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Department of the Treasury  
Internal Revenue Service**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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2009**Open to Public  
Inspection**A** For the 2009 calendar year, or tax year beginning , and ending**B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Termination☐ Amended return☐ Application pendingPlease  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions**C** Name of organization **GROWTH ALLIANCE FOR GREATER  
EVANSVILLE, INC.**

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

**318 MAIN STREET, SUITE #500**

Room/suite

City or town, state or country, and ZIP + 4

**EVANSVILLE IN 47708****F** Name and address of principal officer**D** Employer identification number**35-1798568****E** Telephone number**812-253-1013****G** Gross receipts \$ **1,366,370****H(a)** Is this a group return for

affiliates?

☐ Yes☒ No**H(b)** Are all affiliates  
included?☐ Yes☐ No

If "No," attach a list (see instructions)

**I** Tax-exempt status ☒ 501(c) ( **3** ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.INNOVATIONPOINTE.ORG****H(c)** Group exemption number ▶**K** Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1988****M** State of legal domicile **IN****Part I Summary****1** Briefly describe the organization's mission or most significant activities**PROMOTE BUSINESS GROWTH AND ACTIVITIES IN DOWNTOWN  
EVANSVILLE****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**3** Number of voting members of the governing body (Part VI, line 1a)**3 22****4** Number of independent voting members of the governing body (Part VI, line 1b)**4 22****5** Total number of employees (Part V, line 2a)**5 15****6** Total number of volunteers (estimate if necessary)**6****7a** Total gross unrelated business revenue from Part VIII, column (C), line 12**7a****b** Net unrelated business taxable income from Form 990-T, line 34**7b****0****8** Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

**659,263****664,540****9** Program service revenue (Part VIII, line 2g)**324,122****614,684****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**15,055****17,397****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**28,681****69,749****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**1,027,121****1,366,370****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**445,380****586,444****16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) ▶**79,254****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)**608,386****1,457,683****18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**1,053,766****2,044,127****19** Revenue less expenses. Subtract line 18 from line 12**-26,645****-677,757****20** Total assets (Part X, line 16)

Beginning of Current Year

End of Year

**1,667,394****1,378,897****21** Total liabilities (Part X, line 26)**64,867****569,786****22** Net assets or fund balances. Subtract line 21 from line 20**1,602,527****809,111****Part II Signature Block****Sign  
Here**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.

Signature of officer

Type or print name and title

Date

**Paid  
Preparer's  
Use Only**Preparer's  
signature

Date

Check if  
self-  
employed ☐Preparer's identifying number  
(see instructions)  
**P00437333**Firm's name (or yours  
if self-employed),  
address, and ZIP + 4**Lancaster, Schnautz & White, LLP****EIN ▶ 26-2700390****123 Locust St  
Evansville, IN 47708-1444****Phone  
no ▶ 812-402-8007**

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

☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission:**PROMOTE BUSINESS GROWTH AND ACTIVITIES IN DOWNTOWN  
EVANSVILLE****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 ☒ 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.

**4a** (Code ) (Expenses \$ **1,098,423** including grants of \$ ) (Revenue \$ **386,495** )  
**PROVIDE FACILITIES AND SUPPORT SERVICES TO DEVELOPING  
ORGANIZATIONS TO PROMOTE GROWTH IN EVANSVILLE**

**4b** (Code ) (Expenses \$ **796,611** including grants of \$ ) (Revenue \$ **228,189** )  
**TO PROMOTE INVESTMENT AND INTEREST IN DOWNTOWN EVANSVILLE  
BY ARRANGING AND MANAGING PUBLIC EVENTS**

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **▶ 1,895,034**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
<b>3</b> 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		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
<b>6</b> 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		<b>X</b>
<b>7</b> 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		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> 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		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
<b>11</b> 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	<b>X</b>	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
• 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		
• Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part 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 the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
<b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		<b>X</b>
<b>12A</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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		<b>X</b>
<b>15</b> 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		<b>X</b>
<b>16</b> 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		<b>X</b>
<b>17</b> 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		<b>X</b>
<b>18</b> 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		<b>X</b>
<b>19</b> 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		<b>X</b>
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<b>X</b>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> 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		<b>X</b>
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
<b>23</b> 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		<b>X</b>
<b>24a</b> 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 25		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>26</b> 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		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> 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, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> 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		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	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?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

**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.

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	<b>22</b>	
<b>1b</b> Enter the number of voting members that are independent	<b>22</b>	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b> 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?		<b>X</b>
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		<b>X</b>
<b>6</b> Does the organization have members or stockholders?		<b>X</b>
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<b>X</b>
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b> 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		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</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?		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>11a</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<b>X</b>	
<b>13</b> Does the organization have a written whistleblower policy?		<b>X</b>
<b>14</b> Does the organization have a written document retention and destruction policy?		<b>X</b>
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official		<b>X</b>
<b>b</b> Other officers or key employees of the organization		<b>X</b>
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **IN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 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 ► **GROWTH ALLIANCE FOR**  
**318 MAIN STREET**  
**EVANSVILLE** **IN 47708**

**812-401-4849**

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

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

[illegible]





**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	471,216			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	193,324			
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h</b> Total. Add lines 1a-1f		664,540			
<b>Program Service Revenue</b>		<b>Busn. Code</b>				
	<b>2a</b> PROGRAM 1 - TENANT SERVICES		386,495	386,495		
	<b>b</b> PROGRAM 2 - DOWNTOWN EVENTS		228,189	228,189		
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> Total. Add lines 2a-2f		614,684			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		17,397			17,397
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
		(i) Real	(ii) Personal			
	<b>6a</b> Gross Rents					
	<b>b</b> Less rental exps					
	<b>c</b> Rental inc or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	<b>b</b> Less cost or other basis & sales exps					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	<b>a</b>				
	<b>b</b> Less direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events					
	<b>9a</b> Gross income from gaming activities See Part IV, line 19	<b>a</b>				
	<b>b</b> Less direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>				
	<b>b</b> Less cost of goods sold	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>				
<b>11a</b> TIFF INTEREST APPORTIONMENT		67,999	67,999			
<b>b</b> TAX PHASE IN		1,750	1,750			
<b>c</b>						
<b>d</b> All other revenue						
<b>e</b> Total. Add lines 11a-11d		69,749				
<b>12</b> Total Revenue. See instructions		1,366,370	684,433	0	17,397	

**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, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	493,200	443,880	24,660	24,660
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,576	9,518	529	529
9 Other employee benefits	38,788	34,910	1,939	1,939
10 Payroll taxes	43,880	39,492	2,194	2,194
11 Fees for services (non-employees)				
a Management				
b Legal	10,209	8,167	2,042	
c Accounting	19,630	7,852	11,778	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	52,563	49,935		2,628
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	30,204	25,674	3,020	1,510
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,808	11,847	2,221	740
20 Interest	2,357	2,357		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,965	39,965		
23 Insurance	19,695	18,710	985	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>EVENT HOSTING</b>	836,999	795,149		41,850
b <b>UTILITIES</b>	172,547	163,920	8,627	
c <b>MAINTENANCE &amp; REPAIRS</b>	105,821	100,530	5,291	
d <b>SUPPLIES</b>	33,302	29,972	1,665	1,665
e <b>BAD DEBTS</b>	28,984	28,984		
f All other expenses	90,599	84,172	4,888	1,539
25 <b>Total functional expenses.</b> Add lines 1 through 24f	2,044,127	1,895,034	69,839	79,254
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	110,621	1	115,030
	2 Savings and temporary cash investments	904,054	2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	107,389	4	129,082
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	1,500
	10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 1,026,276		
	b Less accumulated depreciation	10b 167,325	10c 540,330	858,951
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	5,000	12	5,000
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	269,334
15 Other assets. See Part IV, line 11		15		
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34).	1,667,394	16	1,378,897	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	45,296	17	52,169
	18 Grants payable		18	
	19 Deferred revenue		19	4,026
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	280,000
	25 Other liabilities. Complete Part X of Schedule D	19,571	25	233,591
	26 <b>Total liabilities.</b> Add lines 17 through 25	64,867	26	569,786
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,602,527	27	649,082
	28 Temporarily restricted net assets		28	160,029
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	1,602,527	33	809,111
34 <b>Total liabilities and net assets/fund balances</b>	1,667,394	34	1,378,897	

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990: ☐ Cash ☒ 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?

	Yes	No
<b>2a</b>		<b>X</b>

**b** Were the organization's financial statements audited by an independent accountant?

<b>2b</b>	<b>X</b>	
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**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?

<b>2c</b>	<b>X</b>	
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If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.

☒ 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 the Single Audit Act and OMB Circular A-133?

<b>3a</b>	<b>X</b>	
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**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>3b</b>	<b>X</b>	
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Form **990** (2009)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	23,406	27,700	848,971	659,263	664,540	2,223,880
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	271,144	243,379	222,985	324,122	614,684	1,676,314
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	294,550	271,079	1,071,956	983,385	1,279,224	3,900,194
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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	266,144	238,379	211,994	313,851	72,480	1,102,848
<b>c</b> Add lines 7a and 7b	266,144	238,379	211,994	313,851	72,480	1,102,848
<b>8 Public support.</b> (Subtract line 7c from line 6.)						2,797,346

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	294,550	271,079	1,071,956	983,385	1,279,224	3,900,194
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	363	631	27,142	15,055	17,397	60,588
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	363	631	27,142	15,055	17,397	60,588
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				28,681	69,749	98,430
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	294,913	271,710	1,099,098	1,027,121	1,366,370	4,059,212
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	68.91%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	54.36%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	1%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	1%

**19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☒

**b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

**GROWTH ALLIANCE FOR GREATER  
EVANSVILLE, INC.**

Employer identification number

**35-1798568****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

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  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

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

**Part IV 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.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

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) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a 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

	Yes	No
3a(i)		
3a(ii)		
3b		

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 (other)	(c) Accumulated depreciation	(d) Book value
1a Land		85,000		85,000
b Buildings		327,220	87,309	239,911
c Leasehold improvements		491,131	32,287	458,844
d Equipment		122,925	47,729	75,196
e Other		0	0	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				858,951

**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 derivatives		
Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.[illegible]

**Part IX**    **Other Assets.** See Form 990, Part X, line 15.

[illegible]

**Part X** Other Liabilities. See Form 990, Part X, line 25.

1	(a) Description of liability	(b) Amount
	Federal income taxes	
	<b>PAYABLE TO EAP FOUNDATION</b>	<b>160,029</b>
	<b>CISCO LEASE PAYABLE</b>	<b>49,420</b>
	<b>PREPAID RENTS</b>	<b>14,900</b>
	<b>ACCRUED PAYROLL &amp; TAXES</b>	<b>5,768</b>
	<b>SECURITY DEPOSITS</b>	<b>1,409</b>
	<b>ACCRUED PENSION</b>	<b>1,097</b>
	<b>OTHER CURRENT LIABILITIES</b>	<b>968</b>
	<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>233,591</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

## Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV )	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4 through 8	<b>9</b>	
<b>10</b>	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	<b>10</b>	

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>					
<b>Line</b>	<b>Description</b>	<b>(b)(4)</b>	<b>(b)(6)</b>	<b>(b)(7)(C)</b>	<b>(b)(8)</b>
1	Revenue from sales of goods				
2	Revenue from services				
3	Revenue from other sources				
4	Total revenue				
5	Revenue from sales of goods				
6	Revenue from services				
7	Revenue from other sources				
8	Total revenue				
9	Revenue from sales of goods				
10	Revenue from services				
11	Revenue from other sources				
12	Total revenue				
13	Revenue from sales of goods				
14	Revenue from services				
15	Revenue from other sources				
16	Total revenue				
17	Revenue from sales of goods				
18	Revenue from services				
19	Revenue from other sources				
20	Total revenue				
21	Revenue from sales of goods				
22	Revenue from services				
23	Revenue from other sources				
24	Total revenue				
25	Revenue from sales of goods				
26	Revenue from services				
27	Revenue from other sources				
28	Total revenue				
29	Revenue from sales of goods				
30	Revenue from services				
31	Revenue from other sources				
32	Total revenue				
33	Revenue from sales of goods				
34	Revenue from services				
35	Revenue from other sources				
36	Total revenue				
37	Revenue from sales of goods				
38	Revenue from services				
39	Revenue from other sources				
40	Total revenue				
41	Revenue from sales of goods				
42	Revenue from services				
43	Revenue from other sources				
44	Total revenue				
45	Revenue from sales of goods				
46	Revenue from services				
47	Revenue from other sources				
48	Total revenue				
49	Revenue from sales of goods				
50	Revenue from services				
51	Revenue from other sources				
52	Total revenue				
53	Revenue from sales of goods				
54	Revenue from services				
55	Revenue from other sources				
56	Total revenue				
57	Revenue from sales of goods				
58	Revenue from services				
59	Revenue from other sources				
60	Total revenue				
61	Revenue from sales of goods				
62	Revenue from services				
63	Revenue from other sources				
64	Total revenue				
65	Revenue from sales of goods				
66	Revenue from services				
67	Revenue from other sources				
68	Total revenue				
69	Revenue from sales of goods				
70	Revenue from services				
71	Revenue from other sources				
72	Total revenue				
73	Revenue from sales of goods				
74	Revenue from services				
75	Revenue from other sources				
76	Total revenue				
77	Revenue from sales of goods				
78	Revenue from services				
79	Revenue from other sources				
80	Total revenue				
81	Revenue from sales of goods				
82	Revenue from services				
83	Revenue from other sources				
84	Total revenue				
85	Revenue from sales of goods				
86	Revenue from services				
87	Revenue from other sources				
88	Total revenue				
89	Revenue from sales of goods				
90	Revenue from services			</	

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIV )	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIV )	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 )		<b>5</b>	

### Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIV )	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIV )	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 )		<b>5</b>	

## Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

**GROWTH ALLIANCE FOR GREATER  
EVANSVILLE, INC.**

Employer identification number

**35-1798568****Form 990, Part VI, Line 11A - Organization's Process to Review Form 990****Form 990 is reconciled to Audited Financial Statements before filing.****Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy****Organization annually updates and reviews conflicts of interest statements  
at Board Meeting.****Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation****Tax returns are available to the public at [www.guidestar.org](http://www.guidestar.org). Financial  
Statements and other information are available to the public upon request  
at the Organization's  
principal address.****Form 990, Part VII - Group Return Explanation****All officers are unpaid, and provide services to the Organization on a  
vounteer basis.**

Form **4562**Department of the Treasury  
Internal Revenue Service

(99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

**2009**Attachment  
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return **GROWTH ALLIANCE FOR GREATER  
EVANSVILLE, INC.**Identifying number  
**35-1798568**

Business or activity to which this form relates

**Indirect Depreciation****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	39,965

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶		

**Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

**Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life				S/L	
b 12-year		12 yrs		S/L	
c 40-year		40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	39,965
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

DAA

**There are no amounts for Page 2**

351798568 GROWTH ALLIANCE FOR GREATER

35-1798568

## Federal Statements

FYE: 12/31/2009

### Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>
INTEREST	\$ 17,397		14		
DIVIDENDS			14		
Total	<u>\$ 17,397</u>				

351798568 GROWTH ALLIANCE FOR GREATER

35-1798568

FYE: 12/31/2009

**Federal Statements****Form 990, Part IX, Line 24f - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACT LABOR	\$ 22,725	\$ 22,725		\$
CLEANING	21,157	20,099	1,058	
EQUIPMENT LEASES	10,284	9,256	1,028	484
OFFICE EXPENSES	9,686	8,233	969	404
OTHER EXPENSES	8,076	6,864	808	
DUES & SUBSCRIPTIONS	6,383	6,383		
POSTAGE & DELIVERY	6,317	5,369	632	316
DISPOSAL SERVICE	3,345	2,675	335	335
MERCHANT FEES	1,462	1,462		
SECURITY SYSTEM	1,164	1,106	58	
Total	\$ 90,599	\$ 84,172	\$ 4,888	\$ 1,539



351798568 GROWTH ALLIANCE FOR GREATER

35-1798568

## Federal Statements

FYE: 12/31/2009

### Schedule A, Part III, Line 7b - Excess Gross Receipts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
	\$	\$
2009	86,144	72,480
2008	324,122	313,851
2007	222,985	211,994
2006	243,379	238,379
2005	271,144	266,144
Total	\$ <u>1,147,774</u>	\$ <u>1,102,848</u>

35-1798568

## Tax Asset Detail 1/01/09 - 12/31/09

FYE: 12/31/2009

Asset Id	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = C	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Group: Building Improvs - GAGE</b>											
178	IPI Building Equip	8/08/07	740 00	0 00	0 00	52 42	37 00	89 42	650 58	S/L	20 0
179	Elevators	8/17/07	1,174 43	0 00	0 00	78 29	58 72	137 01	1,037 42	S/L	20 0
180	Equipment Rack	8/30/07	474 42	0 00	0 00	52 71	39 53	92 24	382 18	S/L	12 0
181	Portable AC Unit	9/02/07	529 99	0 00	0 00	58 89	44 17	103 06	426 93	S/L	12 0
182	HVAC Work	11/09/07	8,500 00	0 00	0 00	495 83	425 00	920 83	7,579 17	S/L	20 0
183	HVAC Work	11/13/07	18,628 00	0 00	0 00	1,086 63	931 40	2,018 03	16,609 97	S/L	20 0
184	Blinds for Admin Ofc	12/18/07	1,395 00	0 00	0 00	145 31	139 50	284 81	1,110 19	S/L	10 0
185	Post Boxes for Tenants	12/20/07	1,089 00	0 00	0 00	56 72	54 45	111 17	977 83	S/L	20 0
208	Building Improvements	8/31/08	116,639 29	0 00	0 00	1,943 99	5,831 96	7,775 95	108,863 34	S/L	20 0
216	Reroof Building	5/03/09	97,200 00	0 00c	0 00	0 00	3,240 00	3,240 00	93,960 00	S/L	20 0
217	Building Improvements	6/30/09	51,346 00	0 00c	0 00	0 00	1,283 65	1,283 65	50,062 35	S/L	20 0
218	Renovation - 4th Floor (Chamber)	7/31/09	71,379 00	0 00c	0 00	0 00	1,487 06	1,487 06	69,891 94	S/L	20 0
219	Phn/Int Setup Eq & Wiring	7/20/07	122,035 00	0 00	0 00	8,644 00	6,101 75	14,745 75	107,289 25	S/L	20 0
<b>Building Improvs - GAGE</b>			491,130 13	0 00c	0 00	12,614 79	19,674 19	32,288 98	458,841 15		

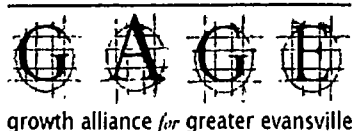
**Group: Office Equipment**

14	Kimball International	6/15/91	10,787 00	0 00	0 00	10,787 00	0 00	10,787 00	0 00	S/L	5 0
15	Royal Office	6/15/91	1,000 00	0 00	0 00	1,000 00	0 00	1,000 00	0 00	S/L	5 0
16	Koch Furniture	6/15/91	1,065 00	0 00	0 00	1,065 00	0 00	1,065 00	0 00	S/L	5 0
19	Plaque	6/15/91	300 00	0 00	0 00	300 00	0 00	300 00	0 00	S/L	5 0
31	Pallet Jack	10/21/97	285 00	0 00	0 00	285 00	0 00	285 00	0 00	S/L	5 0
118	TV/VCR Combo	2/28/99	365 47	0 00	0 00	365 47	0 00	365 47	0 00	S/L	5 0
119	High Pressure Washer	6/02/99	582 43	0 00	0 00	582 43	0 00	582 43	0 00	S/L	5 0
125	Fax Machine	6/29/99	1,998 00	0 00	0 00	1,998 00	0 00	1,998 00	0 00	S/L	5 0
132	Fax Machine	2/22/99	1,963 00	0 00	0 00	1,963 00	0 00	1,963 00	0 00	S/L	5 0
151	HP Laser Printer	8/17/03	235 00	0 00	0 00	235 00	0 00	235 00	0 00	S/L	5 0
159	TV Mounts	2/10/04	269 52	0 00	0 00	132 51	26 95	159 46	110 06	S/L	10 0
160	Lectern and Base	2/22/04	162 41	0 00	0 00	78 49	16 24	94 73	67 68	S/L	10 0
161	AV Cart	2/24/04	125 63	0 00	0 00	60 71	12 56	73 27	52 36	S/L	10 0
162	TVs	3/23/04	638 46	0 00	0 00	303 28	63 85	367 13	271 33	S/L	10 0
163	Color Printer	8/23/04	699 97	0 00	0 00	303 33	70 00	373 33	326 64	S/L	10 0
164	Laptop - CGM	7/01/04	1,000 00	0 00	0 00	450 00	100 00	550 00	450 00	S/L	10 0
165	Desktop PC - CGM	7/01/04	1,000 00	0 00	0 00	450 00	100 00	550 00	450 00	S/L	10 0
173	Office Equipment	3/28/06	2,380 50	0 00	0 00	935 19	340 07	1,275 26	1,105 24	S/L	7 0
174	Office Equipment	3/28/06	264 50	0 00	0 00	103 92	37 79	141 71	122 79	S/L	7 0
176	Power Point Projectors x2	4/24/07	2,120 99	0 00	0 00	505 00	303 00	808 00	1,312 99	S/L	7 0
189	Apple Computer (DEI)	3/02/04	1,651 21	0 00	0 00	1,596 16	55 05	1,651 21	0 00	S/L	5 0
190	Desktop PC - Kitty (DEI)	1/26/06	609 97	0 00	0 00	355 81	121 99	477 80	132 17	S/L	5 0
191	Desktop PC - Leona (DEI)	2/17/06	619 97	0 00	0 00	351 31	123 99	475 30	144 67	S/L	5 0
203	Elect Equip - Airshow Radio	11/28/08	9,250 00	0 00	0 00	110 12	1,321 43	1,431 55	7,818 45	S/L	7 0
204	Small Form Factor Computers	1/31/09	2,166 00	0 00c	0 00	0 00	397 10	397 10	1,768 90	S/L	5 0
205	AOO CS4 Master Collection	2/09/09	1,036 00	0 00c	0 00	0 00	189 93	189 93	846 07	S/L	5 0
206	Workstations for Lecterns	2/12/09	1,461 00	0 00c	0 00	0 00	191 32	191 32	1,269 68	S/L	7 0
207	Ice Machine	2/25/09	1,500 00	0 00c	0 00	0 00	178 57	178 57	1,321 43	S/L	7 0
209	CR Stand/racks/shelves-Art Council	2/07/09	1,888 02	0 00c	0 00	0 00	173 07	173 07	1,714 95	S/L	10 0
210	Comm Network Equip (4th Floor)	6/30/09	9,141 78	0 00c	0 00	0 00	457 09	457 09	8,684 69	S/L	10 0
211	Office Computers x5	4/17/09	2,595 00	0 00c	0 00	0 00	346 00	346 00	2,249 00	S/L	5 0

Asset	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Group: Office Equipment (continued)</b>											
212	Office Computer	5/22/09	686.23	0.00c	0.00	0.00	80.06	80.06	606.17	S/L	5.0
213	Portable Air Conditioner (equip roo	10/15/09	529.99	0.00c	0.00	0.00	18.93	18.93	511.06	S/L	7.0
	<b>Office Equipment</b>		<b>60,378.05</b>	<b>0.00c</b>	<b>0.00</b>	<b>24,316.73</b>	<b>4,724.99</b>	<b>29,041.72</b>	<b>31,336.33</b>		
<b>Group: Office Furnishings</b>											
120	Sign for Building	8/23/99	1,000.00	0.00	0.00	1,000.00	0.00	1,000.00	0.00	S/L	7.0
135	Sign for Building	5/10/00	255.00	0.00	0.00	255.00	0.00	255.00	0.00	S/L	7.0
167	Office Furniture from Vectren	8/30/05	5,656.00	0.00	0.00	1,885.33	565.60	2,450.93	3,205.07	S/L	10.0
170	Office Furniture	1/01/05	9,904.00	0.00	0.00	3,961.60	990.40	4,952.00	4,952.00	S/L	10.0
172	Tables & Chairs	3/28/06	778.51	0.00	0.00	214.09	77.85	291.94	486.57	S/L	10.0
175	Office Furnishings	4/01/06	2,400.00	0.00	0.00	660.00	240.00	900.00	1,500.00	S/L	10.0
177	Conference Room Chairs x33	7/19/07	3,959.67	0.00	0.00	560.96	395.97	956.93	3,002.74	S/L	10.0
186	Tables & Chairs (used)	12/20/07	1,540.00	0.00	0.00	229.17	220.00	449.17	1,090.83	S/L	7.0
188	Equa Sled Base Chairs x8(DEI)	1/01/92	939.81	0.00	0.00	939.81	0.00	939.81	0.00	S/L	5.0
192	Chameleon Divider	3/03/08	285.00	0.00	0.00	33.93	40.71	74.64	210.36	S/L	7.0
193	Flat Screen TVs (x8)	3/06/08	7,009.83	0.00	0.00	834.50	1,001.40	1,835.90	5,173.93	S/L	7.0
194	Office Chairs	3/10/08	549.89	0.00	0.00	45.82	54.99	100.81	449.08	S/L	10.0
195	Conf table with chairs	5/13/08	1,113.87	0.00	0.00	74.26	111.39	185.65	928.22	S/L	10.0
196	Conf table (x3) with chairs	5/22/08	3,375.62	0.00	0.00	196.91	337.56	534.47	2,841.15	S/L	10.0
197	Conf table (x4) & chairs	6/13/08	5,831.45	0.00	0.00	340.17	583.15	923.32	4,908.13	S/L	10.0
198	Office Furniture	6/13/08	1,883.13	0.00	0.00	156.93	269.02	425.95	1,457.18	S/L	7.0
199	Adjustable tables for events (x6)	7/11/08	1,132.76	0.00	0.00	113.28	226.55	339.83	792.93	S/L	5.0
200	Traxx System Boards (USI space)	7/31/08	3,301.00	0.00	0.00	196.49	471.57	668.06	2,632.94	S/L	7.0
201	Desk	12/29/08	255.00	0.00	0.00	0.00	36.43	36.43	218.57	S/L	7.0
202	Furniture for Suite 505	12/31/08	7,976.00	0.00	0.00	0.00	1,139.43	1,139.43	6,836.57	S/L	7.0
214	Signage - Movable	4/17/09	3,400.85	0.00c	0.00	0.00	226.72	226.72	3,174.13	S/L	10.0
	<b>Office Furnishings</b>		<b>62,547.39</b>	<b>0.00c</b>	<b>0.00</b>	<b>11,698.25</b>	<b>6,988.74</b>	<b>18,686.99</b>	<b>43,860.40</b>		
<b>Group: SBIC Buildings &amp; Improvs</b>											
122	Phone & Alarm System	8/09/99	1,000.00	0.00	0.00	1,000.00	0.00	1,000.00	0.00	S/L	7.0
131	Sonitrol Security Sys-SBIC	10/29/99	2,070.00	0.00	0.00	2,070.00	0.00	2,070.00	0.00	S/L	7.0
136	AC Units	7/30/01	11,930.00	0.00	0.00	4,424.04	596.50	5,020.54	6,909.46	S/L	20.0
145	AC Unit	3/02/02	2,558.36	0.00	0.00	895.44	127.92	1,023.36	1,535.00	S/L	20.0
146	Wall Renovations	8/21/02	947.92	0.00	0.00	600.34	94.79	695.13	252.79	S/L	10.0
147	Industrial Center	1/01/99	280,000.00	0.00	0.00	66,234.00	7,000.00	73,234.00	206,766.00	S/L	40.0
148	Industrial Center - Land	1/01/99	85,000.00	0.00	0.00	0.00	0.00	0.00	85,000.00	Land	0.0
149	Heating & AC for SBIC	11/07/03	8,860.00	0.00	0.00	1,144.42	221.50	1,365.92	7,494.08	S/L	40.0
150	Roof - SBIC	1/14/03	4,988.00	0.00	0.00	748.20	124.70	872.90	4,115.10	S/L	40.0
152	HC Unit	3/15/03	868.23	0.00	0.00	253.23	43.41	296.64	571.59	S/L	20.0
156	Loading Dock Improvements	9/30/04	597.35	0.00	0.00	63.45	14.93	78.38	518.97	S/L	40.0
157	Circuit Work	2/14/04	600.70	0.00	0.00	73.85	15.02	88.87	511.83	S/L	40.0
158	Signs	3/26/04	212.50	0.00	0.00	67.31	14.17	81.48	131.02	S/L	15.0
166	Warehouse Space	12/16/04	10,000.00	0.00	0.00	1,000.00	250.00	1,250.00	8,750.00	S/L	40.0
168	Warehouse Space	4/08/05	1,000.00	0.00	0.00	93.75	25.00	118.75	881.25	S/L	40.0
169	Warehouse Space	5/06/05	721.87	0.00	0.00	66.18	18.05	84.23	637.64	S/L	40.0
215	Light Fixtures & Wiring	4/20/09	865.00	0.00c	0.00	0.00	28.83	28.83	836.17	S/L	20.0

FYE: 12/31/2009

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: SBIC Buildings & Improvs (continued)												
		SBIC Buildings & Improvs		412,219 93	0 00c	0 00	78,734 21	8,574 82	87,309 03	324,910 90		
		Grand Total		1,026,275 50	0 00c	0 00	127,363 98	39,962 74	167,326 72	858,948 78		



The One Stop Resource for Business

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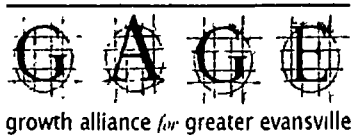
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5

Form **8868**

(Rev. April 2009)

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868****Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>GROWTH ALLIANCE FOR GREATER EVANSVILLE, INC.</b>	Employer identification number <b>35-1798568</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>318 MAIN STREET, SUITE #500</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>EVANSVILLE IN 47708</b>	

**Check type of return to be filed** (file a separate application for each return)

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **GROWTH ALLIANCE FOR**

Telephone No ► **812-401-4849**

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach

**a list with the names and EINs of all members the extension will cover.**

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☒ calendar year **2009** or
- ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)



- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>GROWTH ALLIANCE FOR GREATER EVANSVILLE, INC.</b>	Employer identification number <b>35-1798568</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>318 MAIN STREET, SUITE #500</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>EVANSVILLE IN 47708</b>	

Check type of return to be filed (File a separate application for each return)

- |  |   |                                      |                                    |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF                              | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **GROWTH ALLIANCE FOR**  
Telephone No **812-401-4849** FAX No.
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a

list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **11/15/10**.
- 5 For calendar year **2009**, or other tax year beginning , and ending .
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

**Additional time is requested to gather information to prepare a complete and accurate return.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c <b>Balance Due.</b> Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **[Signature]** Title **CPA**

Date **08/13/10**

Form **8868** (Rev 4-2009)

MAILED 08-13-2010