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Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2009 calendar year, or tax year beginning 2009, and ending 20 C Name of organization GASOLINE ALLEY FOUNDATION, INC D Employer identification number B Check if appli Please use IRS Doing Business As 04-3497449 print o Number and street (or P O. box if mail is not delivered to street address) E Telephone number type. 250 ALBANY STREET (413) 734-7081 Initial return See City or town, state or country, and ZIP + 4 Instruc Amended SPRINGFIELD, MA 01101-4596 G Gross receipts \$ 22,245. return Applicate pending H(a) is this a group return for F Name and address of principal officer: EMILIO J. SIBILIA, JR. X No MEADOWBROOK LANE HAMPDEN, MA 01036 H(b) Are all affiliates included? X | 501(c) (3 ) ◀ (insert no) Website: ▶ N/A H(c) Group exemption number L Year of formation 2000 M State of legal domicile X Corporation Form of organization Association MA Part I Summary Briefly describe the organization's mission or most significant activities: TO INITIATE AND ADMINISTER PROGRAMS TO TEACH UNDERPRIVILEGED PERSONS TO BE SUCCESSFUL ENTREPRENEURS If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 1 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of employees (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 12 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 -170. -170. **b** Net unrelated business taxable income from Form 990-T, line 34 . . . **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 13,715. 4,445. 0. 12,957 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 13. 15. 11 100. 13,942. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 26,785 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 18,402. 4,535 9,164. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 15

Salaries, other compensation, employee benefits (Part IX, column (A); 0 O. 0 0. 0

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

EMILIO J. SIBILIA, JR. PRESIDENT Type or print name and title Check of Preparer's Paid signature 11/02/2010 X employed DIXON AND TURGEON LLC AUBREY, if self-employed), address and ZIP + 4 330 WHITNEY AVE. SUITE 440 HOLYOKE,

Preparer's identifying number (see instructions) P00662430 04-3075650

413-534-1160 01040 Yes

9,906

14,441

12,344

21,231

99,373.

-78,142.

**Beginning of Year** 

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.\*

May the IRS discuss this return with the preparer shown above? (see instructions)

16a Professional fundraising fees (Part IX, column (A), line=14e):

Revenue less expenses. Subtract line 18 from line 12

Total assets (Part X, line 16)

Total liabilities (Part X, line 26)

b Total fundraising expenses, Part IX, column (D), line 25

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)

Net assets or fund balances. Subtract line 21 from line 20.

Form 990 (2009)

20

22

0.

19,298.

28,462.

23,715.

111,917.

-88,202.

-10,060.

in the fire

End of Year

	art    Statement of Program Service Accomplishments	Page Z
		<del></del>
1	Briefly describe the organization's mission' TO INITIATE AND ADMINISTER PROGRAMS TO TEACH UNDERPRIVILEGED PERSONS	
	TO BE SUCCESSFUL ENTREPRENEURS	
	TO BE SOCCESSION ENTREPRENEURS	
_		
2	Did the organization undertake any significant program services during the year which were not listed on	[v]
	the prior Form 990 or 990-EZ?  Yes	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	<b>—</b>
	services?	X No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4 a	(Code:) (Expenses \$	.)
	SEMINARS HELD TO EDUCATE INDIVIDUALS OF WHAT IS INVOLVED IN	
	STARTING A BUSINESS, AND PROVIDED TECHNICAL ASSISTANCE TO	
	POTENTIAL ENTREPRENEURS.	
		<del></del>
4 6	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
4 D	(Code:) (Expenses \$ including grants of \$) (Revenue \$	.)
4 c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
		,
4 d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶ 21,227.	
		90 (2009)

orm 9	990 (2009)		1	Page 3				
Part	Checklist of Required Schedules							
	•		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	X	L				
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? If "Yes," complete							
	Schedule C, Part II	4		Х				
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)							
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5						
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		Х				
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		Х				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"							
	complete Schedule D, Part III	8		х				
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	-						
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"							
	complete Schedule D, Part IV	9		Х				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or							
	quasi-endowments? If" Yes," complete Schedule D, Part V	10		Х				
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,							
	VII, VIII, IX, or X as applicable	11	Х					
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	n ĝ		<b>1</b>				
	Schedule D, Part VI.	at the		41/2				
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more	4	ed in					
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			2.4				
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more							
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		35	د الم				
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	ر المراب		2.* -56.				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.							
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X							
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	100		-				
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.							
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"							
	complete Schedule D, Parts XI, XII, and XIII	12		Х				
12A	Was the organization included in consolidated, independent audited financial statement for the tax year?  Yes No							
	ff "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			<u> </u>				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х				
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,							
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any							
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II							
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance							
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services							

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 

Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . . . . . .

Form 990 (2009)

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18

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18

Х

Х

Х

X

Par	Checklist of Required Schedules (continued)			
		ļ	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			l
	United States 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	ŀ		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	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 question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
Ь	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 Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			ĺ
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	}		
	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,	***	(4) (4)	交屬
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	<u>  ```</u>		لذينا
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			١
	Schedule L, Part N	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			١
	Part N	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			١.,
	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			v
••	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ا مما		x
• •	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			x
25	III, IV, and V, line 1	34		
35		25		x
20	Schedule R, Part V, line 2	35		<u> </u>
36	, ,	20		x
27	organization? If "Yes," complete Schedule R, Part V, line 2	36		<del>  ^-</del>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R			Х
20	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	20	х	
	19? Note. All Form 990 filers are required to complete Schedule O	38		(2009)
		rom	33U	<b>(∠∪∪</b> 9)

Par	Statements Regarding Other IRS Fillings and Tax Compliance			
		Address of the London	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		. 1	
_	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		lin- The	100
_	gaming (gambling) winnings to prize winners?	1 c	24 mars 1	Links i
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		2.2	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		115-127
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
2.	instructions)			e de
Ja		20	X	
h	this return?	3a 3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	36		
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		х
b	If "Yes," enter the name of the foreign country: ▶	4.5		
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		" 第	
	and Financial Accounts	20		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	2.2.2.3	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	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	,			
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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		- 1	
_	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			10
-	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	"		
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		and the same	
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		Х
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12		ļ	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against	5		
12~	amounts due or received from them.)	42-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		ادار
	11 100, Other the difficult of the exempt interest received of accided during the year [120]	Form	990 (	2000
		· GHI	(	5)

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body		100	1000
b	Enter the number of voting members that are independent	100	1.	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	<b>1997</b>		2:3
	any other officer, director, trustee, or key employee?	_ 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	*		19:3
	the year by the following:	No.	مۇرىيىنى ئەلىرىنى	انت
а	The governing body?	8a		Х
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		X
	ion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			١,,
	form?	11	* .u.	X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	**	14	<u> </u>
12a	• • • • • • • • • • • • • • • • • • • •	12a		Х
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	-	
С				
	describe in Schedule O how this is done	12c		X
13	Does the organization have a written whistleblower policy?	13	_	X
14	Does the organization have a written document retention and destruction policy?	14		A State
15	Did the process for determining compensation of the following persons include a review and approval by	w) Fig.	وزيين	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		T 18	2240
a	The organization's CEO, Executive Director, or top management official	15a		<del></del>
ь	Other officers or key employees of the organization	15b	Time I	780 X
46-				
16a	with a taxable entity during the year?	16a		X
_	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	100	سو	
D	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		3	
	the organization's exempt status with respect to such arrangements?	16b	*****	gane :
Sect	ion C. Disclosure	1100		<del></del>
	List the states with which a copy of this Form 990 is required to be filed MA,			<del></del>
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3):			
18	section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1 (501(c)(3)) available for public inspection. Indicate how you make these available. Check all that apply.	s only	'	
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	rest		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: EMILIO J. SIBILIA, JR. 11 MEADOWBROOK LANE HAMPDEN, MA 01036	ne		
	413-734-7081			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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

Check this box of the organization did not compensate any current officer, director, or trustee. (B) (C) (E) (D) (F) Name and Title Average Position (check all that apply) Reportable Reportable **Estimated** Individual or director hours per compensation Officer compensation amount of Highest Institution Key emplo from from related week other the organizations compensation organization (W-2/1099-MISC) from the

		trustee	al trustee		уөө	mpensated	(W-2/1099-MISC)	(** 2.7566 111166)	organization and related organizations
EMILIO J. SIBILIA	· —								
PRESIDENT	10.00	х		l.			0.	0	0.

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Part VII Section A. Officers, Directors, Tru		y En	apic			and I	Hig	1	l	
(A) Name and title	(B) Average	(C) Position (check all that apply)						(D)	(E)	(F)
Name and the	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MIS	other compensation
1b Total							<b>▶</b>	0.		0. 0
Total number of individuals (including but not reportable compensation from the organization)		nose I		d al	bove	e) who	o re	ceived more than	\$100,000 in	1, 1,
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	or or chind	tru <i>ivid</i> e	iste ual	e, k	(ey 6	emp	loyee, or highest	compensated	Yes No 3 X
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	an \$	150	,00	0?	If "Y	es, "	complete Schedi	ule J for such	
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	or accn	ue co	omp	ens	atio	n fro	m	any unrelated o	rganization for	
Section B. Independent Contractors						<i>F</i>			· · · · · · · · · · · · · · · · · · ·	
Complete this table for your five highest compensation from the organization.	compensate	ed in	dep	end	lent	cont	гас	tors that received	i more than \$	5100,000 of
(A) Name and business addr	ess							(B) Description of ser	vices	(C) Compensation
NONE										
			-							
							L			
2 Total number of independent contractors (in more than \$100,000 in compensation from the	cluding bu organizat	t not	lim	ited		thos	e li	sted above) who	received	

Par	t VIII	Statement of Reve	nue		,			
	,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts, grants amounts	1a b c	Federated campaigns  Membership dues  Fundraising events	1a	3,135.			A STATE OF THE STA	
Contributions, gifts, grants and other similar amounts	d e f	Related organizations  Government grants (contributions, gifts, grant and similar amounts not included	ntions) 1e	1,310.	事中等 的		· · · · · · · · · · · · · · · · · · ·	
Con	g	Noncash contributions included Total. Add lines 1a-1f		<u> </u>	4,445.		Land Sanda Sanda	
Revenue	2a	Total: Add lifes fa-11		Business Code		P. St. P. St.	continue of the second	
Program Service Revenue	c d							
Progran	e f g	All other program service rev	<u></u>		0	\$ 1 . (\$\$" - \$ - \( \frac{1}{2} \)	The state of the s	Fig. 12 Fin 9°
	3	Investment income (including other similar amounts)	ATTACHMENT tax-exempt bond pr	3▶	15 0		15.	
	5 6a	Royalties · · · · · · · · · · · · · · · · · · ·	(i) Real 3,658.	(ii) Personal	1. 1. 1. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	is the first	* . = 6' · ·	A 4 J. 1988
	b c d	Less: rental expenses  Rental income or (loss)  Net rental income or (loss) .		▶	-185.		-185	
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other	-	-	4, 5	
	c d	and sales expenses Gain or (loss)			0.			
Other Revenue	8a	Gross income from fevents (not including \$ of contributions reported on See Part IV, line 18 Less: direct expenses	line 1c).					
Oth	С	Net income or (loss) from ful Gross income from gaming a See Part IV, line 19	ndraising events . activities.		13,702.	13,702.		
	b	Less: direct expenses Net income or (loss) from ga	[		0.			
	10a	Gross sales of inventi- returns and allowances	ory, less					
		Less: cost of goods sold  Net income or (loss) from sa  Miscellaneous Rever	les of inventory		0.		-	
	11a b	CONSULTING INCOME			425.	425.		
	c d e	All other revenue Total. Add lines 11a-11d •			425.			
	12	Total Revenue. See instructi	ons	<u></u>	18,402.	14,127.	-170.	000

### 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) but are not required to complete columns (B), (C), and (D).										
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising						
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	expenses						
1	Grants and other assistance to governments and										
	organizations in the U.S See Part IV, line 21	9,164.	9,164.		Garet Free						
2	Grants and other assistance to individuals in	•			5 4 4 4 4 4						
	the U.S. See Part IV, line 22	0.									
3	Grants and other assistance to governments,										
	organizations, and individuals outside the				***						
	U.S. See Part IV, lines 15 and 16	0.			1.						
4	Benefits paid to or for members	0.									
5	Compensation of current officers, directors,	0.									
_	trustees, and key employees	<u> </u>									
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.									
7	Other salaries and wages	0.									
8	Pension plan contributions (include section 401(k)		<u> </u>								
•	and section 403(b) employer contributions)	0.									
9	Other employee benefits	0.	<u> </u>								
10	Payroll taxes	0.									
11	Fees for services (non-employees):			··							
	Management	0.									
	Legal	0.									
	Accounting	23.		23.							
đ	Lobbying	0.									
e	Professional fundraising services See Part IV, line 17	0.									
f	Investment management fees	0.									
g	Other	65.		65.							
12	Advertising and promotion	0.	· 								
13	Office expenses	596.		596.							
14	Information technology	0.		·							
15	Royalties	6,500.	<del></del>	6,500.							
16	Occupancy	0,300.		0,300.	<del></del>						
17	Travel	· · ·									
18	for any federal, state, or local public officials	0.									
19	Conferences, conventions, and meetings	0.									
20	Interest	0.									
21	Payments to affiliates	0.									
22	Depreciation, depletion, and amortization	158.	158.								
23	Insurance	0.		-							
24	Other expenses. Itemize expenses not		Contraction of the Contraction o								
	covered above. (Expenses grouped together										
	and labeled miscellaneous may not exceed										
	5% of total expenses shown on line 25 below.)	<u> </u>		5.1							
	BANK CHARGES	51.	262	51.							
_	POSTAGE	263. 11.	263.								
_	PRINTING & REPRODUCTION PROGRAM SERVICES	11,551.	11. 11,551.								
_	DIL THE DDDG	80.	80.								
	All other expenses Total functional expenses. Add lines 1 through 24f	28,462.	21,227.	7,235.	<u> </u>						
	Joint Costs. Check here ► If following			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·						
	SOP 98-2. Complete this line only if the	İ									
	organization reported in column (B) joint costs from a combined educational campaign and										
	fundraising solicitation										

PAGE 11

**Balance Sheet** Part X (A) End of year Beginning of year 14,709. 16,741. Savings and temporary cash investments ..... 2 2 610. Receivables from current and former officers, directors, trustees, key 1. 25 328 employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Inventories for sale or use . . . . . . . 8 Prepaid expenses and deferred charges . . . . . 10a Land, buildings, and equipment. cost or 10a Mr. 1162 F. other basis. Complete Part VI of Schedule D 25,620. 6,364. 6,522. b Less: accumulated depreciation . . . . . . . . . 10b 10c Investments - publicly traded securities.......... 11 11 12 12 13 13 14 14 15 15 21,231 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . 23,715. 16 16 69,833. 82,377. 17 17 18 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 24 Unsecured notes and loans payable to unrelated third parties..... 24 29,540 25 29,540. Other liabilities. Complete Part X of Schedule D 25 99,373. 111,917. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Assets or Fund Balances 27 -78,142-88,202. 27 28 Temporarily restricted net assets 28 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Net? -78,142. -88,202. 33 33 23,715. 21,231. Total liabilities and net assets/fund balances 34

Form 990 (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash _X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	13.12	****	3.5
	Schedule O	素質		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			7.
	issued on a consolidated basis, separate basis, or both	200	8	
	Separate basis Consolidated basis Both consolidated and separate basis		**************************************	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	- 14m		المتناها
	the Single Audit Act and OMB Circular A-133?	3a		х
ь		"		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 <sub>b</sub>		
_			990	L (2009)

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **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. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

GASOI	INE ALLEY	FOUNDATION	N, INC						04-34	97449
Part I	Reason fo	or Public Chari	ity Status (All organ	izations m	ust compl	lete this	part.) Se	e instru	ctions.	
he org	anization is no	ot a private found	dation because it is: (F	or lines 1 t	hrough 11,	check on	ly one bo	x.)		
1	A church, ce	onvention of chu	rches, or association	of churches	described	in sectio	n 170(b)(	1)(A)(i).		
2	A school de	scribed in section	on 170(b)(1)(A)(ii). (At	tach Sched	ule E)					
3	A hospital o	r a cooperative	hospital service organ	ization desc	cribed in se	ction 170	(b)(1)(A)	(iii).		
4	A medical	research organiz	zation operated in co	njunction v	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
		ame, city, and sta				<b></b>				
5	An organiza	ation operated for	or the benefit of a col	lege or un	iversity ow	ned or o	perated t	y a gove	ernmental	unit described in
	section 170	(b)(1)(A)(iv). (C	omplete Part II)							
6	A federal, s	tate, or local gov	vernment or governme	ental unit de	escribed in s	section 1	70(b)(1)(	A)(v).		
7	An organiza	ation that norma	illy receives a substan	tial part of	its support	from a g	governme	ental unit	or from t	he general public
	7		(1)(A)(vi). (Complete F	· ·						
8	-1	=	d in section 170(b)(1)		-	-				
9 X	-		lly receives (1) more							·
	-		ited to its exempt fun		-		-			
		=	ment income and un				-		511 tax)	from businesses
	7 ·	=	after June 30, 1975.					-		
0	-	=	and operated exclusive	-	-	-				
וי נ	_	-	and operated exclus	-		•				•
	• •		ublicly supported orga at describes the type of					•	•	
	a Typ				e III - Func		-			pe III - Other
е	,	_	rype ii ertify that the organiz			-	_		^ ئىسا	•
		•	ion managers and oth				•			•
		r section 509(a)(			0 01 111010	p 0.0	эарролю	. 01ga		
f			, d a written determina	tion from t	he IRS tha	atitısa	Type i. 1	Type II. o	r Type III	supporting
	·-	n, check this box					,	,,,,,,,	<b>7</b>	
g	-	•	the organization acce	pted any g	ift or contri	bution fro	m any of	the		
•	following pe		_	. , ,			•			
	(i) A pers	on who directly	or indirectly controls	, either ald	one or tog	ether wit	h person	s descril	ped ın (ii)	Yes No
	and (iii)	below, the gove	erning body of the sup	ported orga	anization?					11g(i)
	(ii) A famil	y member of a p	person described in (i) a	bove?						11g(ii)
	(iii) A 35%	controlled entity	of a person described	l in (i) or (ii)	above?					11g(iii)
h	Provide the	following inform	ation about the suppo	rted organi	zation(s).					
	ne of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization		ou notify		ls the	(vii) Amount of
OI.	ganization		(described on lines 1-9 above or IRC section	governing		col (i)	of your	(i) organi	tion in col.   ized in the	support
			(see instructions))				oort?		S.?	
				Yes	No	Yes	No	Yes	No	
	<del></del>	<del></del>						<del> </del>		
						1		[		
										· · · · · · · · · · · · · · · · · · ·
-						·				
								İ		<del> </del>
			_		,			-		
Total		·					.5			

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

Schedule A (Form 990 or 990-EZ) 2009

Par	Support Schedule for Or (Complete only if you check	ganizations D ked the box or	escribed in S	ections 170( 3 of Part I.)	b)(1)(A)(iv) a	nd 170(b)(1)(A	\)(vi)
Sec	tion A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each			46.14	South En	1. A 10 10 10 10 10 10 10 10 10 10 10 10 10	
	person (other than a governmental unit or			1 Mars 2 3 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Section 20 Maria		
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount			A Secretary	de son it is	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	shown on line 11, column (f)	3.1.1					
6	Public support. Subtract line 5 from line 4.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Likuth util	<b>建设数约。1989年</b>	是15至15年	
	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						<del></del>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		2074	45-4 E 290			
11	Total support. Add lines 7 through 10				Name of the second		
12	Gross receipts from related activities, etc. (s	•				12	<del></del>
13 ——	First five years. If the Form 990 is forganization, check this box and stop here		· · · · · · · · · · · ·	d, third, fourth,	or fifth tax ye	aras a section	501(c)(3) ▶
<u>Sec</u>	tion C. Computation of Public Sup	port Percenta	ge	· · · · · · · · · · · · · · · · · · ·		·· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2009 (li						%
15	Public support percentage from 2008						%
16a	331/3% support test - 2009. If the o	_		-			•
	this box and stop here. The organization	•		_			· · · · · —
b	331/3% support test - 2008. If the c	-					
	check this box and stop here. The orga			_			
17a	10%-facts-and-circumstances test - 2	-					
	or more, and if the organization me						
	Part IV how the organization meets t						upported
	organization				• • • • • • • •		▶ 🗀
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga						
	Explain in Part IV how the organization				•	•	• • —
	supported organization						
18	Private foundation. If the organization						
	instructions	<u> </u>	<u></u>			<u> </u>	▶ 📖

Schedule A (Form 990 or 990-EZ) 2009

# Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Calendar year (or fiscal year beginning in) ► (a) 2005  1 Gifts, grants, contributions, and	(h) 2006	1 2 2 2 2 2								
4 Ciffe grante contributions and	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total					
i Gits, grants, contributions, and										
membership fees received (Do not include										
any "unusual grants.") 25, 312	. 16,480	3,335.	13,715.	4,445.	63,287.					
2 Gross receipts from admissions, merchandise										
sold or services performed, or facilities										
furnished in any activity that is related to the		ĺ								
organization's tax-exempt purpose				13,702.	13,702.					
3 Gross receipts from activities that are not an										
unrelated trade or business under section 513										
4 Tax revenues levied for the organization's										
benefit and either paid to or expended on				i .						
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 25,312	. 16,480.	3,335.	13,715.	18,147.	76,989.					
7a Amounts included on lines 1, 2, and 3										
received from disqualified persons										
b Amounts included on lines 2 and 3 received from other than disqualified										
persons that exceed the greater of										
\$5,000 or 1% of the amount on line 13 for the year										
c Add lines 7a and 7b										
8 Public support (Subtract line 7c from	10000000000000000000000000000000000000	月夏矮龙.		E 12.23						
1.27 £ 148265, 276 4076	(周) 秦(秦)(秦)	<b>一种一种</b>		The or against	76,989					
line 6.)	and now of Contrat		Section B. Total Support							
Section B. Total Support										
	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total					
Section B. Total Support	<del></del>	<del></del>	(d) 2008 13,715.	(e) 2009 18,147.	(f) Total					
Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2005  9 Amounts from line 6	<del></del>	<del></del>								
Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2005  9 Amounts from line 6	<del></del>	<del></del>								
Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2005  9 Amounts from line 6	<del></del>	<del></del>								
Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2005  9 Amounts from line 6	<del></del>	3,335.	13,715.	18,147.	76,989.					
Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2005  9 Amounts from line 6	<del></del>	3,335.	13,715.	18,147.	76,989.					
Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2005  9 Amounts from line 6	<del></del>	3,335.	13,715.	18,147.	76,989.					
Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2005  9 Amounts from line 6	<del></del>	3,335.	13,715.	18,147.	76,989.					
Section B. Total Support  Calendar year (or fiscal year beginning in) ▶  9 Amounts from line 6	<del></del>	3,335.	13,715. 13.	18,147.	76,989.					
Section B. Total Support  Calendar year (or fiscal year beginning in) ▶  9 Amounts from line 6	<del></del>	3,335.	13,715. 13.	18,147.	76,989.					
Section B. Total Support  Calendar year (or fiscal year beginning in) ▶  9 Amounts from line 6	<del></del>	3,335.	13,715. 13.	18,147.	76,989.					
Section B. Total Support  Calendar year (or fiscal year beginning in) ▶  9 Amounts from line 6	<del></del>	3,335.	13,715. 13.	18,147.	76,989.					
Section B. Total Support  Calendar year (or fiscal year beginning in) ▶  9 Amounts from line 6	<del></del>	3,335.	13,715. 13.	18,147.	76,989.					
Section B. Total Support  Calendar year (or fiscal year beginning in) ▶  9 Amounts from line 6	<del></del>	3,335.	13,715. 13.	18,147.	76,989.					
Section B. Total Support  Calendar year (or fiscal year beginning in) ▶  9 Amounts from line 6	. 16,480.	3,335. 10.	13,715. 13.	18,147. 15.	76,989. 38.					
Section B. Total Support  Calendar year (or fiscal year beginning in) ▶  9 Amounts from line 6	. 16,480.	3,335. 10. 10.	13,715. 13. 13.	18,147. 15. 15.	76,989. 38. 38.					
Section B. Total Support  Calendar year (or fiscal year beginning in) ▶  9 Amounts from line 6	. 16,480.	3,335. 10. 10.	13,715.  13.  13.  13.  13.  14.  15.  16.  17.  18.  18.  19.  19.  19.  19.  19.  19	18,147. 15. 15. 425. 18,587. s a section 501(	76,989.  38.  525.  77,552. c)(3)					
Calendar year (or fiscal year beginning in) ▶  9 Amounts from line 6	. 16,480.	3,335. 10. 10.	13,715.  13.  13.  13.  13.  14.  15.  16.  17.  18.  18.  19.  19.  19.  19.  19.  19	18,147. 15. 15. 425. 18,587. s a section 501(	76,989.  38.  525.  77,552. c)(3)					
Section B. Total Support  Calendar year (or fiscal year beginning in) ▶  9 Amounts from line 6	. 16,480 16,480 16,480 an's first, second,	3,335. 10. 10.	13,715.  13.  13.  13.  13.  14.  15.  16.  17.  17.  18.  18.  19.  19.  19.  19.  19.  19	18,147. 15. 15. 18,587. s a section 501(	76,989.  38.  525.  77,552. c)(3)					
Calendar year (or fiscal year beginning in) ▶  9 Amounts from line 6	. 16,480.  16,480.  16,480.  n's first, second,  age led by line 13, colur	3,335.  10.  10.  10.  1nn (f))	13,715.  13.  13.  13.  13.  14.  15.  16.  17.  18.  18.  19.  19.  19.  19.  19.  19	18,147. 15. 15. 18,587. S a section 501(	76,989. 38. 38. 525. 77,552. c)(3) 99.27%					
Section B. Total Support  Calendar year (or fiscal year beginning in) ▶  9 Amounts from line 6	. 16,480.  16,480.  16,480.  an's first, second,  age led by line 13, colur  ne 15	3,335.  10.  10.  10.  1nn (f))	13,715.  13.  13.  13.  13.  14.  15.  16.  17.  18.  18.  19.  19.  19.  19.  19.  19	18,147. 15. 15. 18,587. s a section 501(	76,989.  38.  38.  525.  77,552. c)(3)					
Calendar year (or fiscal year beginning in) ▶ (a) 2005  9 Amounts from line 6	. 16,480.  16,480.  16,480.  16,480.  16,480.  16,480.	3,345. 10. 3,345. third, fourth, or	13,715.  13.  13.  13.  13.  13.  13.	18,147. 15. 15. 1425. 18,587. 5 a section 501(	76,989.  38.  525.  77,552. c)(3)  99.27%  98.04%					
Calendar year (or fiscal year beginning in) ▶ (a) 2005  9 Amounts from line 6	. 16,480.  16,480.  16,480.  16,480.  16,480.  16,480.  16,480.	3,335.  10.  10.  3,345.  third, fourth, or  nn (f))	13,715.  13.  13.  100.  13,828.  fifth tax year as	18,147. 15. 15. 15. 18,587. 6 a section 501(	76,989.  38.  38.  525.  77,552. c)(3)  99.27%  98.04%  .05%					
Calendar year (or fiscal year beginning in) ▶ (a) 2005  9 Amounts from line 6	. 16,480.  16,480.  16,480.  16,480.  16,480.  16,480.	3,335.  10.  10.  3,345. third, fourth, or  nn (f))	13,715.  13.  13.  100.  13,828.  fifth tax year as	18,147.  15.  15.  15.  18,587.  8 a section 501(  15.  16.  17.  18.	76,989.  38.  38.  525.  77,552. c)(3)  99.27%  98.04%  .05% .02%					
Calendar year (or fiscal year beginning in) ▶ (a) 2005  9 Amounts from line 6	. 16,480.  16,480.  16,480.  16,480.  16,480.  16,480.  16,480.  16,480.  16,480.  16,480.  16,480.  16,480.  16,480.  16,480.  16,480.	3,335.  10.  10.  3,345. third, fourth, or  mn (f))	13,715.  13.  13.  100.  13,828.  fifth tax year a	18,147. 15. 15. 18,587. S a section 501( 15. 16. 17. 18. e than 331/3%, a	76,989.  38.  525.  77,552. c)(3)  99.27% 98.04% .05% .02% and line					
Calendar year (or fiscal year beginning in) ▶ (a) 2005  9 Amounts from line 6	. 16,480.  1	3,335.  10.  10.  3,345.  third, fourth, or  mn (f))  3, column (f))  x on line 14, an anization qualifie	13,715.  13.  13.  13.  13.  14.  15.  16.  17.  18.  19.  19.  19.  19.  19.  19.  19	18,147.  15.  15.  18,587.  18 a section 501(  1	76,989.  38.  525.  77,552. c)(3) >					
Calendar year (or fiscal year beginning in) ▶ (a) 2005  9 Amounts from line 6	16,480.  16,480.	3,335.  10.  10.  3,345.  third, fourth, or  mn (f))  3, column (f))  x on line 14, an anization qualifie line 14 or line 15	13,715.  13.  13.  100.  13,828.  fifth tax year as	18,147.  15.  15.  18,587.  8 a section 501(  17	76,989.  38.  38.  525.  77,552. c)(3) >					

PAGE 16

Page 4

	formation. Complet 17b; or Part III, line					
				ATT	TACHMENT 1	
SCHEDULE A, PART III	- OTHER INCOME	E		<del></del>		
DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
CONSULTING SERVICES					425.	425.
MISCELLANEOUS				100.		100.
TOTAL				100.	425.	525.

#### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open t

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

GAS	OLINE ALLEY FOUNDATION, INC			04-3497449
Pai	Organizations Maintaining Donor Adv the organization answered "Yes" to Fo		imilar Funds o	Accounts. Complete if
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			<del></del>
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a			
	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, a			
	used only for charitable purposes and not for the l			
D =	purpose conferring impermissible private benefit?			Yes No
	Conservation Easements. Complete if Purpose(s) of conservation easements held by the			orm 990, Part IV, line 7.
1		_ `	¬ · · · ·	
	Preservation of land for public use (e g , recre	eation or pleasure)		of an historically important land area
	Protection of natural habitat	L	☐ Preservation of the property of the pr	of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization h	eld a qualified conservat	ion contribution ir	the form of a conservation
	easement on the last day of the tax year			Held at the End of the Year
а	Total number of conservation easements			l l
b	Total acreage restricted by conservation easement			
C	Number of conservation easements on a certified		• •	
d	Number of conservation easements included in (c			
3	Number of conservation easements modified, tran	nsferred, released, exting	uished, or termin	ated by the organization during
	the tax year ▶			
4	Number of states where property subject to conse			
5	Does the organization have a written policy regard			
	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, in	nspecting, and enforcing	conservation eas	ements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing cons	ervation easeme	nts during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on lin			
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization reports			•
	balance sheet, and include, if applicable, the text of		anızation's financ	ial statements that describes
	the organization's accounting for conservation eas			<del></del>
Pai	Complete if the organization answered			r Similar Assets.
	<del></del>		<del></del>	
1a	If the organization elected, as permitted under Sart, historical treasures, or other similar assets he	SFAS 116, not to report	in its revenue s	tatement and balance sheet works of
	provide, in Part XIV, the text of the footnote to its fi	inancial statements that d	education, or res lescribes these ite	earch in Turtherance of Public Service, ems.
ь	If the organization elected, as permitted under S			
	historical treasures, or other similar assets held	for public exhibition, ed	lucation, or rese	arch in furtherance of public service.
	provide the following amounts relating to these ite	ms:	-	·
	(i) Revenues included in Form 990, Part VIII, line	1		▶\$
	(ii) Assets included in Form 990, Part X			<b>▶</b> \$
2	If the organization received or held works of a	rt, historical treasures, o	or other similar	assets for financial gain, provide the
	following amounts required to be reported under S	The state of the s		• ,
a	Revenues included in Form 990, Part VIII, line 1 .	-		<b>▶</b> \$
b	Assets included in Form 990, Part X			· · · · · · · · · · · · · · · · · · ·

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)  a Public exhibition  b Scholarly research  c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	Par	Organizations Maintain	ing Collections	of Art, Histo	ricai i reasure	s, or Oti	ner Similar A	issets (	continued	2
a Public exhibition b Scholarly research Cither Preservation for future generations A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	3	Using the organization's acquisition	n accession and	other records	check any of t	he follow	ing that are a	significar	nt use of its	
a Public exhibition de Characteristics of Scholarly research Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Ecorow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV. line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermedary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table:  C Beginning balance 1 1c	J	-		other records	, oncor any or t	110 1011011	ing that are a	3igi iiiloai	it doe or its	
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	а		·· <b>)</b> /	d [	] loan or ex	rchange r	orograms			
c  Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes No Inc. 1		<b>—</b>		<u> </u>	-{	change p	nograms			
A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		<b></b>	porations	- L	] Olliei					
Part XIV.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	<u></u>		and avalous	how thou furtho	s the ess	anization's av	ampt pur	2000 ID	
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	<del>-</del>	Zation's Collections	s and explain	now they fulthe	i tile orga	anization's ext	snipt pui	pose III	
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	_		an ankait ar ranai.	- dt	famt biotomoold					
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Ves	Ð							_	<b>-</b> 7,,	<b></b>
IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table:  c Beginning balance  d Additions during the year  e Distributions during the year  e Distributions during the year  f Ending balance  1te				<u>.</u>						No
included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table:    C Beginning balance	Pal					n answe	red "Yes" to	Form 98	90, Paπ 	
included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table:    C Beginning balance		1- 4b								
b If "Yes," explain the arrangement in Part XIV and complete the following table:  Amount  c Beginning balance	1 a				•			r F	٦,,	<del></del>
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 1 te f Ending balance 1 te f Ending balance 1 tf 2 Did the organization include an amount on Form 990, Part X, line 217 b If "Yes," explain the arrangement in Part XIV.  Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10 1 Beginning of year balance 1 Beginning of year balance 2 (a) Current Year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (f) Four years back (g) Four years (h) Four years						• • • • •	• • • • • • •	[	Yes	No
c Beginning balance d Additions during the year e Distributions e Distribution	b	it "Yes," explain the arrangement if	η Paπ XIV and con	npiete the foil	owing table:					
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21?  2b Did the organization include an amount on Form 990, Part X, line 21?  2c Did the organization include an amount on Form 990, Part XX, line 21?  2c Did the organization include an amount on Form 990, Part XX, line 21?  2d Did the organization include an amount on Form 990, Part XX, line 21?  2d Did the organization include an amount on Form 990, Part XX, line 10  2d Did the organization include an amount on Form 990, Part XV, line 10  2d Did the organization include an amount on Form 990, Part XV, line 10  2d Did the organization include an amount on Form 990, Part XV, line 10  2d Did the organization include an amount on Form 990, Part XV, line 10  2d Did the organization include an amount on Form 990, Part XV, line 10  2d Did the organization include an amount on Form 990, Part XV, line 10  2d Did the organization include an amount on Form 990, Part XV, line 10  2d Did Town years back  2d Office respenditures for facilities and programs.  2d Office respenditures for facilities and programs.  2d Contributions.  2d Contributions.  2d Did Town years back  2d Office respenditures for facilities and programs.  2d Contributions.  2d Office respenditures for facilities and programs.  2d Did Town years back  2d Office respenditures for facilities and programs.  2d Office respenditures for facilities and programs.  2d Describe and programs.  2d Did Town years back  2d Office respenditures for form years back  2d Office respenditures for facilities.  2d Did Town years back  2d Office respenditures for form years back  2d Office respenditures for form years back  2d Office respenditures for form years back  2d Office respenditures for form years back  2d Office respenditures for form years back  2d Office respenditures for form years back  2d Office respenditures for form years back  2d Office years back  2d Office years back  2d Office years back  2d Office years back							A	mount		
e Distributions during the year	C	-								
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21?	d	=							<del></del>	
Did the organization include an amount on Form 990, Part X, line 21?  If "Yes," explain the arrangement in Part XIV.  Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10    Contributions	е	<u> </u>								
b If "Yes," explain the arrangement in Part XIV.  Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10  a Beginning of year balance (a) Current Year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (c) Two years back (d) Three years back (e) Four years bac	f	<del>-</del>								
Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10  (a) Current Year (b) Prior year (c) Two years back (d) Trice years back (e) Four years years (e) Four years yea				), Part X, line	217			L	Yes	No
(a) Current Year   (b) Pror year   (c) Two years back   (d) Three years back   (e) Four years back										
1a Beginning of year balance	Par	Endowment Funds. Con								
b Contributions		5	(a) Current Year	(b) Prior ye					(e) Four ye	ars back
and losses	1a		-	ļ	100					
and losses	b				200			<u> </u>		
d Grants or scholarships	С			]						
and programs							M2-82 (3-4)	A - 124		(valse
and programs	d						42270		3.00	\$\$2*.h
f Administrative expenses	е							general (# ).		
g End of year balance		-	=		25.250	<b>的</b> 有"包含"。	在于智慧的		1.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	(\$),0 18 to
Provide the estimated percentage of the year end balance held as.  Board designated or quasi-endowment ▶	f				E. FOR				21/4/4/16	<b>3</b> 66 . 4
Board designated or quasi-endowment    b Permanent endowment    c Term endowment    %  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations    (ii) related organizations    b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?    4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment    (a) Cost or other basis (investment) (c) Accumulated depreciation (d) Book value depreciation (d) Book value (d) Book v	g	-	<u> </u>	<u> </u>	12 Sada - Mar madde	क्षेत्र के किया जिल्ला के किया जिल्ला का किया जिल्ला का किया जिल्ला का किया जिल्ला का किया जिल्ला का किया जिल्ला किया जिल्ला किया जिल्ला कि	रेक्ष्यप्रधि कर्तारा	Garage Sans		
b Permanent endowment	2	2 Provide the estimated percentage of the year end balance held as.								
Term endowment ▶	a			%						
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations.  (ii) related organizations.  (iii)  related organizations listed as required on Schedule R?  (ivestribe in Part XIV the intended uses of the organization's endowment funds.  (ivestribe in Part XIV the intended uses of the organization's endowment funds.  (ivestribe in Part XIV the intended uses of the organization's endowment funds.  (ivestribe in Part XIV the intended uses of the organization's endowment funds.  (ivestribe in Part XIV the intended uses of the organization's endowment funds.  (ivestribe in Part XIV the intended uses of the organization's endowment funds.  (ivestribe in Part XIV the intended uses of the organization's endowment funds.  (ivestribe in Part XIV the intended uses of the organization's endowment funds.  (ivestribe in Part XIV the intended uses of the organization's endowment funds.  (ivestribe in Part XIV the intended uses of the organization's endowment funds.  (ivestribe in Part XIV the intended uses of the organization's endowment funds.  (ivestribe in Part XIV the intended uses of the organization's endowment funds.  (ivestribe in Part XIV the intended uses of the organization's endowment funds.  (ivestribe in Part XIV the intended uses of the organization's endowment funds.  (ivestribe in Part XIV the intended uses of the organization's endowment funds.  (ivestribe in Part XIV the intended uses of the organization's endowment funds.  (vi) Accounting the intended uses of the organization's endowment funds.  (vi) Accounting the intended uses of the organization's endowment funds.  (vi) Accounting the intended uses of the organization's endowment funds.  (vi) Accounting the intended uses of the organization's endowment funds.  (vi) Accounting the intend	b	·								
organization by:  (i) unrelated organizations.  (ii) related organizations.  5 If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  4 Buildings  6,317  632  5,685		·	_ * * *	_						
(i) unrelated organizations	3a		the possession of	f the organiza	tion that are hel	ld and ad	ministered for	the		
(ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (investment)  (b) Cost or other basis (c) Accumulated depreciation  (d) Book value  1a Land  b Buildings  6,317  632  5,685		-							-	s No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		•						• • • •		<b></b>
4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land		•								
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  5, 685.	b	• • •		•		• • • • •	• • • • • • •		3b	<u> </u>
Description of investment  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  5, 685.	_									
(investment)     basis (other)     depreciation       1a Land     6,317     632     5,685	Par	t VI Investments - Land, Bui	<u>ldings, and Equi</u>	pment. See	Form 990, Pa	ırt X, line	10.			
<b>b</b> Buildings		Description of investment	1 ' '					(6	i) Book value	
	1a	Land							-	
	Ь	Buildings		6,317.		<u> </u>	632	,	5	,685.
	С	•					1,552			
d Equipment	d	•	<del></del>							
e Other 24,115. 23,436. 679.	е	• •	<del></del>	24,115.			23,436	•		679.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	Tota	I. Add lines 1a through 1e. (Column	(d) must equal Fo	orm 990, Part	X, column (B), lir	ne 10(c).)			6	,364.

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Part VII	Investments - Other Securities. 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
Financial d	erivatives		
Closely-he	ld equity interests		
<del>-</del>			
		-	
		-	
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)	<b></b>	
Part VIII			13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation
	(2, 2	(3) 2001 14.00	Cost or end-of-year market value
	n (b) must equal Form 990, Part X, col (B) line 13)	<b>•</b>	
Part IX	Other Assets. See Form 990, Part X		
		(a) Description	(b) Book value
	· · · · · · · · · · · · · · · · · · ·		
	m (b) must equal Form 990, Part X, col. (B) line 15.)		<u> </u>
Part X	Other Liabilities. See Form 990, Par		
1.	(a) Description of liability	(b) Amount	
Federal inc	ome taxes M AFFILIATES	29,540.	
DOE FRO	M AFFILIATES	29,540.	
	<del></del>		
	<del> </del>		
	<del></del>		
T-4-1 (0-1	(A)	29,540.	
TOTAL (COLUM	n (b) must equal Form 990, Part X, col. (B) line 25 )	<b>▶</b>   29,540.	<b>.</b>

2. FIN 48 Footnote. In Part XIV, 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.

chedu	ile D (Form 990) 2009	Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	( 75/2 %
а	Net unrealized gains on investments2a	
b	Donated services and use of facilities 2b	
c	Recoveries of prior year grants 2c	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
a b	Other (Describe in Part XIV)	
C	Add lines 4a and 4b  Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 5
5 Par	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	
1	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25.	. 1
2		, 31.
a	Donated services and use of facilities  Prior year adjustments  2a  2b	
b		<b>⊣</b> 🖫 1
C	Other losses 2c	$ \frac{1}{2}$ $\frac{1}{2}$
d	· · · · · · · · · · · · · · · · · · ·	
e	Add lines 2a through 2d	. 2e
3	Subtract line 2e from line 1	. 3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	⊢ .′
þ	Other (Describe in Part XIV)	<del>-   ·   -  </del>
_	Add lines 4a and 4b	· 4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	.   5
	XIV Supplemental Information	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	
	b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Als	so complete
nis p	art to provide any additional information.	
		· <b></b>
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		Schedule D (Form 990) 2009

Part XIV Supplemental Information (continued)

# SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

09 Public OMB No 1545-0047

(Form 990)	Governments, and Individuals in the United States	2003	6
Department of the Treasury	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	Open to Public	ublic
Internal Revenue Service	► Attach to Form 990.	Inspection	tion
Name of the organization		Employer Identification number	
GASOLINE ALLEY FOUNDATION, INC	FOUNDATION, INC	04-3497449	
Part   General Info	Part   General Information on Grants and Assistance		
1 Does the organization	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	or assistance, and	
the selection criteria	the selection criteria used to award the grants or assistance?	× ×	2
2 Describe in Part IV t	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.		
Part II Grants and (	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	ion answered "Yes" to	
Form 990, P.	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	ceived more than \$5,000.	Jse
Part IV and S	Part IV and Schedule I-1 (Form 990) if additional space is needed		× •

							]
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							:
							:
2 Enter total number of section 501(c)(3) and government organizations	nd governmen	t organizations				<b>A</b>	
3 Enter total number of other organizations						<b>A</b> · · · · · · · · · · · · · · · · · · ·	
For Privacy Act and Paperwork Reduction A	ct Notice, see	the Instruction	ns for Form 990.			Sched	Schedule I (Form 990) 2009

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12:02:52 P

Schedule I (Form 990) 2009

Schedule I (f	Schedule I (Form 990) 2009					Page 2
Part III	Grants and Other Assistance to Individuals in Use Part IV and Schedule I-1 (Form 990) if addit		the United States. Co ional space is needed.	s. Complete if the ded.	e organization answered	the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. ional space is needed.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV	Supplemental Information. Complete this part		provide the info	ormation required	in Part I, line 2, and any	to provide the information required in Part I, line 2, and any other additional information.
PROCEDI	PROCEDURE FOR MONITORING		 			
SCHEDULE	TION 2					
THE FOL	THE FOUNDATION'S PRESIDENT MONITORS	THE USE	OF GRANT	FUNDS IN THE U	. s.	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·					
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						Schedule   (Form 990) 2009

PAGE 24

#### **SCHEDULE O** (Form 990)

## **Supplemental Information to Form 990**

9000

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Open to Public	
Inspection	

OMB No 1545-0047

Name of the organization

GASOLINE ALLEY FOUNDATION, INC

Employer identification number

04-3497449

ATTACHMENT 2

PROCESS FOR REVIEW

PART VI, SECTION B, LINE 11A

THE PRESIDENT OF THE FOUNDATION REVIEWS THE RETURN BEFORE AUTHORIZING THE

RETURN TO BE SENT TO THE IRS.

STATEMENTS AVAILABLE

PART VI, SECTION 3, LINE 19

THE FOUNDATION MAKES ITS DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

METHOD OF ACCOUNTING

PART XI QUESTION 1

THE FOUNDATION'S METHOD OF ACCOUNTING IS ACCRUAL. 'CASH' BASIS WAS

INCORRECLTY MARKED ON FORM 990 IN PREVIOUS YEARS.

FORM 990, PART VIII - INVESTMENT	INCOME		ATTACHMENT 3	
DESCRIPTION DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST	15.		15.	
TOTALS	15.		15.	

9E7000 1 000 **RENT AND ROYALTY INCOME** Taxpayer's Name **Identifying Number** GASOLINE ALLEY FOUNDATION, INC 04-3497449 **DESCRIPTION OF PROPERTY** RENTAL INCOME Yes No Did you actively participate in the operation of the activity during the tax year? REAL RENTAL INCOME OTHER INCOME RENTAL INCOME 3,658. 3,658. OTHER EXPENSES: SEE ATTACHMENT DEPRECIATION (SHOWN BELOW) LESS: Beneficiary's Portion AMORTIZATION では、 LESS: Beneficiary's Portion LESS: Beneficiary's Portion 3,843. -185. **Less Amount to** Rent or Royalty Investment Interest Expense Net Income (Loss) to Others Net Rent or Royalty Income (Loss) -185.SCHEDULE FOR DEPRECIATION CLAIMED (d) (e) (g) Depreciation (i) Life (b) Cost or (c) Date (f) Basis for (j) Depreciation (h) ACRS Bus. (a) Description of property unadjusted basis acquired depreciation Method for this year des. prior years rate

Totals . . . . . . . . .

υ \*ie ∧

GASOLINE

#### SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

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RENTAL INCOME 3,658. 3,658.

OTHER DEDUCTIONS

REPAIRS 360. UTILITIES 3,483. 3,843.

# RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET <u>INCOME</u>
RENTAL INCOME	3,658.		3,843.	-185.
TOTALS	3,658.		3,843.	-185.