 GIRLS INCORPORATED OF ST. 02020.01

▶ \$

\$ ►

Schedule D (Form 990) 2021

Sche		NCORPORATEI					43-13			<u>ge</u> 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historica	l Treasi	ures, or Othe	r Simila	r Assets	continu	led)	
3	Using the organization's acquisition, accession	on, and other records	s, check any o	f the follo	wing that make s	ignificant	use of its			
	collection items (check all that apply):		-		-	-				
а	Public exhibition	d	Loan d	or exchan	ge program					
b	Scholarly research	е								
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they furt	her the o	rganization's exer	not purpo	se in Part	XIII.		
5	During the year, did the organization solicit o		-		-					
-	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang						) Part IV			
	reported an amount on Form 990, Par		Je i lite e gui				,,, .			
1a	Is the organization an agent, trustee, custodia		ary for contrib	utions or	other assets not	included				
iu	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII a						∟			NO
b			lowing table.					Amount		
~	Reginning balance					1c		,		
	Additions during the year									
	Additions during the year									
f	Distributions during the year									
20	Ending balance Did the organization include an amount on Fo					·· · · · · · · · · · · · · · · · · · ·	<u> </u>	Yes		No
	If "Yes," explain the arrangement in Part XIII.		-				·····			NU
Par		f the organization and	swered "Ves"	on Form	990 Part IV line	10	<u></u>			
		(a) Current year	(b) Prior ye		) Two years back		years back	(e) Four	vears h	)ack
10	Beginning of year balance	76,046.		110.	76,042.		.38,907.		138,9	
1a ⊾		,0,010.	, ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				100,5	
a	Contributions	-62.		-64.	68.		69.			-72.
C	Net investment earnings, gains, and losses	02.		04.						72.
a	Grants or scholarships									
е	Other expenditures for facilities						62 024			
_	and programs						62,934.			
t	Administrative expenses	75,984.	76	046	76 110		76 040		1 2 0 0	07
g	End of year balance	,	,	046.	76,110.		76,042.		138,9	107.
2	Provide the estimated percentage of the curr	ent year end balance		mn (a)) he	eld as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment  100	%								
С		%								
	The percentages on lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are h	eld and a	dministered for th	ne organiza	ation	5	Vaa	
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		<u>X</u>
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza			e R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Fai	t VI Land, Buildings, and Equipm		Deut IV / line d	1. 0		line 10				
	Complete if the organization answered									
	Description of property	(a) Cost or o		Cost or o		ccumulate		<b>(d)</b> Book	value	
		basis (investr	nent)	basis (oth	,	preciation				
	Land				900.		1.5		, 90	
	Buildings					140,4		285		
с	Leasehold improvements		2	<u>,465,</u>		<u>066,9</u>		<u>1,398</u>		
d	Equipment			363,	024.	315,0	13.	48	,01	1.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part )	X <u>, column (B).</u>	line 10c.)				1,807	,82	7.
							Schedule	D (Form	990) 2	2021

Part VII Investments - Ot		on Form 990 Part IV line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category		(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, P				
Part VIII Investments - Pr	-			
-			11c. See Form 990, Part X, line 13.	
(a) Description of inv	vestment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total. (Col. (b) must equal Form 990, P	Part X col (B) line 13 )			
Part IX Other Assets.				
Complete if the organ	ization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form Part X Other Liabilities.	<u>1 990, Part X, col. (B) line</u>	e 15.)		
Complete if the organ	ization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
<b>1.</b> (a) Desc	cription of liability			(b) Book value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form				
2. Liability for uncertain tax position	ons. In Part XIII, provide	the text of the footnote to	the organization's financial statements t	hat reports the
organization's liability for uncer	tain tax positions under	FASB ASC 740. Check he	ere if the text of the footnote has been pr	ovided in Part XIII

GIRLS INCORPORATED OF ST. LOUIS

Schedule D (Form 990) 2021

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132053 10-28-21

Schedule D (Form 990) 2021

Sche	edule D (Form 990) 2021 GIRLS INCORPORATED OF S	T. LOUIS		43-	1321294 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	tements With R			
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,922,844.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	48,557.		
b	Donated services and use of facilities		33,000.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines <b>2a</b> through <b>2d</b>			2e	81,557.
3	Subtract line 2e from line 1			3	1,841,287.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.	5	1,841,287.		
	Total Fornies Add miles of and to finis must equal Forni 990. Part 1, line 12.				
	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With I	Expenses per R		
	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lir	atements With I ne 12a.	Expenses per R	etur	n.
	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With I ne 12a.	Expenses per R		
Pa	<b>Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, lir         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With I	Expenses per R	etur	n.
<b>Pa</b>	Reconciliation of Expenses per Audited Financial Sta           Complete if the organization answered "Yes" on Form 990, Part IV, lir           Total expenses and losses per audited financial statements	atements With I	Expenses per R	etur	n.
Pa 1 2	<b>Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, lir         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With I           12a.           2a           2b	Expenses per R	etur	n.
Pa 1 2 a	Image: State of the services and losses per audited financial statements         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	atements With I           12a.	Expenses per R	etur	n.
<b>Pa</b> 1 2 a b	<b>Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	atements With I           12a.           2a           2b           2c	Expenses per R	etur	n. 1,467,169.
Pa 1 2 a b c	<b>Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a           2b           2c           2d	Expenses per R	etur	n. <u>1,467,169.</u> 33,000.
Pa 1 2 b c d	<b>Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, lir         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	Expenses per R 33,000.	eturi 1	n. 1,467,169.
Pa 1 2 b c d e	<b>Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, lir         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>	2a           2b           2c           2d	Expenses per R 33,000.	eturi 1 2e	n. <u>1,467,169.</u> 33,000.
Pa 1 2 b c d 3	<b>Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, lir         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a           2b           2c           2d	Expenses per R 33,000.	eturi 1 2e	n. <u>1,467,169.</u> 33,000.
Pa 1 2 3 4	<b>Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, lir         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d           2d	Expenses per R 33,000.	eturi 1 2e	n. <u>1,467,169.</u> 33,000.
Pa 1 2 a b c d e 3 4 a	<b>Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, lir         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a           2b           2c           2d           2c           2d	33,000.	1 1 2e 3 4c	n. <u>1,467,169.</u> <u>33,000.</u> <u>1,434,169.</u> 0.
Pa 1 2 4 6 3 4 5	<b>Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, lir         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d           2c           2d	33,000.	1 2e 3	n. <u>1,467,169.</u> 33,000.

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.

30

#### SCHEDULE D, PART V, LINE 4

#### ORGANIZATION'S USE OF ENDOWMENT FUNDS:

#### THE PURPOSE OF THE ENDOWMENT IS TO FUND THE BUILDING.

132054 10-28-21

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047					
(Form 990)	Complete if the	or if the	2021					
Department of the Treasury		Attach to Form 990		Open to Public				
Internal Revenue Service		o to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection
Name of the organization		NCORPORATED OF ST.	LOU	JIS			Employer ide 43-1321	entification number
		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
I	complete this par	ι. sed funds through any of the followin	a activ	ities (	Check all that apply			
a Mail solicitat	-		-		overnment grants			
<b>b</b> Internet and	email solicitations	—		•	e e			
c Phone solici		g Special	fundra	lising	events			
d In-person so		or oral agreement with any individual	(includ	lina of	ficers directors trus	toos	or	
		art VII) or entity in connection with p				1003,	X Ye	s 🗌 No
<b>b</b> If "Yes," list the 10 compensated at le	-	viduals or entities (fundraisers) pursu organization.	ant to	agreei	ments under which th	ne fur	ndraiser is to b	е
			(iii)	Did		(v)	Amount paid	
(i) Name and addres or entity (fund		(ii) Activity	fùndr have c	aiser ustody	(iv) Gross receipts from activity	tò (c	fundraiser	(vi) Amount paid to (or retained by)
or entity (lunc			or con contrib		nom activity		ted in col. (i)	organization
FOR GRANTED SERVICE	ES – GWENNE	GRANT WRITING APPLICATIONS	Yes	No				
HAYES - 1244 SOUTH	H GEYER,	SUBMISSIONS		Х	237,950.		18,135.	. 237,950.
3 List all states in whi		n is registered or licensed to solicit o	contrib	▶ utions	237,950. or has been notified	it is e	18 , 135 . exempt from re	,
or licensing.								
MO								
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form S	990 or	990-F	Ζ.		Schedul	e G (Form 990) 2021
		FOR CONTINUATIONS						······································

132081 10-21-21

GIRLS INCORPORATED OF ST. LOUIS

43-1321294 Page 2

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

		or rundraising event contributions and gro	USS INCOME ON FORM 390.	EZ, III les Tariu OD. List e	vents with gross receipt	s greater than \$5,000.			
			(a) Event #1 STRONG SMART AND BOLD	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through			
			(event type)	(event type)	(total number)	col. <b>(c)</b> )			
Revenue	1	Gross receipts	346,041.			346,041.			
	2	Less: Contributions	334,806.			334,806.			
	3	Gross income (line 1 minus line 2)	11,235.			11,235.			
	4	Cash prizes							
s	5	Noncash prizes							
bense	6	Rent/facility costs							
Direct Expenses	7	Food and beverages							
	8	Entertainment							
	9	Other direct expenses				21,669.			
		Direct expense summary. Add lines 4 through		L I	•	21,669.			
	11	Net income summary. Subtract line 10 from li	/			-10,434.			
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than				
		\$15,000 on Form 990-EZ, line 6a.	1						
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Re	1	Gross revenue							
	•								
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
			<b>Yes</b> %	☐ Yes %	<b>Yes</b> %				
	6	Volunteer labor	No	No	No				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)						
	U	Het gaming moorne sammary. Castract me r				<u>I</u>			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:						
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No			
b	lf "	No," explain:							
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?									
		Yes," explain:			our:	Yes No			
13208	32 10	)-21-21			Sche	dule G (Form 990) 2021			

Sch	edule G (Form 990) 2021	GIRLS	INCORPORATED OF ST. LOUIS 43	-1321294 Page	3
11	Does the organization conduct ga		s with nonmembers?	Yes N	ю
			tee of a trust, or a member of a partnership or other entity formed		
				Yes N	ю
13	Indicate the percentage of gaming				
				13a	%
					%
			prepares the organization's gaming/special events books and records:		-
	Name 🕨				
	Address 🕨				
15a	Does the organization have a con	tract with a th	ird party from whom the organization receives gaming revenue?	🗌 Yes 📃 N	о
b	If "Yes," enter the amount of gam	ing revenue re	eceived by the organization <b>&gt;</b> \$ and the amount		
	of gaming revenue retained by the	e third party 🖡	►\$		
С	If "Yes," enter name and address	of the third pa	irty:		
	Name 🕨				
	Address 🕨				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	► \$			
	Description of services provided				
	Director/officer	Employ	ee Independent contractor		
17	Mandatory distributions:				
	-	state law to i	nake charitable distributions from the gaming proceeds to		
				Yes N	ю
b			r state law to be distributed to other exempt organizations or spent in the		-
-	organization's own exempt activit		1 0 1		
Pa			vide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9, 9b, 10b,	_
			lso provide any additional information. See instructions.		
SC	HEDULE G, PART I,	LINE 2	<u>B, LIST OF TEN HIGHEST PAID FUNDRAISE</u>	RS:	
	·				
<u>(</u> ]	) NAME OF FUNDRAIS	SER: FO	R GRANTED SERVICES - GWENNE HAYES		
				~ ~	
<u>(</u> ]	) ADDRESS OF FUND	RAISER:	1244 SOUTH GEYER, ST. LOUIS, MO 631	22	
1000	2 10 21 21		C_1	nedule G (Form 990) 202	21
13208	3 10-21-21		30 30	ieaule a (Fullil 990) 202	ا 2

Schedule G	G (Form	990)

Part IV Supplemental Information (continued)	
132084 11-18-21	Schedule G (Form 990)

SCHEDULE I       Grants and Other Assistance to Organizations,         (Form 990)       Governments, and Individuals in the United States         Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								омв No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.ir	Attach to For s.gov/Form990 for	m 990. r the latest inforn	nation.		Open to Public Inspection
Name of the organizati		ORPORATED	OF ST. LOU					Employer identification number 43-1321294
Part I General Ir	formation on Grants a							
criteria used to a	ation maintain records t ward the grants or assis IV the organization's pro	stance?						
Part II Grants an	d Other Assistance to I nat received more than \$	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
. ,	ldress of organization vernment	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3 Enter total numb	er of section 501(c)(3) and er of other organizations	s listed in the line 1	table					

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

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	22	44,250.	0.		

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

PART I, LINE 2:

Schedule I (Form 990) 2021

ALL SCHOLARSHIPS ARE ONE-TIME AWARDS FOR BOOKS OR TUITION. SCHOLARSHIP

FUNDS ARE PAID DIRECTLY TO THE EDUCATIONAL INSTITUTION ON BEHALF OF THE

RECIPIENT.

43-1321294

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

21

Department of the Treasury
Internal Revenue Service

P

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

### Name of the organization

GIRLS INCORPORATED OF ST LOUIS

Open to Public Inspection

5

-	 	~	_	 -	

	GIVIS	INCORPO	KAIGD	0ŀ	<b>DT</b> •	Ц	<u>, (</u>
art I	Types of Property						
				contr	(b) mber of ibutions	or	F

		<b>(a)</b> Check if	(b) Number of	(c) Noncash contribution	(c Method of c		ina	
		applicable	contributions or	amounts reported on	noncash contrib		0	S
			Items contributed	Form 990, Part VIII, line	1g			
	- Works of art							
	- Historical treasures							
	- Fractional interests							
	oks and publications							
	thing and household goods							
	rs and other vehicles							
	ats and planes							
	ellectual property							
9 Sec	curities - Publicly traded							
<b>10</b> Sec	curities - Closely held stock							
<b>11</b> Sec	curities - Partnership, LLC, or							
trus	st interests							
<b>12</b> Sec	curities - Miscellaneous							
<b>13</b> Qua	alified conservation contribution -							
His	toric structures							
	alified conservation contribution - Other $_{\dots}$							
<b>15</b> Rea	al estate - Residential							
<b>16</b> Rea	al estate - Commercial							
<b>17</b> Rea	al estate - Other							
	llectibles							
	od inventory	X	1	12,524	1. STATE RATE	FOR	MEZ	ALS
	igs and medical supplies							
<b>21</b> Tax	kidermy							
	torical artifacts							
	entific specimens							
	heological artifacts							
25 Oth	ner 🕨 (PROGRAM SUPPL)	X	24	115,99	7.FMV			
26 Oth	her $\blacktriangleright$ ( <b>EVENT TICKETS</b> )	X	9	21,350	).FMV			
27 Oth	ner 🕨 ( )							
28 Oth	ner 🕨 ( )							
29 Nu	mber of Forms 8283 received by the organiz	zation during	g the tax year for co	ontributions				
for	which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement <b>29</b>				
							Yes	No
<b>30a</b> Dui	ring the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 thr	ough 28, that it			
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for							
	exempt purposes for the entire holding period?							
	Yes," describe the arrangement in Part II.					<u>30a</u>		X
	<i>,</i> <b>, , , , , , , , , ,</b>						37	
01 00.	es the organization have a gift acceptance p	olicy that re	equires the review o	of any nonstandard contri	butions?	31	X	
	es the organization have a gift acceptance p es the organization hire or use third parties of	•	-	-		31	<u>x</u>	

describe in Part II. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2021

132141 11-17-21

b If "Yes," describe in Part II.

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBERS IN COLUMN (B) ARE THE NUMBER OF CONTRIBUTIONS.

Schedule M (Form 990) 2021

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SCHEDULE O (Form 990)

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



GIRLS INCORPORATED OF ST. LOUIS

Employer identification number 43-1321294

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

A SELECT GROUP OF GIRLS AGES 13 AND OLDER PARTICIPATE IN THE TEEN

LEADER, ADVOCACY AND BUSINESS PROGRAMS, WHICH OFFER THEM WORK EXPERIENCE

IN THE CENTERS, SECONDARY EDUCATION VISITS AND CAREER-RELATED SPEAKERS.

THE USDA SUMMER FOOD PROGRAM IS OFFERED FOR BREAKFAST AND LUNCH TO ALL

PARTICIPANTS WHEN THE PROGRAM IS IN-PERSON.

THE CENTER-BASED AFTER SCHOOL PROGRAM IS OFFERED DURING THE SCHOOL YEAR

FROM AUGUST - MAY. FOR IN-PERSON PROGRAMMING, TRANSPORTATION IS

PROVIDED FROM AREA SCHOOLS TO THE CENTER, OR GIRLS MAY BE DROPPED OFF

FOR PARTICIPATION IN THE PROGRAM. DAILY STRUCTURED, AGE-SPECIFIC

PROGRAMS ARE OFFERED IN THE FOLLOWING AREAS: STEM, LITERACY, CULTURAL

ARTS, SPORTS AND PHYSICAL DEVELOPMENT, EDUCATIONAL ENHANCEMENT AND

PERSONAL DEVELOPMENT. GIRLS, INC. WAS ABLE TO PIVOT TO VIRTUAL

PROGRAMMING IN MARCH OF 2020. THE VIRTUAL PLATFORM HAS INCREASED OUR

ABILITY TO BROADEN OUR FOOTPRINT AND IN 2021 WE ARE CURRENTLY IN 82

SCHOOLS AND HAVE STRONG PARTNERSHIPS WITH THREE OF THE LARGEST SCHOOL

DISTRICTS.

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION HAS OUTSOURCED THE OFFICE OF THE CONTROLLER TO A

PROFESSIONAL SERVICES FIRM - AEGCFO. THE ACCOUNTING ACTIVITY AND

RESPONSIBILITY OF THE CONTROLLER ARE SUPERVISED BY THE PRESIDENT & CEO AND

FINANCE COMMITTEE OF THE ORGANIZATION.

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

39

THE FINANCE COMMITTEE AND MANAGEMENT PRIOR TO FILING. THE BOARD IS

PROVIDED A COPY OF THE FORM 990 PRIOR TO FILING.

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

THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AND SIGNED BY ALL

BOARD MEMBERS AND OFFICERS, INCLUDING THE PRESIDENT & CEO. IF QUESTIONABLE SITUATIONS ARISE, THE EXECUTIVE BOARD IS NOTIFIED.

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

THE HUMAN RESOURCE COMMITTEE PERFORMS SALARY COMPARISONS OF THE PRESIDENT & CEO'S COMPENSATION. THE HUMAN RESOURCE COMMITTEE SUBMITS AN ANALYSIS OF COMPENSATION TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE PERFORMS AN EVALUATION AND DETERMINES THE ANNUAL COMPENSATION ADJUSTMENT. AT THIS TIME, THERE ARE NO OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION.

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

THE ORGANIZATION WILL COMPLY WITH ANY WRITTEN REQUEST TO FURNISH ITS

ORGANIZING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

132212 11-11-21

(Rev. January 2022)

### 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.

Туре с	Name of exempt organization or other filer, see instr	Taxpayer identification number (TIN)								
print	GIRLS INCORPORATED OF ST.									
File by th due date filing you	Number, street, and room or suite no. If a P.O. box, see instructions.									
return. So instructio										
Enter t	he Return Code for the return that this application is for (	file a separat	te application for each return)							
Application		Return	Application			Return				
Is For		Code	Is For			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 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 990-T (trust other than above)		06	Form 8870			12				
Form 9	90-T (corporation) CHERYL JONES	07								
• If the box •	request an automatic 6-month extension of time until he organization named above. The extension is for the or $\mathbf{X}$ calendar year $2021$ or	t Group Exe and atta NOVEI ganization's , an	mption Number (GEN), 1 ch a list with the names and TINs of <u>MBER 15, 2022</u> , to file return for: d ending	f this is fo all membe	r the whole o ers the exter opt organizat	group, check this usion is for.				
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less				\$	0.				
-	iny nonrefundable credits. See instructions. f this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					0.				
	estimated tax payments made. Include any prior year overpayment allowed as a credit.				\$	0.				
c l	Balance due. Subtract line 3b from line 3a. Include your p	payment with	h this form, if required, by							
	using EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.				
Cautio instruc	<b>n:</b> If you are going to make an electronic funds withdrawations.	al (direct deb	bit) with this Form 8868, see Form 84	453-TE and	d Form 8879	-TE for payment				
LHA	For Privacy Act and Paperwork Reduction Act Notice	e, see instru	ictions.		Form 8	8868 (Rev. 1-2022)				

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