

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.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning January 1, 2016, and ending December, 20 16

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

C Name of organization Gifted Resource Council
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
357 Marshall Ave. Suite 6
 City or town, state or province, country, and ZIP or foreign postal code
St. Louis, MO 63119

D Employer identification number
43-1293166

E Telephone number
314-962-5920

G Gross receipts \$ 284454

F Name and address of principal officer:
Susan Jesse, 357 Marshall Ave. Ste. 6 St.Louis,MO 63119

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

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

J Website: ▶ www.giftedresourcecouncil.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1983

M State of legal domicile: MO

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Gifted Resource Council's purpose is to bring together the resources of the community, schools and parents to help gifted and talented children achieve their potential.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	52
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	69504	54668
	9 Program service revenue (Part VIII, line 2g)	214874	210510
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	305	267
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1766	2232
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	286449	267677
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8720	5180
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	220048	224454
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	65806	63849
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	294574	293483	
19 Revenue less expenses. Subtract line 18 from line 12	-8125	-25806	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	145109	119303
	21 Total liabilities (Part X, line 26)	0	0
	22 Net assets or fund balances. Subtract line 21 from line 20	145109	119303

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: Susan Jesse Date: 8/30/2017
 Type or print name and title: Susan Jesse, Executive Director

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____
 Firm's name ▶: _____ Firm's EIN ▶: _____
 Firm's address ▶: _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No