** 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.

OMB No. 1545-0047

832001 12-31-18

| Inter | nal Reve | nue Service | e Service Sorvice Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | Inspection | |
|--|--|--|--|-------------------------------------|-------|-------------------------------|--|-----------------------------|--|
| A For the 2018 calendar year, or tax year beginning and ending | | | | | | | | | |
| В | Check if applicab | C Name o | C Name of organization | | | | D Employer identification number | | |
| Add | | ss GIRI | S INCORPORATED OF ST. LOUIS | | | | | | |
| F | Name | | Doing business as | | | | 43-1321294 | | |
| F | Initial | | Number and street (or P.O. box if mail is not delivered to street address) Room/suite | | | | E Telephone number | | |
| | Final | 3801 | L NELSON DRIVE | | | 314-385-8088 | | | |
| | termir | - | City or town, state or province, country, and ZIP or foreign postal code | | | | G Gross receipts \$ 1,674,776. | | |
| | Amen | | | | | | oup retu | | |
| | Application | F Name a | F Name and address of principal officer: CHERYL JONES | | | | for subordinates? Yes X No | | |
| pend | | | SAME AS C ABOVE | | | | H(b) Are all subordinates included? Yes No | | |
| 1 | Гах-ех | empt status: | mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 | | | | | | |
| J | Nebsi | | | | | H(c) Group exemption number ▶ | | | |
| K Form of organization: X Corporation | | | | | | | | State of legal domicile; MO | |
| Part I Summary | | | | | | | | | |
| nce | 1 | Briefly describe the organization's mission or most significant activities: INSPIRING ALL GIRLS TO BE STRONG, SMART, AND BOLD | | | | | | | |
| rna | 2 | 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its n | | | | | et asset | s. | |
| Activities & Governance | 3 | Number of voting members of the governing body (Part VI, line 1a) | | | | | 3 | 20 | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | | | 4 | 20 | |
| | 5 | | Total number of individuals employed in calendar year 2018 (Part V, line 2a) | | | | 5 | 66 | |
| | 6 | Total number | of volunteers (estimate if necessary) | | | | 6 | 410 | |
| | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | | | 7a | 0. | |
| | b | Net unrelated | business taxable income from Form | 990-T, line 38 | ····· | TYPES 94 Street | 7b | 0. | |
| Revenue | | | | | - | Prior Year | | Current Year | |
| | | | ontributions and grants (Part VIII, line 1h) | | | 1,466,15 | | 1,299,027. | |
| | | | ogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d) | | | 167,899. | | 182,243. | |
| | | | | i, 8c, 9c, 10c, and 11e) | | -6,086. | | -14,625. -9,394. | |
| | | | e (Part VIII, Coldmir (A), lines 3, 6d, 6d e - add lines 8 through 11 (must equal | | | 1,633,38 | | 1,457,251. | |
| Expenses | | | | | | 8,755. | | 7,250. | |
| | | | ants and similar amounts paid (Part IX, column (A), lines 1-3) nefits paid to or for members (Part IX, column (A), line 4) | | | 0. | | 0. | |
| | 45 | | | s (Part IX, column (A), lines 5-10) | | 729,773. | | 754,928. | |
| | 16a | | fundraising fees (Part IX, column (A), I | | | 0. | 8,534. | | |
| | b | Fotal fundraising expenses (Part IX, column (D), line 25) 119, 154. | | | | | | ROOFFEE | |
| | 17 | | es (Part IX, column (A), lines 11a-11d | | | 753,14 | | 832,545. | |
| | | | | IX, column (A), line 25) | | 1,491,67 | | 1,603,257. | |
| | 19 | Revenue less | evenue less expenses. Subtract line 18 from line 12 | | | | 3. | -146,006. | |
| Net Assets or Fund Balances | | | | | Be | ginning of Current Y | | End of Year | |
| | 20 | CANDO DO CALA CADA DE | | | | 3,777,78 | | 3,633,267. | |
| | 21 | | s (Part X, line 26) | | | 29,72 | | 37,534. | |
| Ž. | rt II | Net assets or Signature | fund balances. Subtract line 21 from | line 20 | | 3,748,05 | 3. | 3,595,733. | |
| | A COURSE OF THE PARTY OF THE PA | | | | | | | | |
| | | | I declare that I have examined this return, | | | | of my kn | owledge 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 | | Signatur | Signature of officer Date | | | | | | |
| Here | | F-11 - F- | CHERYL JONES, PRESIDENT & CEO | | | | | | |
| ici | | | print name and title | ı u cho | | | | | |
| | | Print/Type pre | parer's name | Preparer's signature | | Date Che | ck | PTIN | |
| Paid | | | Y A RYAN | sparor o signaturo | | if | -employed | P00829977 | |
| Preparer | | Firm's name RUBINBROWN LLP | | | | Firm's Elf | | 13-0765316 | |
| Use Only | | Firm's address ONE NORTH BRENTWOOD | | | | 1,,,,,,, | | | |
| SAINT LOUIS, MO 63105 Phone no. (314) 290-33 | | | | | | | | | |
| Mav | the IF | RS discuss this | s return with the preparer shown abo | | | | | X Ves No | |

SEE SCHEDULE O FOR CONTINUATION(S)

) (Revenue \$

Other program services (Describe in Schedule O.)

Total program service expenses

10451111 132842 02020.0000

including grants of \$

1,250,287.

Form 990 (2018)