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Short Form
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)

2009

Department of the Treasury
Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 ► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning _____, **2009, and ending** _____

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization GirlSource, Inc.		D Employer identification number 94-3333855
		Number and street (or P O box, if mail is not delivered to street address) Room/suite P.O. Box 411350 855		E Telephone number (415) 252-8880
		City or town, state or country, and ZIP + 4 San Francisco CA 94141		F Group Exemption Number
		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		
I Website: ► www.girlsource.org				H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.				
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 423,775.				

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
1	Contributions, gifts, grants, and similar amounts received	1	422,995.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	1.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ► Misc)	8	779.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	423,775.
10	Grants and similar amounts paid (attach schedule) See L-10 Stmt	10	14,891.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	246,123.
13	Professional fees and other payments to independent contractors	13	31,477.
14	Occupancy, rent, utilities, and maintenance	14	70,612.
15	Printing, publications, postage, and shipping	15	2,898.
16	Other expenses (describe ► See Other Expenses Statement)	16	92,030.
17	Total expenses. Add lines 10 through 16	17	458,031.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-34,256.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	3,210.
20	Other changes in net assets or fund balances (attach explanation) See L-20 Stmt	20	1,587.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	-29,459.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	17,117.	15,331.
23	Land and buildings	0.	0.
24	Other assets (describe ► See L-24 Stmt)	55,078.	54,129.
25	Total assets	72,195.	69,460.
26	Total liabilities (describe ► See L-26 Stmt)	68,985.	98,919.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	3,210.	-29,459.

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



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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? <u>Charitable</u>		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	<u>Bound for Success: Helps girls apply for college and apply for jobs through activities such as SAT prep & resume, cover letter and interviewing workshops. Asst with life mgt skills.</u> (Grants \$ <u>14,891.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	62,107.
29	<u>Tech & Leadership: Engages low income young women ages 14-18 by employing them to develop original media content that addresses challenges & issues that affect peers.</u> (Grants \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	164,270.
30	<u>Outreach: Outreach to low-income young women age 14-18.</u> (Grants \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	81,806.
31	<u>Other program services (attach schedule) Berkeley Tech Acad</u> (Grants \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	1,315.
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	309,498.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>Leticia Hernandez</u> 1550 Bryant St. #855 San Francisco CA 94103	Exec Dir 40.00	67,000.	0.	
<u>June Cooperman</u> 1550 Bryant St. #855 San Francisco CA 94103	Director 1.00	0.	0.	
<u>Jill Valenti</u> 1550 Bryant St. #855 San Francisco CA 94103	Vice Pres 1.00	0.	0.	
<u>Morgan Cosby</u> 1550 Bryant St., #855 San Francisco CA 94103	Co-President 1.00	0.	0.	
<u>Andrea Small</u> 1550 Bryant St. #855 San Francisco CA 94103	Treasurer 1.00	0.	0.	
<u>Stacey Karp</u> 1550 Bryant St. #855 San Francisco CA 94103	Director 1.00	0.	0.	
<u>Diana Siebert</u> 1550 Bryant St., #855 San Francisco CA 94103	Director 1.00	0.	0.	
<u>Meena Chidambaram</u> 1550 Bryant St. #855 San Francisco CA 94103	Secretary 1.00	0.	0.	
<u>Amy Clemens</u> 1550 Bryant St. #855 San Francisco CA 94103	Director 1.00	0.	0.	
<u>Kim Roberts</u> 1550 Bryant St. #855 San Francisco CA 94103	Co-President 1.00	0.	0.	
<u>Lindsay Norten</u> 1550 Bryant St. #855 San Francisco CA 94103	Director 1.00	0.	0.	

Part V Other Information (Note the statement requirements in the instrs for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>37a</u> _____ 0.		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
40c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ <u>California</u>		

42a The organization's books are in care of ▶ Management Telephone no ▶ (415) 252-8880
 Located at ▶ P.O. Box 411350 San Francisco CA ZIP + 4 ▶ 94141

		Yes	No
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____		X
42c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | _____

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ▶ 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶ 0

Sign Here

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

Amy Clemens 1/2/15/10
 Signature of officer Date

Amy Clemens, Board of Directors
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature *Antoinette G. Nies* Date 12/04/10
 Antoinette G. Nies, CPA Check if self-employed Preparer's Identifying Number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
 ANTOINETTE G NIES CPA
 61 PRINCE ROYAL DRIVE
 CORTE MADERA CA 94925 EIN
 Phone no ▶ (415) 927-9475

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	645,781.	700,142.	365,119.	474,866.	422,995.	2,608,903.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-through 3	645,781.	700,142.	365,119.	474,866.	422,995.	2,608,903.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						207,468.
6 Public support. Subtract line 5 from line 4						2,401,435.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	645,781.	700,142.	365,119.	474,866.	422,995.	2,608,903.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	253.	421.	127.	1.	1.	803.
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)				460.	779.	1,239.
11 Total support. Add lines 7 through 10						2,610,945.
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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	91.98 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	95.25 %

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and 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.

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.

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.

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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)						

Section B. Total Support

Calendar year (or fiscal yr 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (add lns 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Other Income Part II, Line 10

Description: Miscellaneous

2008: 460.

2009: 779.

Name as Shown on Return
GirlSource, Inc.

Employer Identification No
94-3333855

Line 24 - Other Assets:	Beginning of Year	End of Year
Grants and Accounts Receivable	27,242.	32,100.
Prepaid Expenses and Deposits	14,503.	8,696.
Fixed Assets - net	13,333.	13,333.
Totals to Form 990-EZ, Part II, line 24	55,078.	54,129.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	27,928.	21,783.
Deferred Revenue	0.	
Line of Credit	41,057.	41,546.
Northern California Grantmakers Loan	0.	35,590.
Totals to Form 990-EZ, Part II, line 26	68,985.	98,919.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Bank Charges	6,620.
Information Technology	1,550.
Miscellaneous	3,208.
Insurance	4,608.
Interest	1,467.
WAVE Event	12,148.
Youth Stipends	47,069.
Equipment Purchase & Maintenance	3,282.
Supplies	7,951.
Telephone	4,127.
Total	92,030.

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid

Purpose of Payment College Scholarships

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarships	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	None	14,891.
	Various		

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
Adjustments after prior year filings	1,587.
Total	1,587.