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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 Open to Public Inspection

<u>A</u> F	or the	e 2009 cal	endar year, or tax year beginning and end	ding		
В	Check if applicable	Disease	C Name of organization		D Employer identific	cation number
	Addre chang Name	print or	GIRLS INCORPORATED OF SIOUX CITY		40.1	272022
늗	Ichang Initial	le l	Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Roo	om/suite	€ Telephone number	272032
	Termii ated	n- Specific Instruc-	252-1088			
	Amen		City or town, state or country, and ZIP + 4		G Gross receipts \$	1,974,644.
L	Application pendi		SIOUX CITY, IA 51103		H(a) Is this a group re	
	pontan	FNan	ne and address of principal officer LORI LAYHEE		for affiliates?	Yes X No
_			DAKOTA DUNES BOULEVARD, DAKOTA DUNES	, SD	H(b) Are all affiliates incl	
			us X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527			list (see instructions)
		te: ► N /	A Sociation		H(c) Group exemption	
	art I	Summa		L Year o	or formation: 1986 M	State of legal domicile: IA
			scribe the organization's mission or most significant activities PROMOT	TON	s DEVELOPME	TT OF COOD
(III) overnance	1		CTER AND SELF ESTEEM IN GIRLS	1011	& DEVELOPME	NI OF GOOD
ī.	ł		s box if the organization discontinued its operations or disposed	of more	than 25% of its net as	sets
≅	,		f voting members of the governing body (Part VI, line 1a)		3	31
			f independent voting members of the governing body (Part VI, line 1b)	•	4	31
ese∈			ber of employees (Part V, line 2a)		5	16
≫ <u>Ş</u>	6	Total num	ber of volunteers (estimate if necessary)		6	400
APK % & SACtivities	7a	Total gros	s unrelated business revenue from Part VIII, column (C), Inc. 12		7a	0.
₹`	b	Net unrela	ated business taxable income from form 990-1, line 34		7b	0.
Q			ons and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g)		Prior Year	Current Year
**			ons and grants (Part VIII, line 1h)		2,044,707.	386,122.
REVENUE D		-			82,934.	115,475.
			nt income (Part VIII, column (A), lines 3, 4, and 7d)		87,952.	<229,093.>
Ñ			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		116,209.	67,977.
	· · · · · · · · · · · · · · · · · · ·		nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,331,802.	340,481.
			d similar amounts paid (Part IX, column (A), lines 1-3)	24,490.	17,528.	
"	1		aid to or for members (Part IX, column (A), line 4) other compensation, employee benefits (Part IX, column (A), lines 5·10)	331,319.	372,574.	
Expenses			nal fundraising fees (Part IX, column (A), line 11e)	331,313.	3/2,3/4.	
ber			training expenses (Part IX, column (D), line 25) 52,331			
ũ			enses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u> </u>	146,168.	301,895.
			enses Add lines 13-17 (must equal Part IX, column (A), line 25)		501,977.	691,997.
	19		ess expenses Subtract line 18 from line 12		1,829,825.	<351,516.>
Net Assets or Fund Balances				Beg	unning of Current Year	End of Year
sets	20	Total asse	ets (Part X, line 16)		8,090,091.	8,958,667.
age age	21	Total liabil	ities (Part X, line 26)		593,055.	1,354,129.
뾽	22		s or fund balances Subtract line 21 from line 20		7,497,036.	7,604,538.
Pa	art II		ture Block			
Sig	n	M	Ities of perjury, I/declare that I have examined this return, including accompanying schedules and state declaration of preparer (other than officer) is based on all information of which preparer has any known and the second state of the second s	atements, a nowledge		e and belief, it is true, correct,
Her	е	'	•		Date	
			RI LAYHEE, PRESIDENT or print name and title			
Paid		Preparer's signature	M. chal TTung MAR US	8 2010	Prepare (see ins	r's identifying number tructions)
	oarer's Only	Firm's name yours if	HENDES CONNER & WILLIAMS PC		EIN ►	· · · · · · · · · · · · · · · · · · ·
-55	J13	self-employ- address, and	d DEBG			
		ZIP + 4	SIOUX CITY, IA 51101		Phone no. 🕨 ("	712)277-3931
May	the IF		s this return with the preparer shown above? (see instructions)			X Yes No
9320	01 02-0	4-10 LH	A For Privacy Act and Paperwork Reduction Act Notice, see the separ	rate inst	ructions.	Form 990 (2009)

	990 (2009) GIRLS I	NCORPORATED OF SIOUX CITY	42-1272032 Page 2
	t III Statement of Program Ser		
1	Briefly describe the organization's missic INSPIRING ALL GIRLS	TO BE STRONG, SMART AND BOLD.	
2	Did the organization undertake any signithe prior Form 990 or 990-EZ?	ficant program services during the year which were not listed	d on Yes X No
	If "Yes," describe these new services on		
3	If "Yes," describe these changes on Sch		
4	Section 501(c)(3) and 501(c)(4) organizate	ents for each of the organization's three largest program sen ions and section 4947(a)(1) trusts are required to report the and revenue, if any, for each program service reported	
4a	(Code:) (Expenses \$ SEE STATEMENT 1	511,179. including grants of \$) (Revenue \$
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$
4d	Other program services (Describe in Sch (Expenses \$ incl	edule O.) uding grants of \$) (Revenue \$	Y
	Total program service expenses ►\$	511,179.	<u> </u>

15260308 766058 31875001

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_	_X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the crganization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
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		<u> </u>
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21, 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		<u>X</u>
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	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable	11	X_	
•	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 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	х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15_		_X_
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		<u> </u>
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		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18_	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
20	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20_	990 (-
		LOUIN	J3U (ZUU9)

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	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_X_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			77
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
ne	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	00		v
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		<u>X</u>
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	21		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а		28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
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	34		<u> </u>
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	35		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	_36_		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			-
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		J.	
	Note. All Form 990 filers are required to complete Schedule O		<u>X</u> 990 (2	3000)
		rorm	33U (2	∠UU9)

Form 990 (2009)

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Page 6

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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	_		
b	Enter the number of voting members that are independent 1b 31			
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		<u>X</u>
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		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		_X_
þ	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:			
а	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		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
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	Х	
С	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?			
а	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	1		
	taxable entity during the year?	16a		<u>X</u>
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		_
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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	or		
	public inspection. Indicate how you make these available. Check all that apply			
40	Own website Another's website X Upon request	nd 6:	nesel	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	iiu tiria	nciai	
20	statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	•	
20	MANDY ENGEL-CARTIE - 712-252-1088	ition.		
	723 MYRTLE STREET SIOUX CITY, IA 51103			
		Form	990 (2009)

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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

Check this box if the organization did not compensate any current officer, director, or trustee

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours	(ch	(C) Position (check all that apply)		(D) (E) Reportable Reportable compensation		(F) Estimated amount of			
	per week	rdirector	Institutional trustee	Officer		Highest compensated E		from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
KATHY AALFS		x						0.	0.	0.
DARCELLA ALLEN		X						0.	0.	0.
SARILYE ATLAS		X						0.	0.	0.
KATIE BAIRD		X					-	0.	0.	
JACK BERNSTEIN										0.
TIM BROWN		X						0.	0.	0.
JAY CHESTERMAN		X						0.	0.	0.
ARLENE CURRY		X						0.	0.	0.
CHRIS DEMAN		X						0.	0.	0.
CAROLYN DOSLAND		х						0.	0.	0.
DEBI DURHAM		X						0.	0.	0.
MARILYN EASTMAN		X			•			0.	0.	0.
BILL FOULK		X						0.	0.	0.
PAUL GAUSMAN		X						0.	0.	
LYNN KAFKA		X						0.	0.	0.
LISA KALAHER		Х						0.	0.	
ELLEN KAPLAN		х						0.	0.	
		X					L	0.	0.	0.

Form 990 (2009)

Form **990** (2009)

Part VII Section A. Officers, Directors, Tru	stees, Key Er	mplo	yee	s, a	nd l	High	est	Compensated Employe	ees (continued)		
(A) Name and title	(B) Average hours	Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F Estim amou	ated
	per week	Individual trustee or director	Institutional frustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	oth comper from organi and re organiz	ner nsation the zation elated
ELISE KREISBERG		x						0.	0.		0.
FLORA LEE		x						0.	0.	-	0.
LISA LEOPOLD		x						0.	0.		0.
MICHELE LEWON		x						0.	0.		0.
CINDY MCLAUGHLIN		X						0.	0.		0.
CINDY MOSER		x						0.	0.		0.
KAMALI MUTHUKRISHNAN		x						0.	0.		0.
JOANN PETERSON		x						0.	0.		0.
JULIE REEDER		х						0.	0.		0.
SUE RODAWIG		Х						0.	0.		0.
1b Total						0.		0.			
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d at	oove	e) wł	o re	eceived more than \$100,	000 in reportable		0
3 Did the organization list any former officer,			, key	em em	plo	yee,	or h	nighest compensated em	ployee on	Ye	
line 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su	m of reportab	le co						•	he organization	3	X
and related organizations greater than \$150Did any person listed on line 1a receive or a	ccrue comper	nsatı	on f						ces rendered to	4	X
the organization? If "Yes," complete Sched	ule J for such _l	pers	<u>on</u>							5	<u> </u>
Complete this table for your five highest continuous the organization	mpensated inc	depe	ende	nt c	ontr	acto	rs t	hat received more than \$	\$100,000 of compens	ation from	າ
(A) Name and business	address							(B) Description of se	ervices C	(C) compensa	tion
								•			
								<u> </u>	,		
2 Total number of independent contractors (i \$100,000 in compensation from the organization from the organizat	_	ot lir	nite	d to		se li: 0	sted	d above) who received mo	ore than		

932008 02-04-10

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Da				DEATED OF	SIOUX CIT	<u> I</u>	42-127	2032 Page 9
	rt VII	II Statement of Reve	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
tt st	1 a	Federated campaigns	1a					
e ga	b	Membership dues	1b					
am, ts	С	Fundraising events	1c					
<u>a</u> g:	d	Related organizations	1d					
S.E		Government grants (contribu						
e E	f	All other contributions, gifts, grain						
들됨		similar amounts not included abo	ove 1f 3	386,122.				
Contributions, gifts, grants and other similar amounts	g		s 1a-1f \$	32,838.				
0 8	<u>h</u>	Total. Add lines 1a-1f			386,122.			
				Business Code	5 0 005			
ဋ		MEMBERSHIP DUES	S AND AS	900099	70,287.			<u> </u>
le S	b			900099	45,188.	45,188.		
Program Service Revenue	c		······································			 -		
Re	d	· · · · · · · · · · · · · · · · · · ·				<u> </u>		
<u>و</u> ا	e	All all and an area area.				-		
_	Ţ	All other program service revolution All other program service revolutions. Add lines 2a-2f	enue		115,475.		-	
-	<u>9</u>	Investment income (including	duidonde inter		113,473.			
	3	other similar amounts)	j dividends, inter	est, and	35,958.			35,958.
	4	Income from investment of ta	ax-exempt bond	nroceeds	33,330.			33,330.
	5	Royalties	ix exempt bond	proceeds			·	
	J	Noyanies	(i) Real	(ii) Personal				
	6 a	Gross Rents	(9 7 10 4.1	(ii) i ciocinai]		
	-	Less rental expenses						
	c	5 ()						
		Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		117,821.				
	b	Less: cost or other basis						
		and sales expenses		213,119.				
	С	Gain or (loss)	<169753.	×95,298.	>			
	d	Net gain or (loss)			<265,051.	> <95,298.	>	<169,753.
Other Revenue	8 a	Gross income from fundraisir including \$	-					
ě		contributions reported on line	e 1c) See					
P		Part IV, line 18	а	, 				
툂	b	Less: direct expenses	t	14,288.				
	С	Net income or (loss) from fun	draising events		67,977.	67,977.		
ĺ	9 a	Gross income from gaming a	ctivities See					
		Part IV, line 19	а	1				
1		Less direct expenses	t	·				
		Net income or (loss) from gar	=	> _				
	10 a	Gross sales of inventory, less	s returns					
		and allowances	a .					
		Less cost of goods sold	t .	`				
H	<u>c</u>	Net income or (loss) from sale		In.		<u>-</u>		
⊢	44 -	Miscellaneous Reveni		Business Code				
	11 a							
	b					 		
	ن بہ	: I All other revenue					 	+
	u A	Total. Add lines 11a-11d				-		
	12	Total revenue See instructions.			340,481.	88,154.	n	.<133,795.>
932009	•					,	<u></u>	Form 990 (2009)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

			(B)	ete columns (B), (C), and (C)	 .
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	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	17,528.	17,528.		
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	318,781.	226,377.	47,615.	44,789.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	10 605		4 000	
9	Other employee benefits	12,625.	7,705.	4,920.	6.000
10	Payroll taxes	41,168.	28,571.	6,299.	6,298.
11	Fees for services (non-employees)				
а	Management				
	Legal	C 211		C 211	
	Accounting	6,311.		6,311.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	-			
g					
12	Advertising and promotion				
13	Office expenses Information technology				
14	Royalties				
15 16	Occupancy	23,807.	21,165.	2,642.	
17	Travel	1,440.	1,440.	2,042.	
18	Payments of travel or entertainment expenses	1,440.	1,440.		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,922.	2,528.	2,394.	
20	Interest	38,255.	34,008.	4,247.	
21	Payments to affiliates	30,2331	02,0001		
22	Depreciation, depletion, and amortization	111,640.	99,248.	12,392.	
23	Insurance	33,102.	29,427.	3,675.	
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.)		•		
а	CUDDI TEC	26,714.	21,133.	5,539.	42.
b	BAD DEBT	10,352.		10,352.	
С	TRUSTEES FEES	10,183.		10,183.	
d	FIELD TRIPS	7,835.	7,835.		
е	DUES	6,580.		6,580.	
f	All other expenses	20,754.	14,214.	5,338.	1,202.
25	Total functional expenses Add lines 1 through 24f	691,997.	511,179.	128,487.	52,331.
26	Joint costs Check here 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				

Cash - non-interest-bearing 4, 404	(B) End of year 25,854. 283,822. 1,930,282. 47,355.
Pledges and grants receivable, net 3 Pledges and grants receivable, net 3 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(n)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L Notes and loans receivable, net Notes and loans receivable, net Inventiones for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation 10b 137,313. 2,960,540. 10c 11 Investments - publicity traded securities Investments - other securities See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties	283,822. 1,930,282.
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4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part IV of Schedule D b Less accumulated depreciation 11 Investments - publicity traded securities 12 Investments - publicity traded securities 13 Intangible assets 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties	
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13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Intangible assets 25 Intangible assets 26 Intangible assets 27 Intangible assets 28 Intangible assets 28 Intangible assets 29 Intangible assets 29 Intangible assets 29 Intangible assets 20 Intangible assets 21 Intangible assets 22 Intangible assets 23 Intangible assets 24 Intangible assets 25 Intangible assets 26 Intangible assets 27 Intangible assets 28 Intangible assets 29 Intangible assets 29 Intangible assets 20 Intangible assets 21 Intangible assets 22 Intangible assets 23 Intangible assets 29 Intangible assets 20 Intangible assets 20 Intangible assets 20 Intangible assets 21 Intangible assets 22 Intangible assets 23 Intangible assets 24 Intangible assets 25 Intangible assets 26 Intangible assets 27 Intangible assets 28 Intangible assets 29 Intangible assets 20 Intangible assets 29 Intangible assets 20 Intangible assets 21 Intangible assets 22 Intangible assets 23 Intangible assets 29 Intangible assets 20 Intangible assets 20 Intangible assets 20 Intangible assets 21 Inta	
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15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 26 Secured mortgages and notes payable to unrelated third parties	
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18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 29 19 20 21 21 22 22 23	<u>8,958,667.</u>
19 Deferred revenue 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	25,715.
20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23	12 000
21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 22 Secured mortgages and notes payable to unrelated third parties 23	12,800.
Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 22 23	1,315,614.
22 23 Secured mortgages and notes payable to unrelated third parties 23	
22 23 Secured mortgages and notes payable to unrelated third parties 23	
23 Secured mortgages and notes payable to unrelated third parties 23	
1 24 CHSCUICU HOLES AND IDAIS PAYADIE LO UNICIALEU LINIU DANIES	
25 Other liabilities Complete Part X of Schedule D	
26 Total liabilities. Add lines 17 through 25 593, 055. 26	1,354,129.
Organizations that follow SFAS 117, check here X and complete	
27 Unrestricted net assets 2,723,771. 27	4,397,963.
28 Temporarily restricted net assets 3,928,138. 28	2,361,448.
Permanently restricted net assets 845,127. 29	845,127.
Organizations that do not follow SFAS 117, check here	
้อ complete lines 30 through 34.	
30 Capital stock or trust principal, or current funds	
31 Paid in or capital surplus, or land, building, or equipment fund	
lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117, check here Organizations that do not follow SFAS 117, check here The property of the p	
33 Total fiet assets of fulfid balances 1, 497, 000 as	7,604,538.
34 Total liabilities and net assets/fund balances 8,090,091. 34	8,958,667.

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			٠,,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u> </u>
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	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			ļ
	consolidated basis, separate basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			ļ
	Act and OMB Circular A·133?	3a		Х
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	3b		
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization **Employer identification number** GIRLS INCORPORATED OF SIOUX CITY 42-1272032 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 c Type III · Functionally integrated **b** Type II d ____ Type III - Other a ____ Type I 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) 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 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, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (vii) Amount of (ii) EIN organization in col. organization in col. (i) listed in your organization in col. organization support (i) organized in the U.S.? (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No No Yes

932021 02-08-10

Form 990 or 990-EZ.

Total

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990 EZ) 2009 GIRLS INCORPORATED OF SIOUX CITY 42-1272032 Page 2 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 (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 4273698. 2044707. 386,082. include any "unusual grants") 336,866. 324,804. 7366157. 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 324,804. 4273698. 2044707. 386,082. 336,866. 7366157. 4 Total. Add lines 1 through 3 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) 1912416. 5453741. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006(d) 2008(e) 2009 (c) 2007(f) Total 336,866. 324,804. 4273698. 2044707. 7 Amounts from line 4 386,082. 7366157. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 26,872. 34,360. 42,458. 56,350. 35,958. 195,998. 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) 7562155. 11 Total support. Add lines 7 through 10 526,649. 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 Section C. Computation of Public Support Percentage 72.12 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 71.45 % 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 \mathbf{x} stop here. The organization qualifies as a publicly supported organization 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 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

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

Schedule A (Form 990 or 990-EZ) 2009

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

Pa	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.)									
Se	Section A. Public Support									
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	ınclude any "unusual grants ")									
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									
3	Gross receipts from activities that are not an unrelated trade or bus-									
_	iness under section 513				 					
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
6	Total. Add lines 1 through 5									
	Amounts included on lines 1, 2, and 3 received from disqualified persons									
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year									
c	Add lines 7a and 7b									
8	Public support (Subtract line 7c from line 6)									
Sec	ction B. Total Support				_					
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
9	Amounts from line 6									
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
b	Unrelated business taxable income									
	(less section 511 taxes) from businesses acquired after June 30, 1975									
_	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on									
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)									
	First five years. If the Form 990 is for	r the organization's	s first second the	rd fourth or fifth to	av vear as a soctio	n 501/c)/3\ organi	zation.			
1-7	check this box and stop here	ine organization	a mat, accond, thir	a, rourin, or min t	an year as a sectio	ni oo iyoyo) organiz	.adon,			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			- · · - · · · ·				
	Public support percentage for 2009 (column (fl)		15	%			
	Public support percentage from 2008		•	30.011.11 (1))		16				
	ction D. Computation of Inves	•				, 10				
	Investment income percentage for 20					17	%			
18	Investment income percentage from					18	<u> </u>			
	33 1/3% support tests - 2009. If the	•		on line 14, and line	e 15 is more than :	·				
	more than 33 1/3%, check this box a						▶□			
b	33 1/3% support tests - 2008. If the						and			
-	line 18 is not more than 33 1/3%, che	-				•	▶□			
20	Private foundation. If the organization				his box and see in	structions	0 01 000 57\ 0000			
					SCF	ieuule A (FORM 99	0 or 990-EZ) 2009			

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.

2009
Open to Public Inspection

Name of the organization

Employer identification number

	GIRLS INCORPORATED		42-1272032
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	ne 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)		
	Aggregate value at end of year		
4		turn that the second hold in demand of incident	undo
5	Did the organization inform all donors and donor advisors in		
_	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con-	
Par	impermissible private benefit?		Yes No
			v, line /
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e g , recreation or p		
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure 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, re	eleased, extinguished, or terminated by the orga	anization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic 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) abo	ve 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	tion easements in its revenue and expense stat	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the c	organization's accounting for
	conservation easements		
Paı	t III Organizations Maintaining Collections of		r Similar Assets.
	Complete if the organization answered "Yes" to Form	1990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and baland	ce sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public s	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 sl	heet works of art, historical treasures,
	or other similar assets held for public exhibition, education,	or research in furtherance of public service, pro	ovide 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 tre	easures, or other similar assets for financial gair	
	the following amounts required to be reported under SFAS	116 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$
			
LHA	For Privacy Act and Paperwork Reduction Act Notice, se	e the Instructions for Form 990.	Schedule D (Form 990) 2009

932051 02-01-10

	edule D (Form 990) 2009 GIRLS I		27203						
Pai	rt III Organizations Maintaining C	Collections of Art, I	Historical Tre	easures, c	or Other S	imilar Ass	sets (cont	ınued)	
3	Using the organization's acquisition, accessi	on, and other records, c	heck any of the	following tha	it are a signif	icant use of I	ts collectio	n item	s
	(check all that apply)								
а	Public exhibition	d [Loan or exch	nange progra	ams				
b	Scholarly research	e [Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain ho	ow they further th	ne organizati	on's exempt	purpose in F	art XIV		
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be mi						Yes		No
Paı	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		f organization an	swered "Yes	s" to Form 99	90, Part IV, Iır	ne 9, or		
12	Is the organization an agent, trustee, custod		for contribution	e or other as	eate not incl	uded			
14	on Form 990, Part X?	ian or other intermediary	, ioi contribution	o or other as	isets flot file	uueu [Yes		No
h	If "Yes," explain the arrangement in Part XIV	and complete the follow	una tabla			· ·	163) NO
D	ii res, explain the attailgement in Fart XIV	and complete the follow	ang table.		Γ				
_	Doggana halanaa				-	4-	Amoun		
	3 3				-	1c			
a	Additions during the year				-	1d			
e	Distributions during the year					1e			
7-	Ending balance	000 David V June 010			L	1f	7,,,,		1
	Did the organization include an amount on F		,			L	Yes		No
	rt V Endowment Funds. Complete in		arad "Vaa" ta Far	000 Dad	N/ lime 10				
га	Littowinent Funds. Complete		1			· · · · · · · · · · · · · · · · · · ·			
_			(b) Prior year	(c) Two year	rs dack (d)	Three years bad	ck (e) Four	years	<u>Dack</u>
1a	Beginning of year balance	1,270,492.1,							
b	Contributions		105,600.						
С	Net investment earnings, gains, and losses	325,223. <	460,866.	>					
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	39,575.	73,967.						
f	Administrative expenses								
g	•	<u>1,557,290.1,</u>	<u> 270,492.</u>						
2	Provide the estimated percentage of the year								
а	Board designated or quasi-endowment	<u> 17.00</u> %	•						
b	Permanent endowment ► 54.27	%							
С	Term endowment ▶28.73	%							
За	Are there endowment funds not in the posse	ession of the organization	n that are held ar	nd administe	red for the o	rganization	г		
	by							Yes	No
	(i) unrelated organizations						3a(i)		<u> </u>
	(ii) related organizations						3a(ii)	\longrightarrow	<u> </u>
þ	If "Yes" to 3a(ii), are the related organizations	s listed as required on Se	chedule R?				3b		
4	Describe in Part XIV the intended uses of the								
Pai	rt VI Investments - Land, Building	gs, and Equipment	See Form 990,	Part X, line	10				
	Description of investment	(a) Cost or other	r (b) Cost	or other	(c) Accur		(d) Boo	k value	е
		basis (investment	t) basis (other)	deprec	ation			
1a	Land								
b	Buildings		4,98	0,845.	74	1,499.	4,90	6,3	46.
C	Leasehold improvements								
d	Equipment		25	6,322.	6:	2,612.	19	3,7	10.
е	Other			1,000.		202.		0,7	
Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part X, c	column (B), line 1	0(c))		•	5,11		

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 GIRLS INCOR	PORATED OF SI	OUX CITY	42-1272032 Page 3
Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation. nd-of-year market value
Financial derivatives	_		
Closely-held equity interests	_		
Other			
CD'S_	37,176.	END-OF-YEAR	MARKET VALUE
CASH & EQUIVALENTS	41,213.	END-OF-YEAR	MARKET VALUE
U. S. GOVERNMENT	124,194.	END-OF-YEAR	MARKET VALUE
COMMON STOCK	1,354,707.		MARKET VALUE
		-	
		-	
		*	
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)	1,557,290.		
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 13	,	
(a) Description of investment type	(b) Book value		ethod of valuation. nd-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line	15 Description		(b) Book value
(a)	Description		(b) Book value
	· · · · · ·		
		·	
- 1 Table - 1 1 1 1 1 1 1 1			
Total. (Column (b) must equal Form 990, Part X, col (B) line			
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability	line 25	(h) Amount	
· · · · · · · · · · · · · · · · · · ·		(b) Amount	
Federal income taxes			
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 foot		financial statements that r	eports the organization's liability for
uncertain tax positions under FIN 48 932053 02-01-10			Schedule D (Form 990) 2009

18

	dule D (Form 990) 2009 GIRLS INCORPORATED OF SIOUX					72032	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audite	ed Finanç	cial State	ements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			<u>.481.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	- .		<u>,997.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			<u>.516.</u> ;
4	Net unrealized gains (losses) on investments			4		459	018.
5	Donated services and use of facilities			_5			
6	Investment expenses			6			
7	Prior period adjustments		ļ	7			
8	Other (Describe in Part XIV)			8		450	
9	Total adjustments (net) Add lines 4 through 8			9			018.
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statement		th Reven	10 Per F	Return	107	502.
1	Total revenue, gains, and other support per audited financial statements	110 111	tir ric ven	ide per i	1	799	499.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				-	700	, 1
a	Net unrealized gains on investments	2a	45	9,018.			
b	Donated services and use of facilities	2b		3,0200	ή		
c	Recoveries of prior year grants	2c		_	1		
d	Other (Describe in Part XIV)	2d			1		
e	Add lines 2a through 2d				2e	459	018.
3	Subtract line 2e from line 1				3	340	481.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b			1		
С	Add lines 4a and 4b				4c		0.
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	340	481.
Par	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expe	nses per	Return		
1	Total expenses and losses per audited financial statements				1	691	<u>997.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25						
а	Donated services and use of facilities	2a			↓		
b	Prior year adjustments	2b			4		
С	Other losses	2c			↓		
d	Other (Describe in Part XIV)	2d			-		_
е	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1				3	691,	997.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			-		
	Other (Describe in Part XIV)	4b			1 .		0
-	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				4c	691	997.
	t XIV Supplemental Information				5	031	991.
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1	a and 4 Par	t IV lines 1	h and 2h i	Part V line	4· Part
	2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comple						, r arc
	T V, LINE 4: EARNINGS FROM THE ENDOWMENT F			•			
<u>VAF</u>	IETY OF PURPOSES.			***			
			_	.			
mitt	ODCANICAMION TO EVENDE EDON BEDERAL AND O	im a mr				D	
THE	ORGANIZATION IS EXEMPT FROM FEDERAL AND S	TATE	i INCO	ME TAX	KES UN.	DER	
SEC	TION 501(C)(3) OF THE INTERNAL REVENUE COD)E. <i>F</i>	AS SUC	H, INC	COME E.	ARNED	IN
THE	PERFORMANCE OF ITS EXEMPT PURPOSE IS NOT	SUBJ	JECT TO	O INCO	ME TA	X AND	
ACC	CORDINGLY, THE FINANCIAL STATEMENTS DO NOT	REFI	LECT A	PROVI	SION	FOR	
INC	OME TAXES.						
					Schedule	D (Form 9	90) 2009

Schedule D (Form 990) 2009 GIRLS INCORPORATED OF SIOUX CITY 42-1272032 Page 5 Part XIV Supplemental Information (continued)
THE ORGANIZATION REPORTS ACCRUED INTEREST RELATED TO UNRECOGNIZED TAX
BENEFITS AS INTEREST EXPENSE AND PENALTIES AS INCOME TAX EXPENSE. THERE
ARE NO MATERIAL UNCERTAIN TAX POSITIONS REPORTED ON THE ORGANIZATION'S
FINANCIAL STATEMENTS. THE ORGANIZATION IS NO LONGER SUBJECT TO
EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS PRIOR TO DECEMBER
31, 2006.

SCHEDÜLE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.

2009

Open To Public Inspection

Name of the organization

Employer identification number

GIRLS I	NCORPORATED OF SIO	UX	CIT	Y	42-1272	032
Part I Fundraising Activities required to complete this par	. Complete if the organization answer	ered "\	es" to	o Form 990, Part IV, I	line 17 Form 990-EZ	filers are not
 Indicate whether the organization rais a X Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (inclui	non-g gover alsing ding o ional f	overnment grants rnment grants events fficers, directors, trus fundraising services?	stees or Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
						<u>.</u>
					_	
		<u> </u>				
Total 3 List all states in which the organization	on is registered or licensed to solicit f	unds	or has	been notified it is ex	empt from registration	on or licensing
					-	

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Schedule G (Form 990 or 990-EZ) 2009

Sch P a	edu ert l		e organization answered	"Yes" to Form 990, Par		127203 more than \$	12 P	aqe 2 0
 -		on Form 990-EZ, line 6a. List events with	gross receipts greater the control of the control o	(b) Event #2 AUCTION FUNDRAISER (event type)	(c) Other events NONE (total number)	(d) Tota (add col (
Revenue	1	Gross receipts	32,761.	49,504.		8	32,2	65.
	2	Less Charitable contributions						
	3	Gross income (line 1 minus line 2)	32,761.	49,504.		8	32,2	65.
	4	Cash prizes						•
ses	5	Noncash prizes						
Expens	6	Rent/facility costs .						
Direct Expenses	7	Food and beverages						
	8	Entertainment						
	9	Other direct expenses	11,312.	2,976.			4,2	
	i	Direct expense summary Add lines 4 through	• •				4,2	
Pa	irt I	Net income summary Combine line 3, colum II Gaming. Complete if the organization		990 Part IV line 19 or i	reported more than	<u> </u>	7,9	77.
		\$15,000 on Form 990-EZ, line 6a	answered res to rolli	1550, 1 &11 17, 11116 15, 011	eported more triair			
		\$10,000 0111 01111 000 EZ, III10 0a		(b) Pull tabs/instant		(d) Total g	amına	(add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) thro		
eve				-				•
<u>~</u>	1	Gross revenue						
ses	2	Cash prizes						
Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	<u> </u>	other direct expenses	Yes %	Yes %	Yes %			
	6	Volunteer labor	No	No	No			
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	()
	8	Net gaming income summary Combine line:	I. column (d), and line 7		•			
							Yes	No
9	Ent	ter the state(s) in which the organization opera	tes gaming activities.					
a	ls t	he organization licensed to operate gaming ac	ctivities in each of these	states?		9a	ـــــــ	
t	If "	No," explain						
	_							
10-	W/e	ere any of the organization's gaming licenses re	avoked suspended or to	erminated during the tax s	vear?	100		
		Yes," explain	ovoked, suspended of te	aminated during the tax	year ·	10a		
				.				
11	Do	es the organization operate gaming activities v	with nonmembers?			11		

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

administer charitable gaming?

Schedule G (Form 990 or 990-EZ) 2009 GIRLS INCORPORATED OF SIOUX CITY 4	2-1272)32 F	'age 3
•		Yes	
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	%		
b An outside facility	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name			
Address >			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	1	5a	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	t		
of gaming revenue retained by the third party ▶\$			
c If "Yes," enter name and address of the third party			
Name			
Address >			
16 Gaming manager information			
Name			
Gaming manager compensation > \$			
Description of services provided ▶			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		i	
retain the state gaming license?	11	7a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	the		

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE

OMB No 1545-0047

(Form 990)			Grants and Government	Grants and Other Assistance to Organizations, Sovernments, and Individuals in the United States	e to Organizations in the United Sta	s, tes		2009
Department of the Treasury Internal Revenue Service		Compl	Complete if the organizatio	on answered "Yes" on Fo Attach to Form 990.	" on Form 990, Pa m 990.	organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.		Open to Public Inspection
Name of the organization	GIRLS	INCORPORATED	OF SIOUX C	CITY			Ш	Employer identification numbe 42-1272032
Part I General In	General Information on Grants and Assistance	nd Assistance						
1 Does the organiz	Does the organization maintain records to substantiate the amount	to substantiate the		s or assistance, the	grantees' eligibilit	y for the grants or ass	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	;;
criteria used to a	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	stance? ocedures for monit	oring the use of grant	t funds in the Unite	d States			X Yes
art II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	Organizations in th	e United States.	Complete if the orga	anization answered "Y	es" to Form 990, Part IV	, line 21, for any
recipient ti	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	\$5,000 Check this	box if no one recipie	nt received more th	nan \$5,000 Use Pa	art IV and Schedule I-1	(Form 990) if additional	space is needed
1 (a) Name and ac	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	of grant ance
2 Enter total numb3 Enter total numb	Enter total number of section 501(c)(3) and government organization Enter total number of other organizations	nd government org s	ganizations					A A
LHA For Privacy Ac	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 200

Schedule I (Form 990) 2009

(f) Description of non-cash assistance AFTER SCHOOL/SUMMER FOOD PROGRAM PROVIDED FOR PARTICIPANTS. (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 17,528,BOOK (d) Amount of non-cash assistance 0 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance FOOD SUPPLIES Part III

Schedule I (Form 990) 2009

25

932 102 02-02-10

Page 2

42-1272032

GIRLS INCORPORATED OF SIOUX CITY

Schedule I (Form 990) 2009

SCHEDULE J-2

(Form 990) Department of the Treasury Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. See the Instructions for Form 990.

Inspection

OMB No 1545-0047

Name of the Organization

Employer Identification number

GIRLS INC									42-127	
Part I Continuation of Officers, Di		rust	(C) (D)							
(A) Name and title	(B) Average				ری ition	,		Reportable	(E) Reportable	(F) Estimated
name and mo	hours	(cl			that		ly)	compensation	compensation	amount of
	per							from	from related	other
	week					loyee		the	organizations	compensation
		direct				E .		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	•	tee or	ustee			ensate		(** = *********************************		and related
		al trus	onal tr		ployee	E CS				organizations
		Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			
YOURNA ROSE		1	=	P	×	=	Œ			
TOOKNA ROSE		x						0.	0.	0.
REGINA ROTH								<u> </u>		
		Х						0.	0.	0.
STEPHANIE SAMENUS										
WARTA GURRWAY		X	_	_	<u> </u>			0.	0.	0.
MARIA SHERMAN		x						0.	0.	0.
LORI LAYHEE				-				0.		<u>.</u>
		х		х				0.	0.	0.
JULIAN LEOPOLD										
		X		X				0.	0.	0.
SCOTT SEHNERT										•
CINDY HAUGEN		X		Х				0.	0.	0.
CINDI HAUGEN		x		x				0.	0.	0.
		41								•
				L						
				-	_					
		-			_					
				_						_
					-	-				
		1		l		l	i	1		

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

Schedule J-2 (Form 990) 2009

SCHEDULEK

Department of the Treasury Internal Revenue Service

Part I

(Form 990)

 Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).
 Attach to Form 990. See separate instructions. Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

Open to Public

(h) On behalf S Employer identification number of issuer × ž ŝ Yes 42-1272032 Yes (g) Defeased Yes ŝ × Yes ŝ ŝ FINANCE ACOUISITION AND (f) Description of purpose ۵ ۵ Yes Yes CONSTRUCTION ş ŝ O O CONTINUATIONS Yes Yes ,200,000 (e) Issue price ٩ ŝ 4 8 8 11/01/08 (d) Date issued (F) Yes Yes O FOR COLUMN ,975, 2,019,975 INCORPORATED OF SIOUX CITY å ŝ × × 2009 (c) CUSIP# 019, NONE Yes a Yes × × SEE SCHEDULE (b) Issuer EIN Does the organization maintain adequate books and records Was the organization a partner in a partnership, or a member Were the bonds issued as part of a current refunding issue? of an LLC, which owned property financed by tax-exempt Were the bonds issued as part of an advance refunding Has the final allocation of proceeds been made? Proceeds in refunding or defeasance escrows Working capital expenditures from proceeds to support the final allocation of proceeds? Capital expenditures from proceeds GIRLS Gross proceeds in reserve funds Year of substantial completion Issuance costs from proceeds (a) Issuer name COUNTY Part III Private Business Use Other unspent proceeds Total proceeds of Issue Name of the organization Bond Issues A PLYMOUTH Proceeds bonds?

Part II

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S 9 822121 02-03-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Are there any lease arrangements with respect to the financed

N

property which may result in private business use?

Schedule K (Form 990) 2009

Schedule K (Form 990) 2009 GIRLS INCORPORATED Part III Private Business Use (Continued)	OF	SIOUX CITY	ITY		4.2-	42-12/2032				
		 	B			ပ		D	E	
3a Are there any management or service contracts with respect	Yes	No	Yes	ON	Yes	No	Yes	No	Yes	No
to the financed property which may result in private business use?										
b Are there any research agreements with respect to the										
financed property which may result in private business use?										
c Does the organization routinely engage bond counsel or										
other outside counsel to review any management or service										
contracts or research agreements relating to the financed										
property?					ļ					
4 Enter the percentage of financed property used in a private										
business use by entitles other than a section 501(c)(3)										
organization or a state or local government		%		%		%		%		%
5 Enter the percentage of financed property used in a private										
business use as a result of unrelated trade or business activity										
carried on by your organization, another section 501(c)(3)										
organization, or a state or local government		%		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%		%
7 Has the organization adopted management practices and										
procedures to ensure the post-issuance compliance of its										
tax-exempt bond liabilities?										
Part IV Arbitrage										
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and		_	8	~		S		O	Ш	
Penalty in Lieu of Arbitrage Rebate, been filed with respect	Yes	S _N	Yes	No	Yes	No	Yes	No	Yes	No
to the bond issue?										
2 Is the bond issue a variable rate issue?	3				,					
3a Has the organization or the governmental issuer identified										
a hedge with respect to the bond issue on its books and										
records?										
h Name of provider										
r Term of hedre										
4a were gross proceeds invested in a Gros										

Schedule K (Form 990) 2009

d Was the regulatory safe harbor for establishing the fair market

5 Were any gross proceeds invested beyond an available

value of the GIC satisfied?

b Name of provider c Term of GIC

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

GIRLS INCORPORATED OF SIOUX CITY

Employer identification number

	GIRLS INCORP	ORATED	OF SIO	UX CITY		42-	1272	032	
Pai	t I Types of Property					· <u>-</u>			
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g		(d) Method of de revenu		g	-
1	Art · Works of art								
2	Art · Historical treasures		-		-		-		
3	Art · Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded		_						
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests		_						
12	Securities - Miscellaneous			*					
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts						-		
23	Scientific specimens								
24	Archeological artifacts						_		
25	Other \blacktriangleright (PROPERTY, PLA)	X	4		ESTIM	ATED CO	ST		
26	Other ► (<u>CLOTHING</u> , <u>BOO</u>)	X	14	7,837.	ESTIM	ATED CO	ST		
27	Other ()								
28	Other ()			<u> </u>					
29	Number of Forms 8283 received by the organ	zation durin	g the tax year	for contributions					
	for which the organization completed Form 82	283, Part IV,	Donee Acknov	/ledgment 29_	<u> </u>				
								Yes	No
30a	During the year, did the organization receive b	y contribution	on any propert	y reported in Part I, lines 1-2	8 that it m	ust hold for			
	at least three years from the date of the initial	contribution	, and which is	not required to be used for e	exempt pu	rposes for		1	
	the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that re	equires the rev	riew of any non-standard cor	ntributions	?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to	solicit, process, or sell none	ash				_
	contributions?						32a		X
b	If "Yes," describe in Part II								
33	If the organization did not report revenues in o	column (c) fo	r a type of pro	perty for which column (a) is	checked,				
	describe in Part II								
I HA	For Privacy Act and Panerwork Reduction	Act Notice	see the Inch	ructions for Form 990		Schedule	M (Forn	n aan	2000

SCHEDULE O

(Form 990)

Department of the Treasury

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 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number GIRLS INCORPORATED OF SIOUX CITY 42-1272032 FORM 990, PART VI, SECTION B, LINE 11: IT IS AVAILABLE FOR REVIEW EITHER ON-LINE OR IN PAPER FORM FORM 990, PART VI, SECTION B, LINE 12C: TRANSACTIONS THAT ARE POTENTIAL CONFLICTS OF INTEREST ARE DISCUSSED IN EXECUTIVE COMMITTEE MEETINGS. BOARD AND STAFF MEMBERS ARE COVERED UNDER THE POLICY. THE EXECUTIVE DIRECTOR DETERMINES WHICH TRANSACTIONS MAY POSE A POTENTIAL CONFLICT. PERSONS WITH CONFLICTS MAY BE ASKED TO RESIGN OR WITHDRAW THE POTENTIAL CONFLICT. FORM 990, PART VI, SECTION B, LINE 15A: APPROVED BY THE BOARD OF DIRECTORS FORM 990, PART VI, SECTION C, LINE 19: ALL ITEMS ARE AVAILABLE UPON REQUEST. NO CHANGES SCHEDULE G, PART I, LINE 2B, COLUMN (V): PAYMENTS WERE FOR POSTATGE AND SUPPLIES FOR CHRISTMAS HOLIDAY MAILING. SCHEDULE K, PART I, BOND ISSUES: (A) ISSUER NAME: PLYMOUTH COUNTY (F) DESCRIPTION OF PURPOSE: FINANCE ACQUISITION, CONSTRUCTION, AND FURNISHING OF NEW BUILDING

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

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FOOTNOTES

STATEMENT

PART III STATEMENT OF SERVICE ACCOMPLISHMENTS

PROMOTION AND DEVELOPMENT OF GOOD CHARACTER AND SELF ESTEEM IN GIRLS THROUGH SERVICES GEARED TOWARD PROVIDING BEHAVIOR GUIDANCE AND SUPPORT, PROMOTION OF HEALTH, SOCIAL, EDUCATIONAL, AND VOCATIONAL DEVELOPMENT. PROGRAM SERVICES ARE CURRENTLY PROVIDED TO OVER 500 GIRLS IN THE LOCAL COMMUNITY.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No 1545-0172

Sequence No 67

Business or activity to which this form relates Identifying number

990

	RLS INCORPORATED OF			FORM 9				
Pa	t Election To Expense Certain Prope	erty Under Section 1	79 Note: If you have	any listed pro	perty, c	omplete Part	V before y	ou complete Part I
1 1	Maximum amount See the instruction	s for a higher limit	for certain business	es			1	250,000.
2 1	otal cost of section 179 property place	ced in service (see	instructions)				2	
3 1	hreshold cost of section 179 property	y before reduction	ın limitation				3	800,000.
4 F	Reduction in limitation Subtract line 3	from line 2 If zero	or less, enter -0-				4	
5 c	ollar limitation for tax year Subtract line 4 from lin	ne 1 If zero or less, enter	-0- If married filing separa	ately, see instructi	ions		5	
6	(a) Description of p			st (business use	1	(c) Elected	cost	-
					ì			į
		•						
		-						-
7 1	usted property Enter the amount fron	n line 20			7			1
	• • •		un anluma (a) lunas	Fond 7			10	1
	otal elected cost of section 179 prop	•	s in column (c), lines	6 and 7			8	
	entative deduction Enter the smaller		000 5 4500				9	
	Carryover of disallowed deduction from	-			_		10	
	Business income limitation. Enter the s		•		ne 5		11	
	Section 179 expense deduction Add I	•		inan line 11			12	
	Carryover of disallowed deduction to 2			•	13	_		<u> </u>
	: Do not use Part II or Part III below fo					 		
	TII Special Depreciation Allows							ı
14 5	Special depreciation allowance for qua	alified property (otl	ner than listed prope	erty) placed ir	service	during		
	ne tax year						_ 14	
15 F	Property subject to section 168(f)(1) el	lection					15	
_	Other depreciation (including ACRS)						16	102,906.
Pai	t III MACRS Depreciation (Do no	ot include listed pi	operty) (See instru	ctions)				
			Section A	<u> </u>				
17 N	MACRS deductions for assets placed	in service in tax ye	ears beginning befor	2009			17	
19 .4				C 2005			_	L
10 1	you are electing to group any assets placed in ser		into one or more general a	sset accounts, ch		▶ □		·
io II		s Placed in Service	• •	sset accounts, ch		eral Deprecia		em
io II			into one or more general a	Year Using to the true (d) F		eral Deprecia		em (g) Depreciation deduction
	Section B - Assets	(b) Month and year placed	te During 2009 Tax (c) Basis for deprecia (business/investmen)	Year Using to the true (d) F	the Gene Recovery	1	tion Syst	
19a	Section B - Assets (a) Classification of property	(b) Month and year placed	te During 2009 Tax (c) Basis for deprecia (business/investmen)	Year Using to the true (d) F	the Gene Recovery	1	tion Syst	
19a b	Section B - Assets (a) Classification of property 3-year property	(b) Month and year placed	te During 2009 Tax (c) Basis for deprecia (business/investmen)	Year Using to the true (d) F	the Gene Recovery	1	tion Syst	
19a b c	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property	(b) Month and year placed	te During 2009 Tax (c) Basis for deprecia (business/investmen)	Year Using to the true (d) F	the Gene Recovery	1	tion Syst	
19a b c	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property	(b) Month and year placed	te During 2009 Tax (c) Basis for deprecia (business/investmen)	Year Using to the true (d) F	the Gene Recovery	1	tion Syst	
19a b c d	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	(b) Month and year placed	te During 2009 Tax (c) Basis for deprecia (business/investmen)	Year Using to the true (d) F	the Gene Recovery	1	tion Syst	
19a b c d e	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	(b) Month and year placed	te During 2009 Tax (c) Basis for deprecia (business/investmen)	Year Using 1 tition Luse ns) (d) F	the Gene Recovery period	1	ition Syst	
19a b c d	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	(b) Month and year placed	te During 2009 Tax (c) Basis for deprecia (business/investmen)	year Using 1 tition Luse ns) (d) F	Recovery Period	(e) Convention	(f) Method	
19a b c d e	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	(b) Month and year placed	te During 2009 Tax (c) Basis for deprecia (business/investmen)	year Using 1 tition (d) F ins) 25	Recovery Period 5 yrs 5 yrs	(e) Convention	s/L S/L	
19a b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	(b) Month and year placed	te During 2009 Tax (c) Basis for deprecia (business/investmen)	year Using to the property of	Recovery Period 5 yrs 5 yrs 5 yrs	(e) Convention	S/L S/L S/L	
19a b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	(b) Month and year placed	te During 2009 Tax (c) Basis for deprecia (business/investmen)	year Using to the property of	Recovery Period 5 yrs 5 yrs	(e) Convention MM MM MM	S/L S/L S/L	
19a b c d e f g	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property	(b) Month and year placed in service	into one or more general a ee During 2009 Tax (c) Basis for deprecia (business/investmeni only - see instruction	year Using to the property of	Recovery For yrs For y	(e) Convention MM MM MM MM	S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
19a b c d e f g h	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets	(b) Month and year placed in service	into one or more general a ee During 2009 Tax (c) Basis for deprecia (business/investmeni only - see instruction	year Using to the property of	Recovery For yrs For y	(e) Convention MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
19a b c d e f g h i	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets I	(b) Month and year placed in service	into one or more general a ee During 2009 Tax (c) Basis for deprecia (business/investmeni only - see instruction	year Using to the property of	6 yrs 5 yrs 5 yrs 5 yrs 9 yrs	(e) Convention MM MM MM MM	S/L	(g) Depreciation deduction
19a b c d e f g h i	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets I Class life 12-year	(b) Month and year placed in service	into one or more general a ee During 2009 Tax (c) Basis for deprecia (business/investmeni only - see instruction	year Using to the property of	5 yrs 5 yrs 5 yrs 5 yrs 9 yrs e Altern	MM MM MM MM ative Deprec	S/L	(g) Depreciation deduction
19a b c d e f g h i	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets I Class life 12-year 40-year	(b) Month and year placed in service	into one or more general a ee During 2009 Tax (c) Basis for deprecia (business/investmeni only - see instruction	year Using to the property of	6 yrs 5 yrs 5 yrs 5 yrs 9 yrs	(e) Convention MM MM MM MM	S/L	(g) Depreciation deduction
19a b c d e f g h i 20a b c Pai	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year	(b) Month and year placed in Service (b) Month and year placed in service / / / / Placed in Service	into one or more general a ee During 2009 Tax (c) Basis for deprecia (business/investmeni only - see instruction	year Using to the property of	5 yrs 5 yrs 5 yrs 5 yrs 9 yrs e Altern	MM MM MM MM ative Deprec	S/L	(g) Depreciation deduction
19a b c d e f g h i 20a b c Pai	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year T IV Summary (See instructions)	(b) Month and year placed in Service (b) Month and year placed in service / / / / / Placed in Service	into one or more general a e During 2009 Tax (c) Basis for deprecia (business/investment only - see instruction During 2009 Tax Y	year Using to the property of	5 yrs 5 yrs 5 yrs 9 yrs e Altern 2 yrs	MM MM MM MM ative Deprec	S/L	(g) Depreciation deduction
19a b c d e f g h i 20a b c Pau 21 l 22 1	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year † IV Summary (See instructions) Insted property Enter amount from line Total. Add amounts from line 12, lines	S Placed in Service (b) Month and year placed in Service / / / / Placed in Service / e 28	c) Basis for deprecia (business/investmen only - see instruction on onl	year Using the state of the sta	5 yrs 5 yrs 5 yrs 9 yrs 2 yrs 0 yrs	MM	S/L	(g) Depreciation deduction
19a b c d e f g h i 20a b c Par 21 L 22 1	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year † IV Summary (See instructions) isted property Enter amount from line otal. Add amounts from line 12, lines inter here and on the appropriate lines	by Placed in Service (b) Month and year placed in Service / / / / / Placed in Service / e 28 14 through 17, lins of your return P	control one or more general as the During 2009 Tax (c) Basis for deprecia (business/investment only - see instruction on o	year Using the state of the sta	5 yrs 5 yrs 5 yrs 9 yrs 2 yrs 0 yrs	MM	S/L	(g) Depreciation deduction
19a b c d e f g h i 20a b c Pai	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year † IV Summary (See instructions) Insted property Enter amount from line Total. Add amounts from line 12, lines	by Placed in Service (b) Month and year placed in Service / / / / / Placed in Service / e 28 14 through 17, lins of your return P	control one or more general as the During 2009 Tax (c) Basis for deprecia (business/investment only - see instruction on o	year Using the state of the sta	5 yrs 5 yrs 5 yrs 9 yrs 2 yrs 0 yrs	MM	S/L	(g) Depreciation deduction
19a b c d e f g h i 20a b c Pai 21 L 22 I	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year 1 IV Summary (See instructions) Isted property Enter amount from line otal. Add amounts from line 12, lines inter here and on the appropriate lines for assets shown above and placed in outlon of the basis attributable to sec	Placed in Service (b) Month and year placed in service / / / Placed in Service / e 28 14 through 17, lins of your return Ponservice during the	control one or more general as the During 2009 Tax (c) Basis for deprecia (business/investment only - see instruction on o	year Using the state of the sta	5 yrs 5 yrs 5 yrs 9 yrs 2 yrs 0 yrs	MM	S/L	(g) Depreciation deduction

Forr	m 4562 (2009)	GIRLS IN	CORPOR	RATED	OF	SIOU	IX C	:T ጥ Y			42-	1272	032	Page 2	
Pa		(Include automobiles							compute	rs, and					
	recreation, or am	hicle for which you ar	e using the	e standar	d mileag	je rate oi	r dedu	cting lease	expens	e, comp	leteonly	24a, 24	lb, colun	nns (a)	
		ction A, all of Section													
		Depreciation and Otl					~ -	T"					T F	 _	
24a	Do you have evidence to sup	' 	itment use c	laimed?	<u> </u>	es	_l No	24b lf "Y	Γ΄				_ Yes ∟	<u>No</u>	
	(a) Type of property (list vehicles first)	(b) (c) Date Busine placed in investm	ent	(d) Cost or	(bu	(e) sis for depressince		Recovery	Met	g) hod/	Depre	h) eciation uction	Ele	(i) cted on 179	
	(list Actifices III.2f.)	service use perce	ntage 0	ther basis		use only	/)	period	Colly	ention	ueut		1	ost	
	Special depreciation allow used more than 50% in a			y placed	ın servi	ce durin	g the t	ax year an	d	25					
	Property used more than	·									!		1		
			%				_	1							
	-	•	%										- -		
	-		%		 										
27	Property used 50% or les	s in a qualified busine							_						
	, , , , , , , , , , , , , , , , , , , ,		%						S/L ·						
			%						S/L·						
			%						S/L ·						
28	Add amounts in column (h	n), lines 25 through 27		re and or	n line 21	, page 1				28					
	Add amounts in column (i)					, , , -9 ·						29			
			Section			on Use	of Vet	ncles							
f yo	nplete this section for vehi ou provided vehicles to you se vehicles	•						•		•		ng this s	ection f	or	
				(a)	1	b)		(c)	(0	4)	1	=)	15	F)	
3O .	Total business/investment mi	les driven during the		hicle	1	hicle	\	/ehicle	l			ncle	(f) Vehicle		
		ear (do not include commuting miles)		Venicie		111010	Venicie		Vehicle		***	TOTALO		iioio	
	Total commuting miles dri	- ,													
	Total other personal (nonc	- -									-				
	driven	,													
33	Total miles driven during t	he vear													
	Add lines 30 through 32	,													
	Was the vehicle available	for personal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
	during off-duty hours?	•													
	Was the vehicle used prin	narily by a more										_	-		
	than 5% owner or related	- ·													
	ls another vehicle available	•													
	use?														
		Section C - Question	ns for Emp	loyers V	Vho Pro	vide Vel	nicles	for Use by	/ Their E	mploye	es				
	wer these questions to de		-	•				-				e not m	ore thar	5%	
	ers or related persons	nolov statement that		ما مصمم		- f b l				. <u></u>			T.,	Τ	
	Do you maintain a written employees?	policy statement that	pronibits	ali persoi	nai use d	or venici	es, inc	luaing con	nmuting,	by you	7		Yes	No	
38 I	Do you maintain a written	policy statement that	t prohibits	personal	use of v	/ehicles,	excep	t commut	ing, by y	our					
(employees? See the instr	uctions for vehicles u	sed by cor	porate of	fficers, d	lirectors	or 1%	or more	owners						
39	Do you treat all use of veh	icles by employees a	s personal	use?											
10	Do you provide more than	five vehicles to your	employees	s, obtain	ınformat	tion from	your	employees	s about						
1	the use of the vehicles, ar	id retain the informati	on receive	d۶										_	
11	Do you meet the requirem	ents concerning qual	lified auton	nobile de	monstra	ation use	?							<u> </u>	
	Note: If your answer to 37	, 38, 39, 40, or 41 is '	"Yes," do n	ot comp	lete Sec	tion B fo	r the c	covered ve	hicles						
Pa	Irt VI Amortization														
	(a) Description of costs Date		(b) Date amortization begins	amortization Amortiza		ole t	(d) Code section		(e) Amortizatio period or perce		ion Amo		(f) nortization ir this year	ortization	
12	Amortization of costs that	begins during your 2		ar		_	•				- 1				
														~	

Form **4562** (2009)

110.

110.

43 Amortization of costs that began before your 2009 tax year

43 44