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

## COPY FOR PUBLIC DISCLOSURE

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.

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



AF	or th	e 2018 calendar year, or tax year beginning and	ending		
B C a	heck if pplicab	e: C Name of organization		D Employer identific	ation number
	Addre	GIGI'S PLAYHOUSE, INC.			
	Name			20-00	058563
	Initial		Room/suite	E Telephone number	
	 Final return	2350 W HICCING PD		(847	
	termir ated	<sup>1-</sup> City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	3,921,564.
	Amen return	HOFFMAN ESTATES, IL 00109-1339		H(a) Is this a group re	turn
	Applic tion	F Name and address of principal officer: INAIC1 GIAMMI		for subordinates	? Yes X No
	pendi	2350 W HIGGINS, HOFFMAN ESTATES, IL 60	169	H(b) Are all subordinates in	cluded? Yes No
		empt status: 🗴 501(c)(3) 🗌 501(c) ( )◀ (insert no.) 🦳 4947(a)(1) c	or 📃 527	If "No," attach a	list. (see instructions)
		te: WWW.GIGISPLAYHOUSE.ORG		H(c) Group exemption	
		f organization: X Corporation Trust Association Other ►	L Year	of formation: 2003 N	State of legal domicile: IL
Ра	rt I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: TO IN			
anc		OF DOWN SYNDROME THROUGH NATIONAL CAMPAIG			
Governance	2	Check this box <b>b</b> if the organization discontinued its operations or dispos			
Š	3				<u>    11</u> 10
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		<u> </u>	
ies	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			350
Activities &	6	Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	u u	Net unrelated business taxable income from Form 990-T, line 38	Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)		3,219,602.	2,782,114.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
evel	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	20.
Ř	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		346,148.	799,389.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,565,750.	3,581,523.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,000.	20,539.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,614,065.	2,095,030.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ibei	b	Total fundraising expenses (Part IX, column (D), line 25)  482,44	40.		
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		969,500.	1,078,486.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,593,565.	3,194,055.
	19	Revenue less expenses. Subtract line 18 from line 12		972,185.	387,468.
s or			Be	ginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)		3,379,297.	3,299,850.
Net Assets ( Fund Balanc	21	Total liabilities (Part X, line 26)		204,289.	302,737.
		Net assets or fund balances. Subtract line 21 from line 20		3,175,008.	2,997,113.
Pa	irt 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 NANCY GIANNI, CEO Type or print name and title			Date			
Paid	Print/Type preparer's name	Preparer's signature	Date	Check PTIN if self-employed			
Preparer	Firm's name			Firm's EIN 🕨			
Use Only	Firm's address 🕨						
				Phone no.			
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)						
832001 12-3	12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2018)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		0-0058563	Page
Pa	Int III         Statement of Program Service Accomplishments           Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		<b>[</b> <u>A</u>
•	TO INCREASE POSITIVE AWARENESS OF DOWN SYNDROME THROUGH NA	TIONAL	
	CAMPAIGNS, EDUCATIONAL PROGRAMS, AND BY EMPOWERING INDIVID	UALS WITH	
	DOWN SYNDROME, THEIR FAMILIES, AND THE COMMUNITY.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Ves	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	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 mea	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the revenue, if any, for each program service reported.	ne total expenses, ar	Ia
4a	1 110 200		
	HUGS & MUGS IS A SERVICE RETAIL, SPECIALTY COFFEE AND GELA	TO CAFE RU	N
	BY ADULT INTERNS WITH DOWN SYNDROME WHO HAVE GRADUATED FRO		P
	AND GIGI UNIVERSITY AND HAVE RECEIVED 12 WEEKS OF INDIVIDU		
	HANDS-ON CAREER TRAINING DESIGNED TO HELP THEM ACHIEVE THE BEST.	IR PERSONA	
	DESI.		
4b			
4b	GIGI PREP AND GIGI UNIVERSITY, A PROGRESSIVE EDUCATIONAL P	ROGRAM FOR	
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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 I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	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 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?			77
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			77
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
<b>L</b>	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	4.4%		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u></u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		х
Ч	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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			- 23
u		11d		х
۵	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12u	Schedule D. Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	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
	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		х
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	Х	
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		Х
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	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	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		L
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		Х
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 GIGI'S PLAYHOUSE, INC.
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 Part IV
 Checklist of Required Schedules (continued)
 Continued
 Continued

Iu	Continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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		
	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	05-		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	250		
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
		26		x
27	<i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "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		X
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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u></u>
	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 in Schedule O for Part VI, lines 11b and 19?			
Par	Note. All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
1 01	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 19		162	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	х	
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	990 (2018) GIGI'S PLAYHOUSE, INC. 20-0058	563	Р	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 54			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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)	-		77
	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 in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x
L.	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50		5a		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
04	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a L	Gross income from members or shareholders <b>11a</b>			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
		13a		
u	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	Iou		
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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
		-	000	(0010)

Form **990** (2018)

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Form 990 (	201	8
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# Form 990 (2018) GIGI'S PLAYHOUSE, INC. Part VI Governance, Management, and Disclosure Fores

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			0030303	raye 🛡
: VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b	below, a	and for a "No" resp	oonse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instru-			
	Check if Schedule O contains a response or note to any line in this Part VI			X

	Establish and the second and of the second state of the second sta		1	1	Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	<b>⊥</b>	픡		
	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 in Schedule 0.	41.	1			
	Enter the number of voting members included in line 1a, above, who are independent	1b		빅		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				x	
~	officer, director, trustee, or key employee?			2	~	
3	Did the organization delegate control over management duties customarily performed by or under the		-			
	of officers, directors, or trustees, or key employees to a management company or other person?					X X
4	Did the organization make any significant changes to its governing documents since the prior Form 99					
5	Did the organization become aware during the year of a significant diversion of the organization's asser-					
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app					
_	more members of the governing body?			<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
	persons other than the governing body?			7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	5	0			
	The governing body?			<u>8a</u>	X	<u> </u>
	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			. 9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue (	Code.)			
					Yes	N
	Did the organization have local chapters, branches, or affiliates?			10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	•				
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$			10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	e filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			. 12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," de	escribe			
	in Schedule O how this was done			12c	Х	
3	Did the organization have a written whistleblower policy?			13	Х	
4	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and approval		lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	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 in Schedule O (see instructions).					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent wi	th a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organize	zation	's			
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed <b>CA</b> , <b>IL</b> , <b>IN</b> , <b>MN</b> , <b>N</b>	Z,W	I,AR,FL,M	D,MI	, NC	, NI
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and					
	for public inspection. Indicate how you made these available. Check all that apply.			, ,,		
	X       Own website       X       Upon request       Other (explain)	in Sch	nedule ()			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cont		,	nd financ	ial	
-	statements available to the public during the tax year.					
0	State the name, address, and telephone number of the person who possesses the organization's book	(s and	records			
	NANCY GIANNI - 847-885-7529	.c unu				
	2350 W HIGGINS ROAD, HOFFMAN ESTATES, IL 60169					

Form 990 (20	D18) GIGI'S PLAYHOUSE, INC.	20-0058563	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	mpensated	
·	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		
1. Complet	a this table for all parages required to be listed. Depart componentian for the colordar year anding y	with an within the argonization's	townoor

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.

(A)

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

(P)

• 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

 $(\mathbf{C})$ 

**(D)** 

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition	l than d	ne	Reportable	Reportable	Estimated
	hours per box, unless person is both an officer and a director/trustee)					s both	n an	compensation	compensation	amount of
	week		cer an I	id a d I	irecto	r/trus <sup>.</sup>	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e.			ted		organization	(W-2/1099-MISC)	from the
	related	stee o	ruste			ensa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		loye	e com				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Inc	lns	0ff	Ke	을 뜻	For			
(1) NANCY GIANNI	40.00									
CEO	0.00	Х		Х				125,550.	0.	9,442.
(2) PAUL GIANNI	3.00									
PRESIDENT	0.00	Х		Х				0.	0.	0.
(3) TROY COWDREY	2.00									
TREASURER	0.00	х		Х				0.	Ο.	0.
(4) ANTHONY SINDT	1.00									
DIRECTOR	0.00	x						0.	0.	0.
(5) RANDY R ALLEN	1.00									
VICE PRESIDENT	0.00	x		x				0.	Ο.	0.
(6) ROCCO ARMOCIDA	1.00									
DIRECTOR	0.00	x						0.	Ο.	0.
(7) RICH FISCHER	1.00									<b>0.</b>
DIRECTOR	0.00	x						0.	0.	0.
(8) KEVIN WEVER	1.00				-				0.	<b>U</b> .
SECRETARY	0.00	х		x				0.	0.	0.
(9) MICHAEL WOHLWEND	1.00	Δ		Δ				0.	0.	0.
DIRECTOR	0.00	х						0.	0.	0.
(10) TIM BOUNDY	1.00	Δ						0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(11) BRET BOWERMAN		^						0.	0.	0.
	1.00	v						0	0	0
DIRECTOR	0.00	Х						0.	0.	0.
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(E)

	990 (2018) GIGI'S PI		-							20-00	0585	563	P	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	st C	ompensated Employee	s (continued)	<u> </u>			
	(A) Name and title	<b>(B)</b> Average hours per week (list any	box offi	not c , unle:	ss per	itior more rson i	than o s both pr/trus	n an	(D) Reportable compensation from the	<b>(E)</b> Reportable compensatio from related organization	on d	an	(F) stimate nount other pensa	of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MIS		fr org an	om th anizat d relat anizati	e ion ed
											-+			
											-+			
									125,550.		0.		9,4	10
с	Sub-total Total from continuation sheets to Part VII	I, Section A							0.		0.			0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but ne							► o re	125,550. eceived more than \$100,	000 of reportable	<b>0.</b>		9,4	42.
	compensation from the organization												Yes	1 No
3	Did the organization list any <b>former</b> officer,	-			•	•			•		[	•	100	X
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	iccrue compen	sati	on fr	rom	any	unre	elate	ed organization or individ	dual for services		4		X
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	e J fo	or sı	ich i	oers	on .				<u></u>	5		Х
1	Complete this table for your five highest con the organization. Report compensation for t									, ,	bensat	ion fro	om	
	(A) Name and business			ONE			<u> </u>		(B) Description of s		c	<b>)</b> ompe	<b>;)</b> nsatio	n
2	Total number of independent contractors (ir	•	ot lir	niteo	d to f	thos (		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz						,					Form	<b>990</b> (;	2018)

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Miscellaneous Revenue       Business Code       Image: Code       Image: Code       Image: Code         11 a       INTERCOMPANY ROYALTY I       900099       694,140.       694,140.       694,140.         b       MISCELLANEOUS REVENUE       900099       19,824.       19,824.       19,824.         c	Form	990 (2	2018) GIGI'	S PLAYHOU	JSE, INC	•		20-0058	563 Page <b>9</b>
All of the version         Constrained on the version         Constrained on the version         Proceeding on the version           gray of the version         1 a         1 b <td1 b<="" td=""></td1>	Pa	rt VIII	Statement of Rever	nue					
Total revenue         Total revenue         Related of semigit Annual Unsafety involve         Provide Product Involve           agging 1 a Federated campaigns         ta			Check if Schedule O cont	ains a response o	r note to any lir		(2)		
age         1a							Related or exempt function	Unrelated business	I from tax under
Boold of the Networks of the Security of the S	s s	1 a	Federated campaigns	1a					
go g	ran					]			
go g	¶ Bug				080,443.				
go g	Sift:	d	Related organizations	1d					
go g	imi)	е	Government grants (contribut	ions) <b>1e</b>		_			
go g	er S	f							
go g	D B C B C B C					-			
go g	ont	g L	Noncash contributions included in lines	1a-1f: \$	<b>&gt;</b>	2 782 114			
90         2 a	O a	n	Total. Add lines ta-11			2,702,114.			
Bot control       b       c <t< td=""><td>•</td><td>2 a</td><td></td><td></td><td>Busilless Coul</td><td></td><td></td><td></td><td></td></t<>	•	2 a			Busilless Coul				
g Total. Add lines 2a 21       >       >       20.       20.         3 trivestment income (including dividends, interest, and other similar amounts)       >       20.       20.         4 income from investment of tax exempt bond proceeds       >       >       20.       20.         5 Royalties       (i) Real       (i) Personal       >       20.       20.         6 a Gross rents       (ii) Real       (iii) Personal       >       >       >         a Gross amount from sales of assets other than inventory       (iii) Securities       (iiii) Other       >       >         b Less: cost or other basis       (iiii) Cother       >       >       >       >         a Gross income from fundraising events (not including \$	, vic								
g Total. Add lines 2a 21       >       >       20.       20.         3 trivestment income (including dividends, interest, and other similar amounts)       >       20.       20.         4 income from investment of tax exempt bond proceeds       >       >       20.       20.         5 Royalties       (i) Real       (i) Personal       >       20.       20.         6 a Gross rents       (ii) Real       (iii) Personal       >       >       >         a Gross amount from sales of assets other than inventory       (iii) Securities       (iiii) Other       >       >         b Less: cost or other basis       (iiii) Cother       >       >       >       >         a Gross income from fundraising events (not including \$	Ser								
g Total. Add lines 2a 21       >       >       20.       20.         3 trivestment income (including dividends, interest, and other similar amounts)       >       20.       20.         4 income from investment of tax exempt bond proceeds       >       >       20.       20.         5 Royalties       (i) Real       (i) Personal       >       20.       20.         6 a Gross rents       (ii) Real       (iii) Personal       >       >       >         a Gross amount from sales of assets other than inventory       (iii) Securities       (iiii) Other       >       >         b Less: cost or other basis       (iiii) Cother       >       >       >       >         a Gross income from fundraising events (not including \$	am	d							
g Total. Add lines 2a 21       >       >       20.       20.         3 trivestment income (including dividends, interest, and other similar amounts)       >       20.       20.         4 income from investment of tax exempt bond proceeds       >       >       20.       20.         5 Royalties       (i) Real       (i) Personal       >       20.       20.         6 a Gross rents       (ii) Real       (iii) Personal       >       >       >         a Gross amount from sales of assets other than inventory       (iii) Securities       (iiii) Other       >       >         b Less: cost or other basis       (iiii) Cother       >       >       >       >         a Gross income from fundraising events (not including \$	2 B B B B B	е							
3       investment income (including dividends, interest, and other similar amounts)       20.       20         4       income from investment of tax exempt bond proceeds       20.       20         6 a. Gross rents       0. Real       0.0 Personal       20.       20         6 a. Gross rents       0. Real       0.0 Personal       20.       20         7 a. Gross amount from sales of assets other than inventory       0. Securities       0.0 Other       20.       20         7 a. Gross amount from sales of assets cother than inventory       0.0 Securities       0.0 Other       20.       20.         8 a. Gross income from fundraising events (not including \$\frac{1}{20.0 (\$0.443ord})       0.0 Securities	P	f	All other program service reve	enue					
other similar amounts)       20.       20         4       income from investment of tax-exempt bond proceeds       20.       20         5       Royaties       0) Real       0) Personal       20.       20         6 a Gross rents       0) Real       0) Personal       0       0       0         7 a Gross amount from sales of assets other than inventory       0) Securities       0) Other       0       0         8 a Gross income from tundraising events (not including \$ 1, 080, 443. of coss income from tundraising events (not including \$ 1, 080, 443. of coss income from gaming activities. See Part IV, line 18       334, 825. b 10, 335. b 24, 490.       24, 490.         9 a Gross income from gaming activities. See Part IV, line 18       a 334, 825. b 10, 335. c 10, 00, 243. of coss diact of the coss from fundraising events b 10, 00, 443. of coss diact of the coss from fundraising events b 10, 00, 443. of coss diact of the coss from fundraising events b 10, 00, 00, 00, 00, 00, 00, 00, 00, 00,		g							
4       Income from investment of fax-exempt bond proceeds         5       Royaties         6 a       Gross rents         b       Less: rental expenses         c       Rental income or (loss)         d       Net gain or (loss)         g       Gross income from fundraising events (not including \$\frac{1}{10, 335.}\$         c       Net income or (loss) from gaming activities. See Part IV, line 19         g       Gross income from gaming activities. See Part IV, line 19         a       D         a di allowances       a         d       D         e       Net income or (loss) from gaing activities         b       Less: cost of goods soid       b<		3							
5       Royaties						20.			20.
6 a Gross rents       (i) Real       (ii) Personal         b Less: rental expenses       (iii) Other         c Rental income or (loss)       (iii) Other         7 a Gross amount from sales of assets other than inventory       (iii) Securities       (iii) Other         a Gross income from fundraising events (not including \$ 1,080,443. or contributions reported on line 1c). See       (iii) Add a set expenses       (iii) Add a set expenses         8 a Gross income from fundraising events (not including \$ 1,080,443. or contributions reported on line 1c). See       (iii) Add a set expenses       (iii) Add a set expenses         9 a Gross income from gaming activities       (iii) Add a set expenses       (iii) Add a set expenses       (iii) Add a set expenses         9 a Gross income from gaming activities       (iii) Add a set expenses       (iii) Add a set expenses       (iii) Add a set expenses         9 Less: direct expenses       (iii) Add a set expenses       (iiii) Add a set expenses       (iiii) Add a set expenses         9 Less: direct expenses       (iiii) Add a set expenses       (iiii) Add a set expenses       (iiii) Add a set expense         9 Less: cost of goods sold       (iii) Add a set expense       (iii) Add a set expense       (iii) Add a set expense         9 Less: cost of goods sold       (iii) Add a set expense       (iii) Add a set expense       (iii) Add a set expense         11 a INTERCOMPANY ROYALITY I									
6 a Gross rents		5	Royalties						
b       Less: rental expenses		6 9	Gross rents	(I) Real	(II) Personal	-			
c       Rental income or (loss)						-			
d Net rental income or (loss)						1			
7 a Gross amount from sales of assets other than inventory   b Less: cost or other basis and sales expenses   c Gain or (loss)   d Net gain or (loss)   d Net gain or (loss)   a Gross income from fundraising events (not including \$ 1,080,443. of contributions reported on line 1c). See Part IV, line 18   b Less: circet expenses   c Ross income or (loss) from fundraising events   b Less: direct expenses   c Net income or (loss) from gaming activities   b Less: direct expenses   c Net income or (loss) from gaming activities   a dallowances   a dallowances   a dallowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   b Less: cost of goods sold   b Less: cost of goods sold   c Att Intercome Revenue   MISCELLANEOUS REVENUE   c Adl other revenue   e Total. Add lines 11a:11d   t Total revenue. See instructions			<b>N N N N N N N N N N</b>		<b>&gt;</b>				
b       Less: cost or other basis and sales expenses									
and sales expenses			assets other than inventory						
c       Gain or (loss)       ▲         d       Net gain or (loss)       ▲         8 a       Gross income from fundraising events (not including \$		b	Less: cost or other basis						
d       Net gain or (loss)       ■						-			
8 a Gross income from fundraising events (not including \$ 1,080,443. of contributions reported on line 1c). See Part IV, line 18       a 334,825.         b Less: direct expenses       b 310,335.         c Net income or (loss) from fundraising events       b 24,490.         9 a Gross income from gaming activities. See Part IV, line 19       a         b Less: direct expenses       b         c Net income or (loss) from gaming activities. See Part IV, line 19       a         b Less: direct expenses       b         c Net income or (loss) from gaming activities. See Part IV, line 19       a         b Less: direct expenses       b         c Net income or (loss) from gaming activities       a         10 a Gross sales of inventory, less returns and allowances       a         b Less: cost of goods sold       b         c Net income or (loss) from sales of inventory       b         Miscellaneous Revenue       Business Code         11 a INTERCOMPANY ROYALTY I       900099         900099       19,824.         g Old Old Inter revenue       -         c       -         c       -         c       -         d All other revenue       -         e Total. Add lines 11a-11d       713,964.         12 Total revenue. See instructions       3,5									
c       Net income or (loss) from fundraising events       24,490.       24,490.         9 a       Gross income from gaming activities. See Part IV, line 19       a       a         b       Less: direct expenses       b       b         c       Net income or (loss) from gaming activities       b       b         10 a       Gross sales of inventory, less returns and allowances       a       90,641.         b       Less: cost of goods sold       b       29,706.         c       Net income or (loss) from sales of inventory       60,935.       60,935.         Miscellaneous Revenue       Business Code       11 a       INTERCOMPANY ROYALTY I       900099       694,140.       694,140.         b       MISCELLANEOUS REVENUE       900099       19,824.       19,824.       19,824.         c	Ð		Gross income from fundraisin	g events (not	····· ►				
c       Net income or (loss) from fundraising events       24,490.       24,490.         9 a       Gross income from gaming activities. See Part IV, line 19       a       a         b       Less: direct expenses       b       b         c       Net income or (loss) from gaming activities       b       b         10 a       Gross sales of inventory, less returns and allowances       a       90,641.         b       Less: cost of goods sold       b       29,706.         c       Net income or (loss) from sales of inventory       60,935.       60,935.         Miscellaneous Revenue       Business Code       11 a       INTERCOMPANY ROYALTY I       900099       694,140.       694,140.         b       MISCELLANEOUS REVENUE       900099       19,824.       19,824.       19,824.         c	enu								
c       Net income or (loss) from fundraising events       24,490.       24,490.         9 a       Gross income from gaming activities. See Part IV, line 19       a       a         b       Less: direct expenses       b       b         c       Net income or (loss) from gaming activities       b       b         10 a       Gross sales of inventory, less returns and allowances       a       90,641.         b       Less: cost of goods sold       b       29,706.         c       Net income or (loss) from sales of inventory       60,935.       60,935.         Miscellaneous Revenue       Business Code       11 a       INTERCOMPANY ROYALTY I       900099       694,140.       694,140.         b       MISCELLANEOUS REVENUE       900099       19,824.       19,824.       19,824.         c	Sev			-					
c       Net income or (loss) from fundraising events       24,490.       24,490.         9 a       Gross income from gaming activities. See Part IV, line 19       a       a         b       Less: direct expenses       b       b         c       Net income or (loss) from gaming activities       b       b         10 a       Gross sales of inventory, less returns and allowances       a       90,641.         b       Less: cost of goods sold       b       29,706.         c       Net income or (loss) from sales of inventory       60,935.       60,935.         Miscellaneous Revenue       Business Code       11 a       INTERCOMPANY ROYALTY I       900099       694,140.       694,140.         b       MISCELLANEOUS REVENUE       900099       19,824.       19,824.       19,824.         c	ler F								
9 a Gross income from gaming activities. See Part IV, line 19       a         b Less: direct expenses       b         c Net income or (loss) from gaming activities       b         10 a Gross sales of inventory, less returns and allowances       a         b Less: cost of goods sold       b         c Net income or (loss) from sales of inventory       b         60,935.       60,935.         60,935.       60,935.         Miscellaneous Revenue       Business Code         900099       694,140.         60       900099         900099       19,824.         11 a INTERCOMPANY ROYALTY I       900099         900099       19,824.         c	Ę				<u>, , , , , , , , , , , , , , , , , , , </u>				24 490
Part IV, line 19       a         b Less: direct expenses       b         c Net income or (loss) from gaming activities       b         10 a Gross sales of inventory, less returns and allowances       a         90,641.       29,706.         c Net income or (loss) from sales of inventory       b         60,935.       60,935.         Miscellaneous Revenue       Business Code         11 a INTERCOMPANY ROYALTY I       900099         600,935.       600,935.         MISCELLANEOUS REVENUE       900099         900099       19,824.         12 Total revenue. See instructions       713,964.				-	····· 🕨	44,490.			44,430.
b Less: direct expenses b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   90,641. 29,706.   b Less: cost of goods sold   b Less: cost of goods sold   c Miscellaneous Revenue   Miscellaneous Revenue Business Code   900099 694,140.   60,935. 60,935.   Miscellaneous Revenue 900099   MISCELLANEOUS REVENUE 900099   900099 19,824.   11 a INTERCOMPANY ROYALTY I   900099 90099   19,824. 19,824.   c		ઝસ							
c       Net income or (loss) from gaming activities and allowances and allowances		h							
10 a Gross sales of inventory, less returns and allowances       a       90,641.       90,641.         b Less: cost of goods sold       b       29,706.       60,935.       60,935         C Net income or (loss) from sales of inventory       ▶       60,935.       60,935         Miscellaneous Revenue       Business Code       60       60,935.         11 a INTERCOMPANY ROYALTY I       900099       694,140.       694,140.         b MISCELLANEOUS REVENUE       900099       19,824.       19,824.         c									
and allowances       a       90,641.       29,706.         b       Less: cost of goods sold       b       29,706.         c       Net income or (loss) from sales of inventory       >       60,935.       60,935.         Miscellaneous Revenue       Business Code        60,935.       60,935.         Miscellaneous Revenue       Business Code           11 a       INTERCOMPANY ROYALTY I       900099       694,140.       694,140.         b       MISCELLANEOUS REVENUE       900099       19,824.       19,824.         c					F				
b       Less: cost of goods sold       b       29,706.         c       Net income or (loss) from sales of inventory       b       60,935.       60,935.         Miscellaneous Revenue       Business Code       60       60,935.       60,935.         11 a       INTERCOMPANY ROYALTY I       900099       694,140.       694,140.         b       MISCELLANEOUS REVENUE       900099       19,824.       19,824.         c				а					
Miscellaneous Revenue       Business Code         11 a       INTERCOMPANY ROYALTY I       900099       694,140.       694,140.         b       MISCELLANEOUS REVENUE       900099       19,824.       19,824.         c		b							
11 a       INTERCOMPANY ROYALTY I       900099       694,140.       694,140.         b       MISCELLANEOUS REVENUE       900099       19,824.       19,824.         c		с	Net income or (loss) from sale	es of inventory		60,935.			60,935.
b       MISCELLANEOUS REVENUE       900099       19,824.       19,824.         c							<b>CO A A A</b>		
c									
d All other revenue       ■       713,964.         e Total. Add lines 11a-11d       ■       713,964.         12 Total revenue. See instructions       ■       3,581,523.       713,964.			MISCELLANEOUS R	EVENUE	900099	19,824.	19,824.		
e Total. Add lines 11a-11d       ►       713,964.         12 Total revenue. See instructions       ►       3,581,523.       713,964.       0.       85,445									
12         Total revenue. See instructions         3,581,523.         713,964.         0.         85,445						713 964			
							713.964.	0.	85.445.
	832009					, ,	· · · · · · · · · · · · · · · · · · ·		Form <b>990</b> (2018)

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9 2018.04000 GIGI'S PLAYHOUSE, INC. 108870.1

Form 990 (	(2018)
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GIGI'S PLAYHOUSE, INC. 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 **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 20,539. 20,539. Benefits paid to or for members 4 5 Compensation of current officers, directors, 125,550. 125,550. trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,801,616. 1,454,726. 57,815. 289,075. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 167,864. 137,648. 5,036. 25,180. 10 Payroll taxes 11 Fees for services (non-employees): Management а b Legal 7,972. 53,145. 43,579. 1,594. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 140,200. 74,980. 37,973. 253,153. column (A) amount, list line 11g expenses on Sch 0.) 14,240. 11,677. 427. 2,136. Advertising and promotion 12 48,502. 39,772. 1,455. 7,275. Office expenses 13 91,053. 74,663. 2,732. 13,658. Information technology 14 15 Royalties 113,786. 7,056. 35,280. 71,450. 16 Occupancy 64,775. 53,116. 1,943. 9,716. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 106,523. 100,247. 5,180. 1,096. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 66,711. 54,703. 2,001. 10,007. Depreciation, depletion, and amortization 22 15,871. 13,014. 476. 2,381. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 97,390. 76,163. 3,538. 17,689. PROGRAM а 48,455. PRINTING AND REPRODUCTI 59,092. 1,773. 8,864. h 30,126. 36,739. 1,102. 5,511. SERVICE FEES С 36,153. 5,423. d MISCELLANEOUS EXPENSE 29,645. 1,085. 21,353. 17,509. 640. 3,204. e All other expenses 3,194,055. 2,542,782. 168,833. 482,440. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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832010 12-31-18

Check here

#### 10000708 144198 108870.108870

if following SOP 98-2 (ASC 958-720)

Form 990 (2018)

Form 990 (		
Part X	Balance	Sheet

## GIGI'S PLAYHOUSE, INC.

a	נא	Check if Schedule O contains a response or not		ing in this Dart V			
		Check if Schedule O contains a response or not	e to any l		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			2,048,821.	1	1,698,663.
	2	Savings and temporary cash investments			6,103.	2	5,040.
	3	Pledges and grants receivable, net			195,308.	3	250,000.
	4	Accounts receivable, net			206,075.	4	152,804.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation					
		Part II of Schedule L	-			5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
s,		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
& ∣	8	Inventories for sale or use			20,072.	8	30,437. 41,750.
	9				15,737.	9	41,750.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	1,444,772.			
	b	Less: accumulated depreciation	10b	399,780.	867,880.	10c	1,044,992.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets	L		14		
	15	Other assets. See Part IV, line 11	19,301.	15	76,164.		
	16	Total assets. Add lines 1 through 15 (must equa			3,379,297.	16	3,299,850.
	17	Accounts payable and accrued expenses	·····	107,640.	17	71,947.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to current and former					
Ē		key employees, highest compensated employee					
Liabilities				·····		22	
-	23	Secured mortgages and notes payable to unrela		E C		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	,		96,649.	05	230 790
	26	Schedule D Total liabilities. Add lines 17 through 25			204,289.	25 26	230,790. 302,737.
_	20	Organizations that follow SFAS 117 (ASC 958		here <b>X</b> and	201,205.	20	502,1510
		complete lines 27 through 29, and lines 33 an					
Net Assets or Fund Balances	27	Unrestricted net assets			2,217,370.	27	2,419,318,
an	28	Temporarily restricted net assets			957,638.	28	2,419,318. 577,795.
Ba	29	<b>_</b>			,	29	· · · <b>,</b> · · · ·
pun	20	Organizations that do not follow SFAS 117 (A					
Ē		and complete lines 30 through 34.	,				
ŝ	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ec				31	
ΪŻ	32	Retained earnings, endowment, accumulated in				32	
				E C			2 007 113
å	33	Total net assets or fund balances		I	3,175,008.	33	2,997,113.

Form **990** (2018)

832011 12-31-18

Form 990 (2018) GIGI'S PLAYHOUSE, INC. 20-005856	З ғ	Page <b>12</b>
Part XI Reconciliation of Net Assets		
Check if Schedule O contains a response or note to any line in this Part XI		
		<u>523.</u>
		055.
		<u>468.</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 3, 1	.75,	008.
5 Net unrealized gains (losses) on investments 5		
6 Donated services and use of facilities 6		
7 Investment expenses 7		
8 Prior period adjustments 8 -5	65,	<u>363.</u>
9 Other changes in net assets or fund balances (explain in Schedule O) 9		0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
	97,	<u>113.</u>
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII		X
	Ye	s 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 in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	a	X
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?	b X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		
consolidated basis, or both:		
Separate basis X Consolidated basis Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		
	c X	_
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule 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		
	la	<u> </u>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	b	

Form **990** (2018)

832012 12-31-18

SCHED	ULI	ΕA
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Department of the Treasury Internal Revenue Service

(	Form	990	or	990-EZ)
١.		000	<b>U</b> 1	000 LL,

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the	organization
-------------	--------------

Name	e of t	he organization							identification number
Par	+		'S PLAYHOU						0-0058563
		Reason for Public (					e instructions	S	
The o	rgani	zation is not a private found	•	<b>e</b> .		,			
1		A church, convention of chu					l)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii).(	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3 [		A hospital or a cooperative					•		
4 [		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
г		city, and state:							
5 [		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
г	section 170(b)(1)(A)(iv). (Complete Part II.)								
6 [		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7 [		An organization that norma	-	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general p	public described in
		section 170(b)(1)(A)(vi). (C							
8 [		A community trust describe							
9 [		An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
	v	university:							
10	Δ	An organization that norma					-		•
		activities related to its exem							-
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	rea by the org	anization a	inter June 30, 1975.
11 [		See section 509(a)(2). (Con	-	voluto toot for public oo	fatu Saa	nantian E(	O(a)(4)		
12		An organization organized a An organization organized a	-	•	•			rny out the	nurnesses of one or
12 [		more publicly supported or	-	•	-			•	
		lines 12a through 12d that	-						
а		<b>Type I.</b> A supporting orga	• •					-	nivina
u	L	the supported organization	-		• • • •	-			
		organization. You must c			indjointy c				pporting
b		<b>Type II.</b> A supporting org	-		ion with its	s supporte	d organizatio	n(s), by hay	ina
-		control or management o	-				-		-
		organization(s). You mus						5	
с		] Type III functionally inte	-		in connect	tion with, a	and functional	ly integrate	d with,
		its supported organization							
d		] Type III non-functionally						ted organiz	ation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	r the number of supported o	organizations						
g		vide the following information			(iv) is the orac	anization listed			
	(1	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ir		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ii	istructions)	support (see instructions)
Total									
		aperwork Reduction Act N	lotice see the Instr	uctions for Form 990 o	990-F7	832021 10-	11-18 Sche	dule A (For	m 990 or 990-F7) 2018

13

## Schedule A (Form 990 or 990-EZ) 2018 GIGI'S PLAYHOUSE, INC. 20-0058 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

20-0058563 Page 2

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						(1)
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities,	ata (aga instructi				10	
	First five years. If the Form 990 is for	•	,	rd fourth or fifth t		<b>12</b>	
13	organization, check this box and stop	0		, ,		()()	
Sec	ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2018 (li			column (fl)		14	%
	Public support percentage from 2017		•	• • • • • • • • • • • • • • • • • • • •		15	<u> </u>
	<b>33 1/3% support test - 2018.</b> If the c					· · · ·	
	stop here. The organization qualifies						
h	<b>33 1/3% support test - 2017.</b> If the c		-				
-	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac		-				
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances test						
~	more, and if the organization meets th		-				
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio		-		• • • •		s <b>&gt;</b>
				, , ,		edule A (Form 990	

Scnedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

## Schedule A (Form 990 or 990-EZ) 2018 GIGI'S PLAYHOUSE, INC.

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	1465367.	2783439.	1682900.	3219602.	2782114.	11933422.
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	155 063.	161,063.	102 004.	122 684	90,641.	631,455.
3	Gross receipts from activities that are not an unrelated trade or bus-	155,005.	101,003.	102,004.	122,004.	50,041.	001,400
	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						
6	Total. Add lines 1 through 5	1620430.	2944502.	1784904.	3342286.	2872755.	12564877.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	39,000.	26,000.	18,466.	30,393.	19,038.	132,897.
IJ	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						0.
с	Add lines 7a and 7b	39,000.	26,000.	18,466.	30,393.	19,038.	132,897.
8	Public support. (Subtract line 7c from line 6.)						12431980.
Sec	ction B. Total Support	I					r
	ndar year (or fiscal year beginning in)	(a) 2014 1620430.	(b) 2015 2944502.	(c) 2016 1784904.	(d) 2017 3342286.	(e) 2018	(f) Total 12564877.
	Amounts from line 6	1020430.	2944502.	1/04904.	3342200.	20/2/55.	12304077.
iua	dividends, payments received on securities loans, rents, royalties, and income from similar sources	8.				20.	28.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	8.				20.	28.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					20.	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		336,289.			713,964.	2164077.
	Total support. (Add lines 9, 10c, 11, and 12.)	1794269.		2162865.	3904318.		14728982.
14	First five years. If the Form 990 is for	0		, ,	5	0,0,0	<i>′</i> . —
<u> 60</u>	check this box and stop here	o Support Dor					·····
	•			olumon (f))		15	84.40 %
	Public support percentage for 2018 (I Public support percentage from 2017			.,,		15 16	84.40 % 88.35 %
	tion D. Computation of Inves						<u> </u>
	Investment income percentage for 20			ne 13. column (f))		17	.00 %
	Investment income percentage from					18	.01 %
	33 1/3% support tests - 2018. If the					3 1/3%, and line 17	
	more than 33 1/3%, check this box ar						N V
b	33 1/3% support tests - 2017. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th			
83202	23 10-11-18		15		Sche	edule A (Form 990	) or 990-EZ) 2018

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<sup>2018.04000</sup> GIGI'S PLAYHOUSE, INC.

Yes No

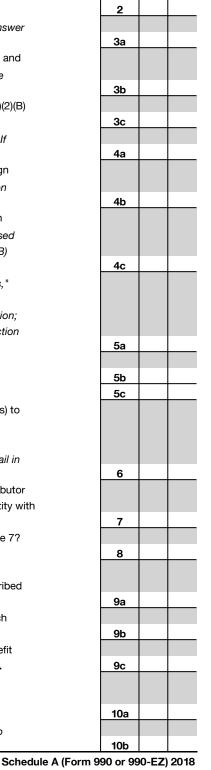
Part IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete

Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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")? // "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 disgualified person (as defined in 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 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.)

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
<b>b</b>				
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Ition B. Type I Supporting Organizations	11c		
			Yes	Na
			res	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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 in (2), 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form 99	90 or 99	0-EZ)	2018

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	. (Form 990 or 990-EZ) 2018 GIGI'S PLAYHOUS	
Part V	Type III Non-Functionally Integrated 509(a)(	3) Supporting Organizations

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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 <b>Part VI</b> ):			
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 1-1/2% 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 .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 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 functional			

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

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## Schedule A (Form 990 or 990-EZ) 2018 GIGI'S PLAYHOUSE, INC.

Par	Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
_7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		1	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
<u>a</u>	From 2013			
b	From 2014			
C	From 2015			
	From 2016			
e	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
<u>i</u>	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014 Excess from 2015			
	Excess from 2016 Excess from 2017			
	Excess from 2017			
e	EXUESS 110111 2010			

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A	(Form 990 or 990-EZ) 2018 GIGI	'S PLAYHOUSE,	INC.	20-0058563 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c	Provide the explanations , 4b, 4c, 5a, 6, 9a, 9b, 9c, d 3; Part IV, Section E, line	required by Part II, line 10; Part II, 11a, 11b, and 11c; Part IV, Sectior s 1c, 2a, 2b, 3a, and 3b; Part V, lir	line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V,
	(See instructions.)			·
32028 10-11-1	8			Schedule A (Form 990 or 990-EZ) 2018

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## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

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

## Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

20-005856	3
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le organizatio	or i	
	GIGI'S	PLAYHOUSE

Filers of:	Section:
Form 990 or 990-EZ	$\mathbf{X}$ 501(c)( <b>3</b> ) (enter number) organization
FOR 990 01 990 EZ	
	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

INC.

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

#### **General Rule**

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

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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 or 990-EZ), 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  $e_{xclusively}$  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  $e_{xclusively}$  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 for an  $e_{xclusively}$  religious, charitable, etc.,  $e_{xclusively}$  religious,  $e_{x$ 

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Name of organization

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Employer identification number

GIGI'S PLAYHOUSE, INC.

20-0058563

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$ 507,500.       Person X         \$ 507,500.       Payroll I         Noncash       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Sector     Sector     Sector       \$     110,000.     Person     X       Payroll     Noncash     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3	, , , , , , , , , , , , , , , , ,	\$\$     \$\$     Person     X       \$\$     50,000.     Payroll     D       (Complete Part II for noncash contributions.)     Noncash     D
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4		\$       60,000.         \$       60,000.         Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		\$     50,000.       \$     50,000.   Person       X   Payroll       Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		\$     25,000.       \$     25,000.   Person       X   Payroll       Noncash   (Complete Part II for noncash contributions.)
823452 11-08-	18	Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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2018.04000 GIGI'S PLAYHOUSE, INC.

Employer identification number

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GIGI':	S PLAYHOUSE, INC.	2	0-0058563
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

Schedule B (Fo	rm 990, 990-EZ, or 990-PF) (2018)

Person Payroll Noncash

(Complete Part II for noncash contributions.)

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Employer identification number

20-0058563

## GIGI'S PLAYHOUSE, INC.

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

(a)		if additional space is needed.	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom 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. rom 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
		_	

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2018.04000 GIGI'S PLAYHOUSE, INC.

Page 4

ame of orga	nization			Employer identification numb			
TGT'S	PLAYHOUSE, INC.			20-0058563			
Part III 🛛 🖪	Exclusively religious, charitable, etc., contributi	ons to organizations described in s	section 501(c)(7), (8), or (10) t				
f	rom any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of	) through (e) and the following line er	ntry. For organizations	nce ) ►\$			
ι	Jse duplicate copies of Part III if additional	space is needed.	Tese for the year. (Enter this line, on				
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Dos	cription of how gift is held			
Part I	(b) Fulbose of gift						
_							
_							
-							
		(e) Transfer of gi	ft				
		(0) 112110101 01 9.					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee			
_							
_							
-							
) No.		I					
rom art I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
_							
_							
_							
		(e) Transfer of gi	ft				
	Transferee's name, address, ar	nd <b>7IP</b> + 4	Relationship of transferor to transferee				
			The action of the				
_							
		<u> </u>					
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
art I							
-							
		(e) Transfer of gi	ift				
	<b>_</b>						
	Transferee's name, address, ar		Relationship of tra	ansferor to transferee			
-		[					
-							
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
art I	(2)	(-, 3	(-,				
-							
-   -							
-							
		(e) Transfer of gi	er of gift				
	Transforce's name address at	ad <b>7</b> ID + 4	Relationship of transferor to transferee				
	Transferee's name, address, ar		netationship of tra				
-		<u> </u>					
54 11-08-18		0.5	Schedule	e B (Form 990, 990-EZ, or 990-PF) (2			
		26					

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601		Sunnlement	al Financial Statements		OMB No. 1545-0047		
	HEDULE D		2018				
Departi	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public Inspection		
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employe						
INAIII	e of the organizati	GIGI'S PLAYHOUSE, I	INC.		oyer identification number 20-0058563		
Par	t I Organiza		d Funds or Other Similar Funds or <i>I</i>	Account	s. Complete if the		
	organizatio	n answered "Yes" on Form 990, Part IV, lin					
	(a) Donor advised funds (b) Funds and						
1		nd of year					
2 3		f contributions to (during year)					
4		t end of year					
5			writing that the assets held in donor advised fu	nds			
	-		exclusive legal control?		Yes 🗌 No		
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only			
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	erring			
Par	impermissible priv				Yes No		
1		servation easements held by the organization	ganization answered "Yes" on Form 990, Part	v, line 7.			
		of land for public use (e.g., recreation or e		llv importa	nt land area		
		f natural habitat	Preservation of a certified				
	Preservation	of open space					
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form of a	conservatio	on easement on the last		
	day of the tax year	·.		F	leid at the End of the Tax Year		
а	Total number of co	onservation easements		2a			
b	•						
С			ucture included in (a)	. <u>2c</u>			
d			after 7/25/06, and not on a historic structure				
3		nal Register		2d			
3	vear ►	vation easements modified, transferred, rei	eased, extinguished, or terminated by the orga	Inization di	uning the tax		
4		where property subject to conservation eas	sement is located				
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of				
	violations, and enf	orcement of the conservation easements it	holds?		Yes No		
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion easem	ents during the year		
	▶						
7	• ·	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements	during the year		
•	►\$						
8			e satisfy the requirements of section 170(h)(4)(		Yes No		
9			on easements in its revenue and expense state				
5			ion's financial statements that describes the o				
	conservation ease			gamiation	e decodining for		
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other	Similar	Assets.		
	Complete i	the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement	and balanc	e sheet works of art,		
			nibition, education, or research in furtherance of	of public se	rvice, provide, in Part XIII,		
		note to its financial statements that descri					
b	-		C 958), to report in its revenue statement and				
			ducation, or research in furtherance of public s	ervice, pro	vide the following amounts		
	(i) Revenue inclu			▶ \$			
2	.,		asures, or other similar assets for financial gair				
		unts required to be reported under SFAS 1					
а			-	🕨 \$			
LHA	For Paperwork R	eduction Act Notice, see the Instructions	s for Form 990.	S	chedule D (Form 990) 2018		
832051	10-29-18						

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Sche		PLAYHOUSE,						20 - 00	5856	3 р	age <b>2</b>
Par	t III   Organizations Maintaining C	ollections of Ar	t, Historio	al Trea	asures, o	r Othe	r Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any	of the fo	ollowing that	t are a si	ignificant ι	use of its c	ollection	items	;
	(check all that apply):										
а	Public exhibition	d	l 📃 Loa	n or exch	nange progra	ams					
b	Scholarly research	e	e 🗌 Oth	er							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they f	urther the	e organizatio	on's exer	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations of	of art, histori	cal treas	ures, or othe	er similar	r assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the org	anizatior	n answered '	"Yes" or	n Form 990	), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod		liary for cont	ributions	or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII								]		]
~			no ming table	•					Amoun	t	-
с	Beginning balance						1c			-	
	Additions during the year										
	Distributions during the year										
f	Ending balance						. 1f				
2a	Did the organization include an amount on F						lity?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation ha	is been p	provided on l	Part XIII					
Par	<b>t V</b> Endowment Funds. Complete	if the organization an	swered "Ye	s" on For	rm 990, Part	IV, line	10.				
		(a) Current year	(b) Prior	year	(c) Two yea	rs back	(d) Three	years back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1g, co	lumn (a))	held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are	held an	d administer	red for th	ne organiz	ation	1		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		L
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment fund	3.							
I ai					<b>-</b>		line 10				
	Complete if the organization answere							l			
	Description of property	<b>(a)</b> Cost or o basis (investr		( <b>b)</b> Cost basis (			ccumulate preciation		( <b>d)</b> Boo	k valu	e
1a	Land										
	Buildings										
	Leasehold improvements				5,891.		115,3				10.
	Equipment			348	8,881.		284,3		6	4,4	82.
	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (E	3), line 10	)c.)				1,04		
								<u>.</u>		000	

Schedule D (Form 990) 2018

#### Part VII Investments - Other Securities.

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

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

#### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL AND PAYROLL TAXES	66,112.
(3) DEFERRED RENT	66,722.
(4) DEFERRED REVENUE	97,956.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	230,790.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🚺

Schedule D (Form 990) 2018

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Sche	dule D (Form 990) 2018 GIGI'S PLAYHOUSE, INC.			20-0	0058563 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With I	Revenue per Re	turn.	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,042,976.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	121,412.		
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		340,041.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	461,453.
3	Subtract line 2e from line 1			3	3,581,523.
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	3,581,523.
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per F	Returr	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	3,655,508.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	121,412.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	340,041.		
е	Add lines 2a through 2d			2e	461,453.
3	Subtract line 2e from line 1			3	3,194,055.
4	Amounts included on Form 990, Part IX, line 25, 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 expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	3,194,055.
Pa	rt XIII Supplemental Information.				

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

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR
UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER
TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE
RECORDED IN THE FINANCIAL STATEMENTS. EXAMPLES OF TAX POSITIONS INCLUDE
THE TAX EXEMPT STATUS OF THE ORGANIZATION AND THE CONTINUED TAX EXEMPT
STATUS OF VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED
BUSINESS TAXABLE INCOME (UBIT). AT DECEMBER 31, 2018 AND 2017, THERE WERE
NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES.

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## PART XI, LINE 2D - OTHER ADJUSTMENTS:

## FUNDRAISING EXPENSE:

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310,335. Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 GIGI 'S PLAYHOUSE, INC. Part XIII   Supplemental Information (continued)	20-0058563 Page 5
COCH OF COODS SOLD.	29,706.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	340,041.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSE:	310,335.
COST OF GOODS SOLD:	29,706.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	340,041.
832055 10-29-18	Schedule D (Form 990) 2018
832055 10-29-18 <b>C 1</b>	

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SC	HEDULE F	Stateme	nt of Act	ivities Outside the Un	ited Sta	tes -	OMB No. 1545-0047
(Fo	rm 990)			n answered "Yes" on Form 990, Part I			2018
Dena	rtment of the Treasury			Attach to Form 990.			Open to Public
	al Revenue Service	► Go to	www.irs.gov/Fo	orm990 for instructions and the latest	information.		Inspection
Nam	ne of the organizatior	า				Employer ide	entification number
	GI'S PLAYH	OUSE, INC.				20-0058	
Pa	rt I General	Information on A	ctivities Out	side the United States. Comple	te if the organ	ization answere	ed "Yes" on
		Part IV, line 14b.					
1	-	-		ds to substantiate the amount of its grau the selection criteria used to award the g			Yes X No
2	For grantmakers. United States.	Describe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance	outside the
3	Activities per Regio	on. (The following Part	I, line 3 table ca	an be duplicated if additional space is no	eeded.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
3 a	Subtotal	0	0				0.
	Total from continu sheets to Part I	ation	0				0.
c	<b>Totals</b> (add lines 3 and 3b)	3a	0				0.

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

Schedule F (Form 990) 2018

832071 10-31-18

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA -						
		CANADA AND	CRIVE FOR FININGIN					
		· ·	GRANT FOR FINANCIAL SUPPORT	20,539.	WIDE	٥.		
		THE UNITED STRIES	SUFFORI	20,339.	WIRE	0.		
2 Enter total number of	recipient organizatio	I ns listed above that are r	l ecognized as charities by the f	oreian country	I recognized as tax-exi	empt	I	1
			ion 501(c)(3) equivalency letter					1
3 Enter total number of						<b>&gt;</b>		<u> </u>

Schedule F (Form 990) 2018

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

#### GIGI'S PLAYHOUSE, INC. 20-0058563 Schedule F (Form 990) 2018 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2018

Page 3

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2018

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	or if the	2018					
Department of the Treasury		Attach to Form 990	) or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service	► Go		Inspection					
Name of the organization	Employer ide $20 - 0058$	entification number 563						
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17	. Form 990-EZ	filers are not
a X Mail solicitat	-		tion of	non-g	overnment grants			
c X Phone solici d X In-person so		g 🔀 Special	l fundra	aising	events			
key employees list	ed in Form 990, P highest paid indiv	or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu organization.	rofessi	onal fi	undraising services?		X Yes	
(i) Name and addres or entity (func		(ii) Activity	fundraiser have custody or control of from activity			tò (o f	Amount paid r retained by) undraiser ed in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
GESTURE - 999 OAKMO	ONT PLAZA		Yes	No				
#150, WESTMONT, IL	60559	AUCTION	X		0.		7,083.	-7,083.
							<b>5</b> 000	
Total           3         List all states in whi or licensing.           UT , NC , NY , MN , I		n is registered or licensed to solicit	contrib	▶ utions	or has been notified	l it is e	7,083. xempt from re	gistration

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Schedule G (Form 990 or 990-EZ) 2018

832081 10-03-18

## Schedule G (Form 990 or 990 EZ) 2018 GIGI'S PLAYHOUSE, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GALA	5K FUN RUN	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
	1	Gross receipts	467,561.	147,545.	800,162.	1,415,268
	2	Less: Contributions	221,792.	106,499.	752,152.	1,080,443
	3	Gross income (line 1 minus line 2)	245,769.	41,046.	48,010.	334,825
	4	Cash prizes				
	5	Noncash prizes	23,820.	6,314.		30,134
	6	Rent/facility costs	14,982.		48,132.	63,114
L Z		Food and beverages	71,106.	85.	45,964.	117,155
-1	_					
	8 9	Entertainment	3,300. 34,980.	<u>132.</u> 15,746.	<u>2,500.</u> 43,274.	5,932 94,000
	9 10	Other direct expenses Direct expense summary. Add lines 4 through		· · ·		310,335
	11	Net income summary. Subtract line 10 from li				24,490
Τ		\$15,000 on Form 990-EZ, line 6a.	(a) Pingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	1	\$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo		(c) Other gaming	
	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1 2 3	Gross revenue	(a) Bingo		(c) Other gaming	
	3	Gross revenue	(a) Bingo		(c) Other gaming	
T	3 4	Gross revenue Cash prizes Noncash prizes		bingo/progressive bingo		(d) Total gaming (add col. (a) through col. (c
	3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		(c) Other gaming	
	3 4 5 6	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	bingo/progressive bingo	Yes %	
	3 4 5 7	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%           No	bingo/progressive bingo	Yes% No	
	3 4 5 7 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes%           No           from line 1, column (d)	bingo/progressive bingo	Yes%	
	3 4 5 6 7 8 Ent	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes%         No         from line 1, column (d)         from line 1, column (d)	bingo/progressive bingo	Yes% No	col. (a) through col. (a)
	3 4 5 6 7 8 Ent	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	Yes% No for line 1, column (d)	bingo/progressive bingo	Yes% No	col. (a) through col. (

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

<u>Sc</u> ł	nedule G (Form 990 or 990-EZ) 2018 GIGI'S PLAYHOUSE, INC.	<u>20-</u> 0	0585	63 Page	<b>3</b>
	Does the organization conduct gaming activities with nonmembers?		Ye		No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		_		
	to administer charitable gaming?		Ye	es 🗌 I	No
13	Indicate the percentage of gaming activity conducted in:				
á	a The organization's facility		13a		%
	o An outside facility		13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record				
	Name 🕨				
	Address 🕨				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue? $\dots$		. <b>∐</b> Y€	es 🛄 I	No
I	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	ount			
	of gaming revenue retained by the third party $ ightarrow$ \$				
0	c If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation 🕨 💲				
	Description of services provided				—
					—
					—
	Director/officer Employee Independent contractor				
47	Mandataw, distributional				
	Mandatory distributions:				
ā	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Ye	es 🗌 I	
	retain the state gaming license?				10
	<ul> <li>Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i organization's own exempt activities during the tax year </li> </ul>	n the			
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Par	t III lines	9 9h 10h	_
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	anura	i iii, iiries	3, 30, 100	,
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0000		G (Earrow	000 ~~ (	990-EZ) 20	140
0320	<sup>883</sup> 10-03-18 Schedule 39		330 013	550-EZ) 2L	, 10
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	(********	
		Schedule G (Form 990 or 990-EZ)
832084 04-01-18		

SCHEDULE L		Tra	insactior	ıs V	Vith	Interested	P	ersons			O	MB No.	1545-00	47
(Form 990 or 990-EZ)	Complete if	the o	-			" on Form 990, Par -EZ, Part V, line 38a			6, 27,	28a,		20	18	B
Department of the Treasury Internal Revenue Service	Þ	Go to v				990 or Form 990-E2 nstructions and the		st information.				pen T spect		lic
Name of the organization		יזס	VUOIICE	TN	c						ident 585		on nu	mber
Part I Excess E			AYHOUSE , ons (section 50			ion 501(c)(4), and 50	1(c)(	29) organizations			565	0.5		
	the organization					art IV, line 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name of disquali	fied person	(d) H	Relationship bety person and or		•	(d	<b>c)</b> De	escription of tran	sactio	n			es	cted? No
												_		
												-		
2 Enter the amount of	f tax incurred by	the or	rganization man	agers	or disc	ualified persons dur	ing t	he year under		• •				
section 4958 3 Enter the amount of						ganization				► \$ ► \$				
	and/or Fron													
						, Part V, line 38a or F	Form	n 990. Part IV. lin	e 26: o	or if th	e orga	nizatio	on	
reported an	amount on For	n 990	, Part X, line 5, 6	6, or 22	2.									
(a) Name of interested person	(b) Relation with organ		ration of loan		an to or n the zation?	(e) Original principal amount	(f	) Balance due		) In ault?	(h) Approved by board or committee? (i) Writ		-	
					From				Yes	No	Yes		Yes	No
							-							
														<u> </u>
Total Part III Grants o	r Assistance	Ben	efiting Inter	este	d Per	sons.								
	the organization							( )) =						
(a) Name of interes	sted person		<b>(b)</b> Relationship interested pers the organiza	son an		(c) Amount of assistance		<b>(d)</b> Type assistan			•	) Purp assista		r
										-+				

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

Schedule L (Form 990 or 990-EZ) 2018

832131 10-25-18

	(Form 990 or 990-EZ) 2018			
Part IV	Business Transaction	ons Involvir	ng Interested Per	'sons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	<b>(b)</b> Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing o organization' revenues?	
				Yes	No
SUE SCHULTZ	FORMER BOD	62,300.	PAID FOR SE		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SUE SCHULTZ

(D) DESCRIPTION OF TRANSACTION: PAID FOR SERVICES RENDERED AS

## INDEPENDENT CONTRACTOR

Schedule L (Form 990 or 990-EZ) 2018

832132 10-25-18

SCHEDULE O

(Form 990 or 990-EZ)

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



GIGI'S PLAYHOUSE, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATIONAL PROGRAMS, AND BY EMPOWERING INDIVIDUALS WITH DOWN SYNDROME,

THEIR FAMILIES, AND THE COMMUNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GIGI FIT FOR ALL AGES

EXPENSES \$ 177,995. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

TWO MEMBERS OF THE BOARD ARE MARRIED, NANCY AND PAUL GIANNI.

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

THE 990 IS SENT TO EACH GOVERNING BOARD MEMBER VIA E-MAIL. EACH MEMBER IS

ASKED FOR QUESTIONS AND COMMENTS THROUGH THE TREASURER.

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

EVERY JANUARY THE WRITTEN CONDUCT AND CONFLICT OF INTEREST POLICY IS

DISTRIBUTED TO AND REVIEWED BY ALL BOARD MEMBERS AND EMPLOYEES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, IL, IN, MN, NY, WI, AR, FL, MD, MI, NC, NM, OR, PA, UT, OH, TN, ND, NJ, GA, IA, AZ, CO, LA

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

GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST FROM MANAGEMENT.

 FORM 990, PART XII, LINE 2C:

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

 832211 10-10-18
 Schedule O (Form 990 or 990-EZ) (2018)

10000708 144198 108870.108870

43

ame of the organization GIGI'S PLAYHOUSE, 1	INC	Employer identifica 20-00585	ition numb
GIGI S PLAINOUSE, 1	INC •	20-00565	0.5
HE REVIEW PROCESS HAS NOT CHANGE	ED FROM THE PRIOR	YEAR.	
212 10-10-18		Schedule O (Form 990 or 9	00 53) (0)

10000708 144198 108870.108870

108870.1 INC. 2018.04000 GIGI'S PLAYHOUSE,

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

45

SCHEDULE R	
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

# Open to Public Inspection Employer identification number

20-0058563

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

GIGI'S PLAYHOUSE, INC.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
	-				
	-				
	-				
	-				

#### Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	Section 5 contr ent	rolled
				501(c)(3))		Yes	No
GIGI'S PLAYHOUSE - NEW YORK CITY, LLC -							
27-2919866, 106 W 117TH ST, NEW YORK, NY							
10026	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		х
GIGI'S PLAYHOUSE - SUGAR LAND, LLC -							
47-5408975, 14015 SW FREEWAY, BUILDING 11,							
SUGAR LAND, TX 77478	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		х
GIGI'S PLAYHOUSE - CLEVELAND, LLC -							
47-4179667, 15316 DETROIT AVENUE, LAKEWOOD,							
OH 44107	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		х
GIGI'S PLAYHOUSE - OAK PARK, LLC -							
30-0778689, 16800 OAK PARK AVE, TINLEY PARK,	7						1
IL 60477	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		х

OMB No. 1545-0047 2018

Schedule R (Form 990) 2018

Part II Continuation of Identification of Related Tax-Exempt Organizations

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 5 contr organiz	olled
GIGI'S PLAYHOUSE - NASHVILLE_LLC -						163	
46-3149167, 1724 CAROTHERS PARKWAY, STE 400,	1						
BRENTWOOD, TN 37027	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		х
GIGI'S PLAYHOUSE - FT. MYERS, LLC -							
82-1124956, 1901 BRANTLEY RD., UNIT 11, FT.	1						
MYERS, FL 33907	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		х
GIGI'S PLAYHOUSE - BRADLEY, LLC - 90-0853610							
2150 US-45	1						
KANKAKEE, IL 60901	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		х
GIGI'S PLAYHOUSE - RALEIGH, LLC - 81-1482925							
2887 JONES FRANKLIN RD	1						
RALEIGH, NC 27606	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		х
GIGI'S PLAYHOUSE - FARGO, LLC - 37-1776920							
3224 20TH STREET SOUTH	1						
FARGO, ND 58104	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		х
GIGI'S PLAYHOUSE - GAINESVILLE, LLC -							
47-4530223, 3345 SW 34TH STREET,							
GAINESVILLE, FL 32608	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		х
GIGI'S PLAYHOUSE - ROCHESTER LLC -							
81-2764361, 372 N. GOODMAN STREET,							
ROCHESTER, NY 14607	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		х
GIGI'S PLAYHOUSE - QUAD CITIES, LLC - 45-2777850, 3906 38TH AVE, MOLINE, IL 61265	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		x
GIGI'S PLAYHOUSE - CHICAGO, LLC - 45-0648741	_						
3948 N. LINCOLN AVE							
CHICAGO, IL 60613	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		Х
GIGI'S PLAYHOUSE - FOX VALLEY, LLC -							
80-0323086, 4024 FOX VALLEY CENTER DR,	_						
AURORA, IL 60504	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		Х
GIGI'S PLAYHOUSE - HILLSBOROUGH, LLC -	4						
47-1594759, 450 AMWELL RD, SUITE H,	4						
HILLSBOROUGH, NJ 08844	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		Х
GIGI'S PLAYHOUSE - MADISON, LLC - 46-3445347	4						
4104 MONONA DRIVE	4						
MADISON, WI 53716	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		Х

Part II Continuation of Identification of Related Tax-Exempt Organizations

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	contr	g) 512(b)(13) rolled zation? No
GIGI'S PLAYHOUSE - LAYTON, LLC - 47-2725035						103	
471 HERITAGE PARK BLVD. SUITE 4	7						
LAYTON, UT 84041	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		x
GIGI'S PLAYHOUSE - TWIN CITIES, LLC -							
90-0870251, 4740 PARK GLEN ROAD,							
MINNEAPOLIS, MN 55416	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		x
GIGI'S PLAYHOUSE - SAN DIEGO, LLC -							
82-0971778, 4761 CASS ST, SAN DIEGO, CA	7						
92109	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		x
GIGI'S PLAYHOUSE - MCHENRY, LLC - 80-0323070							
5404 W ELM ST., SUITE A	7						
MCHENRY, IL 60050	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		x
GIGI'S PLAYHOUSE - ATLANTA, LLC - 27-4831142							
549 AMSTERDAM AVE NE STE 1	7						
ATLANTA, GA 30306	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		x
GIGI'S PLAYHOUSE - SYRACUSE, LLC -							
38-3877315, 5885 E CIRCLE DR UNIT 250,	7						
CICERO, NY 13039	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		x
GIGI'S PLAYHOUSE - INDIANAPOLIS, LLC -							
47-1293329, 5909 E. 86TH STREET,	7						
INDIANAPOLIS, IN 46250	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		x
GIGI'S PLAYHOUSE - FORT WAYNE, LLC -							
47-4861688, 6081 N. CLINTON ST., FORT WAYNE,	7						
IN 46825	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		x
GIGI'S PLAYHOUSE - DES MOINES, LLC -							
61-1611262, 6507 UNIVERSITY AVENUE, WINDSOR	7						
HEIGHTS, IA 50324	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		x
GIGI'S PLAYHOUSE - WESTCHESTER, LLC -							
47-1993324, 720 SAW MILL RIVER ROAD,	7						
ARDSLEY, NY 10502	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		x
GIGI'S PLAYHOUSE - SIOUX CITY, LLC -			1	1			
80-0350067, 835 GORDON DRIVE, SUITE B, SIOUX	1						
CITY, IA 51101	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		x
GIGI'S PLAYHOUSE - MILWAUKEE, LLC -			1	1			
46-5021867, 8685 N PORT WASHINGTON ROAD, FOX	1						
POINT, WI 53217	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		x

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
GIGI'S PLAYHOUSE - ROCKFORD, LLC -	_						
27-2251844, 8801 N 2ND STREET, SUITE 2,			501 ( 2) ( 2)	10			37
MACHESNEY PARK, IL 61115	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		X
GIGI'S PLAYHOUSE - PHOENIX, LLC - 47-1746104	_						
9160 E SHEA BLVD, SUITE 103B		TITINOTA	$E_{01}(\alpha)(2)$	T TND 10	GIGI'S INC		v
SCOTTSDALE, AZ 85260	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI S INC		X
GIGI'S PLAYHOUSE - EL PASO, LLC - 35-2523225	_						
960 CHELSEA STREET, SUITE B			501 ( 2) ( 2)	10			37
EL PASO, TX 79903	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		X
GIGI'S PLAYHOUSE - CEDAR RAPIDS, LLC -	_						
46-5641124, 2350 W. HIGGINS RD., HOFFMAN			501 ( 2) ( 2)	10			37
ESTATES, IL 60169	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		X
GIGI'S PLAYHOUSE - TAMPA, LLC - 82-3283444	_						
3611 W HILLSBOROUGH AVE., SUITE 200			501 ( 2) ( 2)	10			37
TAMPA, AZ 33614	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		X
GIGI'S PLAYHOUSE - ANNAPOLIS, LLC -	_						
82-3220127, 129 LUBRANO DRIVE, STE L104,							
ANNAPOLIS, MD 21401	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		X
GIGI'S PLAYHOUSE - ALLIANCE - 46-2014837	_						
2350 W HIGGINS RD							
HOFFMAN ESTATES, IL 60169	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		X
GIGI'S PLAYHOUSE - DETROIT - 83-0796761	_						
5620 OLD HICKORY DRIVE	_						
DETROIT, MI 48116	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		X
GIGI'S PLAYHOUSE - HOUSTON - 83-0764238	_						
1059 W. 25TH ATREET	_						
HOUSTON, TX 77008	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		X
GIGI'S PLAYHOUSE - DEERFIELD - 83-1975036	_						
2511 WAUKEGAN ROAD, UNIT 106/107	_						
BANNOCKBURN, IL 60015	SEE PART VII	ILLINOIS	501(C)(3)	LINE 10	GIGI'S INC		Х
	_						
	_						
							<u> </u>
	_						
	_						

## Schedule R (Form 990) 2018 GIGI'S PLAYHOUSE, INC.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		, jour									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity entity excluded from tax under sections 512-514)		Share of total income			ortionate itions?			l or Percentage <sup>ing</sup> ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	1										
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	1	1	1			1	L	L	1	<u> </u>	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	512(b contr	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No

## Schedule R (Form 990) 2018 GIGI'S PLAYHOUSE, INC.

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

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts	; II-IV?		
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	1	
Gift, grant, or capital contribution to related organization(s)		, X	X
Gift, grant, or capital contribution from related organization(s)		X	X
Loans or loan guarantees to or for related organization(s)		ı X	X
Loans or loan guarantees by related organization(s)		, X	<u>x</u>
Dividends from related organization(s)		:	
Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	11		
Lease of facilities, equipment, or other assets to related organization(s)			_
Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>	:	
Performance of services or membership or fundraising solicitations for related organization(s)		_	
n Performance of services or membership or fundraising solicitations by related organization(s)		<u>ו א</u>	X
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		i Z	X
Sharing of paid employees with related organization(s)		,	_
Reimbursement paid to related organization(s) for expenses	1p	, X	x
Reimbursement paid by related organization(s) for expenses		L X	X
Other transfer of cash or property to related organization(s)	<u>1r</u>		
Other transfer of cash or property from related organization(s)	1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) GIGI'S PLAYHOUSE - FORT MEYERS	В	44,698.	CASH
(2) GIGI'S PLAYHOUSE - ANNAPOLIS	В	193,021.	CASH
(3) GIGI'S PLAYHOUSE - TAMPA	В	115,117.	CASH
(4) GIGI'S PLAYHOUSE - DEERFIELD	В	107,836.	CASH
(5) GIGI'S PLAYHOUSE - SAN DIEGO	В	104,319.	CASH
<u>(6) GIGI'S PLAYHOUSE - DETROIT</u>	В	92,932.	CASH

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	<b>(b)</b> Transaction type (a-r)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(7) GIGI'S PLAYHOUSE - TWIN CITIES	В	75,673.	CASH
(8) GIGI'S PLAYHOUSE - TINLEY PARK	В	63,600.	CASH
(9) GIGI'S PLAYHOUSE - FARGO	В	20,771.	CASH
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

## Schedule R (Form 990) 2018 GIGI'S PLAYHOUSE, INC.

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	<b>(g)</b> Share of end-of-year assets	(r Disprotion allocat Yes	) opor- ate ions? <b>No</b>	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2018

SCHE	DULE	R,	PZ	ART	II,	COI	LUMN	(B),	PRIMA	RY	ACTIVITY	ζ				
DOWN																
832165 10	)-02-18									53			S	Schedul	e R (Fori	n 990) 201

GIGI'S PLAYHOUSE, INC.

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2018

Part VII Supplemental Information.

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20-0058563 Page 5