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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

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 pending

Please use IRS label or print or type.
See Specific Instructions

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

D Employer identification number

35-1798568

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

EVANSVILLE IN 47708E Telephone number
812-253-1013G Gross receipts \$ **1,366,370**

F Name and address of principal officer

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 527J Website: ► **WWW.INNOVATIONPOINTE.ORG**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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of employees (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total gross unrelated business revenue from Part VIII, column (C), line 12

b Net unrelated business taxable income from Form 990-T, line 34

3	22
4	22
5	15
6	
7a	
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)

445,380 **586,444**

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)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ► **79,254****608,386** **1,457,683**

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

.1,053,766 **2,044,127**

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

-26,645 **-677,757**

19 Revenue less expenses. Subtract line 18 from line 12

Beginning of Current Year

End of Year

20 Total assets (Part X, line 16)

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

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

Sign
Here

Signature of officer

11/24/10
Date

Deborah D. Dewey, President

Type or print name and title

Paid
Preparer's
Use OnlyPreparer's
signature

P. H. Schell

Date

11/23/10

Check if
self-
employedPreparer's identifying number
(see instructions)**P00437333**Firm's name (or yours
if self-employed),
address, and ZIP + 4Lancaster, Schnautz & White, LLP
123 Locust St
Evansville, IN 47708-1444EIN ► **26-2700390**Phone no ► **812-402-8000**

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

 Yes No

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

DAA

Form 990 (2009)

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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
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 <input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 <input checked="" type="checkbox"/>	
5 Section 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 <input type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
● 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		
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 <input checked="" type="checkbox"/>	
12A 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	12A <input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 <input checked="" type="checkbox"/>	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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	15 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17 <input checked="" type="checkbox"/>	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 <input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 <input checked="" type="checkbox"/>	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 <input checked="" type="checkbox"/>	

Part IV Checklist of Required Schedules (continued)

		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	X
22	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	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) 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	X
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	25b	X
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, 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, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	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, Part IV	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	34	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	X
37	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	38	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	1a	0
1b		1b	0
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	15
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
3b		3b	
4a	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)?	4a	X
4b	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		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
5c		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
6b		6b	
7a		7a	
7b		7b	
7c		7c	
7d		7d	
7e		7e	
7f		7f	
7g		7g	
7h		7h	
8		8	
9a		9a	
9b		9b	
10a		10a	
10b		10b	
11a		11a	
11b		11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

1a Enter the number of voting members of the governing body **22**
 b Enter the number of voting members that are independent **22**

2 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? **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** **X**

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** **X**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
 a The governing body? **8a** **X**
 b Each committee with authority to act on behalf of the governing body? **8b** **X**

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O **9** **X**

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

10a Does the organization have local chapters, branches, or affiliates? **10a** **X**
 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**

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **11** **X**

11a Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 **12a** **X**
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12b** **X**
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 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** **X**

15 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?
 a The organization's CEO, Executive Director, or top management official **15a** **X**
 b Other officers or key employees of the organization **15b** **X**
 If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? **16a** **X**
 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? **16b**

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 EVANSVILLE** **318 MAIN STREET** **IN 47708** **812-401-4849**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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, 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 if the organization did not compensate any current officer, director, or trustee.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

1b Total

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

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
Contributions, gifts, grants and other similar amounts							
1a Federated campaigns	1a						
b Membership dues	1b						
c Fundraising events	1c						
d Related organizations	1d						
e Government grants (contributions)	1e	471,216					
f All other contributions, gifts, grants, and similar amounts not included above	1f	193,324					
g Noncash contributions included in lines 1a-1f		\$					
h Total. Add lines 1a-1f		►	664,540				
Program Service Revenue		Busn. Code					
2a PROGRAM 1 - TENANT SERVICES			386,495	386,495			
b PROGRAM 2 - DOWNTOWN EVENTS			228,189	228,189			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		►	614,684				
3 Investment income (including dividends, interest, and other similar amounts)		►	17,397				17,397
4 Income from investment of tax-exempt bond proceeds		►					
5 Royalties		►					
6a Gross Rents	(i) Real	(ii) Personal					
b Less rental exps							
c Rental inc or (loss)							
d Net rental income or (loss)		►					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
b Less cost or other basis & sales exps							
c Gain or (loss)							
d Net gain or (loss)		►					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a						
b Less direct expenses	b						
c Net income or (loss) from fundraising events	►						
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities	►						
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory	►						
Miscellaneous Revenue	Busn. Code						
11a TIFF INTEREST APPORTIONMENT			67,999	67,999			
b TAX PHASE IN			1,750	1,750			
c							
d All other revenue							
e Total. Add lines 11a-11d	►	69,749					
12 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 EVENT HOSTING	836,999	795,149		41,850
b UTILITIES	172,547	163,920	8,627	
c MAINTENANCE & REPAIRS	105,821	100,530	5,291	
d SUPPLIES	33,302	29,972	1,665	1,665
e BAD DEBTS	28,984	28,984		
f All other expenses	90,599	84,172	4,888	1,539
25 Total functional expenses. Add lines 1 through 24f	2,044,127	1,895,034	69,839	79,254
26 Joint costs. 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
Assets	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	1,026,276		
	b Less accumulated depreciation	167,325	10c	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 Total assets. Add lines 1 through 15 (must equal line 34)	1,667,394	16	1,378,897
Liabilities	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 Total liabilities. Add lines 17 through 25	64,867	26	569,786
Net Assets or Fund Balances	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 Total net assets or fund balances	1,602,527	33	809,111
	34 Total liabilities and net assets/fund balances	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?
 b Were the organization's financial statements audited by an independent accountant?
 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?
 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 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

	Yes	No
2a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2c	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization **GROWTH ALLIANCE FOR GREATER
EVANSTVILLE, INC.** **Employer Identification number** **35-1798568**

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)

6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)

8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)

9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)

10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

e a Type I b Type II c Type III—Functionally integrated d Type III—Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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
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 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)						
6 Public support. 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
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						12
13 First five years. 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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 33 1/3 % support test—2008. 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 stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2009. 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 stop here. 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 10%-facts-and-circumstances test—2008. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 Private foundation. 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
1 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
2 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
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 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	294,550	271,079	1,071,956	983,385	1,279,224	3,900,194
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	266,144	238,379	211,994	313,851	72,480	1,102,848
c Add lines 7a and 7b	266,144	238,379	211,994	313,851	72,480	1,102,848
8 Public support (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
9 Amounts from line 6	294,550	271,079	1,071,956	983,385	1,279,224	3,900,194
10a 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 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	363	631	27,142	15,055	17,397	60,588
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				28,681	69,749	98,430
13 Total support. (Add lines 9, 10c, 11, and 12)	294,913	271,710	1,099,098	1,027,121	1,366,370	4,059,212
14 First five years. 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						

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

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

Section D. Computation of Investment Income Percentage

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

M/F

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

2009Open 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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)

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 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
2a Total number of conservation easements	
2b Total acreage restricted by conservation easements	
2c Number of conservation easements on a certified historic structure included in (a)	
2d Number of conservation easements included in (c) acquired after 8/17/06	

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

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

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

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	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 _____		
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Total. (Column (b) must equal Form 990, Part X, col (B) line 12

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

Total. (Column (b) must equal Form 990, Part X, col (B) line 13)

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

Total. (Column (b) must equal Form 990, Part X, col (B) line 15)

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

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

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

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 Return

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

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

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

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

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

2009Open 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. 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
volunteer 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

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	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				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

FYE: 12/31/2009

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
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	\$ 1,058	\$
CLEANING	21,157	20,099	1,028	
EQUIPMENT LEASES	10,284	9,256	969	484
OFFICE EXPENSES	9,686	8,233	808	404
OTHER EXPENSES	8,076	6,864		
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

FYE: 12/31/2009

Federal Statements

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

Donor Name	Total	Excess
	\$	\$
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	\$ 1,147,774	\$ 1,102,848

351798568 GROWTH ALLIANCE FOR GREATER
35-1798568
FYE: 12/31/2009

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

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<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Sec 179 Exp Current = c</u>	<u>Bonus Amt</u>	<u>Tax Depreciation</u>	<u>Tax Current Depreciation</u>	<u>Tax End Depr</u>	<u>Tax Net Book Value</u>	<u>Tax Method</u>	<u>Tax Period</u>
Group: Building Improvs - GAGE											
178	IPI Building Equip	8/08/07	740.00	0.00	0.00	52.42	37.00	89.42	650.58	S/L	200
179	Elevators	8/17/07	1,174.43	0.00	0.00	78.29	58.72	137.01	1,037.42	S/L	200
180	Equipment Rack	8/30/07	474.42	0.00	0.00	52.71	39.53	92.24	382.18	S/L	120
181	Portable AC Unit	9/02/07	529.99	0.00	0.00	58.89	44.17	103.06	426.93	S/L	120
182	HVAC Work	11/09/07	8,500.00	0.00	0.00	495.83	425.00	920.83	7,579.17	S/L	200
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	200
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	100
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	200
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	200
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	200
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	200
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	200
219	Phn/Inet Setup Eq & Wiring	7/20/07	122,035.00	0.00	0.00	8,644.00	6,017.75	14,745.75	107,289.25	S/L	200
	Building Improvs - GAGE		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	1,000.00	0.00	0.00	10,787.00	0.00	50
15	Royal Office	6/15/91	1,000.00	0.00	0.00	1,065.00	0.00	0.00	1,000.00	S/L	50
16	Koch Furniture	6/15/91	1,065.00	0.00	0.00	300.00	0.00	0.00	1,065.00	S/L	50
19	Plaque	6/15/91	300.00	0.00	0.00	285.00	0.00	0.00	300.00	S/L	50
31	Pallet Jack	10/21/97	285.00	0.00	0.00	365.47	0.00	0.00	285.00	S/L	50
118	TV/VCR Combo	2/28/99	365.47	0.00	0.00	582.43	0.00	0.00	582.43	0.00	50
119	High Pressure Washer	6/02/99	582.43	0.00	0.00	1,998.00	0.00	0.00	1,998.00	0.00	50
125	Fax Machine	6/29/99	1,998.00	0.00	0.00	1,963.00	0.00	0.00	1,963.00	0.00	50
132	Fax Machine	2/22/99	1,963.00	0.00	0.00	235.00	0.00	0.00	235.00	0.00	50
151	HP Laser Printer	8/17/03	235.00	0.00	0.00	132.51	26.95	159.46	110.06	S/L	100
159	TV Mounts	2/10/04	269.52	0.00	0.00	78.49	16.24	94.73	67.68	S/L	100
160	Lectern and Base	2/22/04	162.41	0.00	0.00	60.71	12.56	73.27	52.36	S/L	100
161	AV Cart	2/24/04	125.63	0.00	0.00	303.28	63.85	367.13	271.33	S/L	100
162	TVs	3/23/04	638.46	0.00	0.00	303.33	70.00	373.33	326.64	S/L	100
163	Color Printer	8/23/04	699.97	0.00	0.00	450.00	100.00	550.00	450.00	S/L	100
164	Laptop - CGM	7/01/04	1,000.00	0.00	0.00	450.00	100.00	550.00	450.00	S/L	100
165	Desktop PC - CGM	7/01/04	1,000.00	0.00	0.00	935.19	340.07	1,275.26	1,105.24	S/L	70
173	Office Equipment	3/28/06	2,380.50	0.00	0.00	103.92	0.00	141.71	122.79	S/L	70
174	Office Equipment	3/28/06	264.50	0.00	0.00	505.00	303.00	808.00	1,312.99	S/L	70
176	Power Point Projectors x2	4/24/07	2,120.99	0.00	0.00	1,596.16	55.05	1,651.21	0.00	S/L	50
189	Apple Computer (DEI)	3/02/04	1,651.21	0.00	0.00	355.81	121.99	477.80	132.17	S/L	50
190	Desktop PC - Kitty (DEI)	1/26/06	609.97	0.00	0.00	351.31	123.99	475.30	144.67	S/L	50
191	Desktop PC - Leona (DEI)	2/17/06	619.97	0.00	0.00	110.12	1,321.43	1,431.55	7,818.45	S/L	70
203	Elect Equip - Airshow Radio	11/28/08	9,250.00	0.00	0.00	0.00	0.00	0.00	397.10	1,768.90	S/L
204	Small Form Factor Computers	1/31/09	2,166.00	0.00c	0.00	0.00	0.00	0.00	189.93	846.07	S/L
205	AOO CS4 Master Collection	2/09/09	1,036.00	0.00c	0.00	0.00	0.00	0.00	191.32	1,269.68	S/L
206	Workstations for Lecterns	2/12/09	1,461.00	0.00c	0.00	0.00	0.00	0.00	178.57	1,321.43	S/L
207	Ice Machine	2/25/09	1,500.00	0.00c	0.00	0.00	0.00	0.00	173.07	1,714.95	S/L
209	CR Stand/racks/shelves-Art Council	2/07/09	1,888.02	0.00c	0.00	0.00	0.00	0.00	457.09	8,684.69	S/L
210	Comm Nettwork Equip (4th Floor)	6/30/09	9,141.78	0.00c	0.00	0.00	0.00	0.00	457.09	2,249.00	S/L
211	Office Computers x5	4/17/09	2,595.00	0.00c	0.00	0.00	0.00	0.00	346.00	0.00	50

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

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Asset	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 Book Value	Tax Method	Tax Period
212	Office Computer	5/22/09	686.23	0.00c	0.00	0.00	80.06	80.06	606.17	S/L	50
213	Portable Air Conditioner (equip room)	10/15/09	529.99	0.00c	0.00	0.00	18.93	18.93	511.06	S/L	70
Group: Office Equipment											
			60,378.05	0.00c	0.00	0.00	24,316.73	4,724.99	29,041.72	31,336.33	
Group: Office Furnishings											
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	70
135	Sign for Building	5/10/00	255.00	0.00	255.00	0.00	255.00	0.00	0.00	S/L	70
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	100
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	100
172	Tables & Chairs	3/28/06	778.51	0.00	0.00	214.09	77.85	291.94	486.57	S/L	100
175	Office Furnishings	4/01/06	2,400.00	0.00	0.00	660.00	240.00	900.00	1,500.00	S/L	100
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	100
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	70
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	50
192	Chameleon Divider	3/03/08	285.00	0.00	0.00	33.93	40.71	74.64	210.36	S/L	70
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	70
194	Office Chairs	3/10/08	549.89	0.00	0.00	45.82	54.99	100.81	449.08	S/L	100
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	100
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	100
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	100
198	Office Furniture	6/13/08	1,883.13	0.00	0.00	156.93	269.02	425.95	1,457.18	S/L	70
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	50
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	70
201	Desk	12/29/08	255.00	0.00	0.00	0.00	36.43	36.43	218.57	S/L	70
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	70
214	Signage - Movable	4/17/09	3,400.85	0.00c	0.00	0.00	226.72	226.72	3,174.13	S/L	100
			62,547.39	0.00c	0.00	0.00	11,698.25	6,998.74	18,686.99	43,860.40	
Group: SBIC Buildings & Improvs											
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	70
131	Sonirol Security Sys-SBIC	10/29/99	2,070.00	0.00	2,070.00	0.00	2,070.00	0.00	0.00	S/L	70
136	AC Units	7/30/01	11,930.00	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	895.44	127.92	1,023.36	1,535.00	S/L	20.0	
146	Wall Renovations	8/21/02	947.92	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	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	85,000.00	Land	0.0	
149	Heating & AC for SBIC	11/07/03	8,860.00	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	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	63.45	14.93	78.38	518.97	S/L	40.0	
157	Circuit Work	2/14/04	600.70	0.00	73.85	15.02	88.87	511.83	S/L	40.0	
158	Signs	3/26/04	212.50	0.00	67.31	14.17	81.48	131.02	S/L	15.0	
166	Warehouses Space	12/16/04	10,000.00	0.00	1,000.00	250.00	1,250.00	8,750.00	S/L	40.0	
168	Warehouses Space	4/08/05	1,000.00	0.00	93.75	25.00	118.75	881.25	S/L	40.0	
169	Warehouses Space	5/06/05	721.87	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	28.83	28.83	28.83	836.17	S/L	20.0

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<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Sec 179 Exp Current = c</u>	<u>Bonus Amt</u>	<u>Tax Prior Depreciation</u>	<u>Tax Current Depreciation</u>	<u>Tax End Depr</u>	<u>Tax Book Value</u>	<u>Tax Net</u>	<u>Tax Method</u>	<u>Tax Period</u>
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

BOARD OF DIRECTORS 2010

Dan Arens (Treasurer)

Business Developer
1 RiverBend Court
Newburgh, IN 47630
(812) 760-4871 cell
darens@wowway.com

Tom Austerman

President & CEO
Evansville Commerce Bank
20 NW 4th Street
Evansville, IN 47708
(812) 492-1800
tom.austerman@evansvillecommercebank.com

Tom Barnett

Executive Director
Department of Metropolitan Development
306 Civic Center Complex
One NW Martin Luther King, Jr. Blvd
Evansville, IN 47708
(812) 436-7825
tbbarnett@evansvillegov.org

Brent Beeler

Chief Operating Officer
Berry Plastics Corporation
101 Oakley St, P.O. Box 959
Evansville, IN 47706
(812) 429-9228
brentbeeler@berryplastics.com

Daniel Bugher (Chair)

VP, Information Technology & Customer Service
Vectren Corporation
One Vectren Square, P.O. Box 209
Evansville, IN 47708
(812) 491-4185
dbugher@vectren.com

Carrie Ellspermann (Vice Chair)

President, Old National Wealth Management
One Main Street, P.O. Box 207
Evansville, IN 47702-0207
(812) 464-1307
Carrie.Ellspermann@oldnational.com

Scott Gordon

Dean, Pott College of Science & Engineering
University of Southern Indiana
8600 University Blvd.
Evansville, IN 47712
(812) 465-7137
sgordon@usi.edu

Patrick Jackson

Program Officer
Welborn Baptist Foundation, Inc.
21 SE Third Street, Suite 610
Evansville, IN 47708
(812) 437-8260
pjackson@welbornfdn.org

Ed Jones

Vice Provost for Outreach & Dean of Extended
Services
University of Southern Indiana
8600 University Blvd.
Evansville, IN 47712
(812) 464-1863
ejones@usi.edu

Ron Keeping

Director of Economic Development
Vectren Corp.
One Vectren Square, P.O. Box 209
Evansville, IN 47708
(812) 491-4761
Rkeeping@vectren.com



The One Stop Resource for Business

BOARD OF DIRECTORS 2010

Joe Kiefer

Executive VP/Commercial Broker Associate
Hahn Realty Corp.
1136 Washington Square
Evansville, IN 47715
(812) 604-5973 (cell)
jkiefer@hahnrealtycorp.com

Randy Kron

Vice President
Indiana Farm Bureau, Inc.
17425 Owensville Rd.
Evansville, IN 47720
(812) 963-6604
kronfarms@sit-co.net

David Matthews

Owner, David Matthews Associates
420 Main Street Suite 1300
Evansville, Indiana 47708
phone (812)428-6000
dma@evansville.net

Maura Robinson

4121 Huntington Place
Evansville, IN 47725
(812) 457-8423 (cell)
mr28@evansville.edu

Alfonso Vidal

Omni Plastics, LLC
2300 Lynch Rd
Evansville, IN 47711
(812) 431-8075
alfonsovidal@att.net

Turk Walton (Secretary)

13113 Browning Road
Evansville, IN 47725
(812) 499-9112 cell
twalton@evansville.net

Greg Wathen

President & CEO
Economic Development Coalition of Southwest Indiana
318 Main Street
Suite 400
Evansville, IN 47708
P: 812-423-2020
GWathen@southwestindiana.org

Jonathan Weinzapfel

Mayor, City of Evansville
One N.W. Martin Luther King Jr. Blvd.
Room 302
Evansville, IN 47708
(812) 436-4962
jweinzapfel@evansvillegis.com

Lloyd Winnecke

Commissioner, Vanderburgh County
20 NW Third Street
Evansville, IN 47708
(812) 456-4098
lloyd.winnecke@53.com

Marvin Wright

Partner, Kemper CPA Group LLP
111 S. E. Third Street
Evansville, IN 47708
(812) 421-8000
mwright@kcpag.com



The One Stop Resource for Business

BOARD OF DIRECTORS 2010

Jerry Yezbick

Community and Member Outreach Specialist
Southwest Region Anthem Healthy Ind Plan
1318 N. Green River Rd.
Evansville, IN 47715
(812) 475-3105
Jerry@engagingsolutions.net

Woody Youngs

Senior Vice President
Product Acceptance & Research
P.O. Box 3126
Evansville, IN 47731
(812) 214-2055
woody.youngs@par-research.com

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

- 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 and click on e-file for Charities & Nonprofits

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

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

3a 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	3a \$ <input type="text"/>
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 \$ <input type="text"/>
c Balance Due. 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	c \$ <input type="text"/>

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.

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Page 2

- 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 GROWTH ALLIANCE FOR GREATER EVANSCVILLE, INC.	Employer identification number 35-1798568
	Number, street, and room or suite no. If a P O box, see instructions 318 MAIN STREET, SUITE #500	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions EVANSCVILLE IN 47708	

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 \$ <input type="text"/>
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 \$ <input type="text"/>
c Balance Due. 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 \$ <input type="text"/>

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 ► 

Title ► CPA

Date ► 08/13/10

Form 8868 (Rev. 4-2009)

MAILED 08-13-2010