

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



 Department of the Treasury Internal Revenue Service

SCANNED JAN 2 1 2011

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

## **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

2009
Open to Public Inspection

Form **990** (2009)

<u>A</u>	For the 2009 c	alendar y	ear, or tax year beginning $07/01/09$ , and ending $06/30/1$	0		
$\overline{}$	Check if applicable Address change	Please use IRS label or	C Name of organization GIRLS INCORPORATED OF NEW HAMPSHI		D Emplo	yer identification number
$\vec{\Box}$	Name change	print or	Doing Business As		23-	7416090
	Initial return	type	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	
==		See Specific	815 ELM STREET		603	<u>-625-1296                                    </u>
Π.	Termination	Instruc-	City or town, state or country, and ZIP + 4	L	G Gross recei	pts\$ 1,636,929
	Amended return	tions.	MANCHESTER NH 03101			
	Application pending	1 1	e and address of principal officer			group return for
		1	THY DUFFY 5 ELM STREET		affiliates H(b) Are all a	affiliates
			NCHESTER NH 03101		included	
	Tax-exempt stat	177			II NO,	attach a list (see instructions)
			SINCNEWHAMPSHIRE.ORG		H(c) Group e	exemption number
	Type of organizatio					M State of legal domicile NH
		umma	·			
	1 Briefly o	describe t	he organization's mission or most significant activities			
a)	•		DULE O			
2			•			
'n						
Vel	2 Charlet	thic box	if the organization discontinued its operations or disposed of more than 25	50/ of its not asso	ate	
Activities & Governance				70 OF ILS THE CASSE	1 1	19
<b>∞</b> ŏ		_	members of the governing body (Part VI, line 1a)		3	
ties			endent voting members of the governing body (Part VI, line 1b)		4	19
ίζ	5 Total nu	umber of	employees (Part V, line 2a)		5	79
Act			volunteers (estimate if necessary)		6	710
-	7a Total gr	oss unrel	ated business revenue from Part VIII, column (C), line 12		_7a	38,420
	<b>b</b> Net unr	elated bu	siness taxable income from Form 990-T, line 34		7b	
				Prior Year		Current Year
as a	8 Contribi	utions an	grants (Part VIII, line 1h)	908	,275	<u>947,772</u>
Ď.	9 Progran	n service	revenue (Part VIII, line 2g)	704	,075	<u>635,962</u>
Revenue	_		ne (Part VIII, column (A), lines 3, 4, and 7d)	6	,926	5,288
ď			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,017	16,027
	,		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,642		1,605,049
			ar amounts paint Part IX bourn DA), lines 1-3)		7.2.3.3	
			or for members (Part IX, column (A), Ilna 4)			
				1,057	013	1,081,816
penses			ompens <b>atio</b> n, employee banefits (Parl (X), column (A), lines 5–10) draising fees (Part IX, column (A), line ( <b>/)</b> e)	1,037	1015	
ens						
Ехр	b Total lu	moralsing	expenses <del>(Part IX, column (D), line 25</del> 256, 925 (Part IX, colum <b>o G) Dite: N</b> 12 115, 11f-24f)	105	,896	505,873
-				1,552		
	,	•	Add lines 13–17 (must equal Part IX, column (A), line 25)		,384	
- <u>- s</u>		ie less ex	penses Subtract line 18 from line 12	Beginning of Curre		17,360 End of Year
ars c	20 Total as	seets (Pai	1 Y line 16)	1,520		1,547,531
4sse Bala	20 Total la	,	rart X, line 16)		,723	339,557
Net Assets or Fund Balances	21 Total lia		art A, line 20) Individual balances Subtract line 21 from line 20		$\frac{723}{237}$	1,207,974
			re Block	1,100	1231	1,201,314
				<del></del>		
	U	nder penal nd bekef it	ties of perjury, I declare that I have examined this return, including accompanying schedules is trug, correct, and complete Declaration of preparer (other than officer) is based on all info	and statements, an rmation of which or	d to the best enarer has a	. 01 my knowledge any knowledge
	١.				أحدا	110
Sig	1 .	(A	Mysty		152	itio
Hei	re   🏲	Signatu	re of officer		Date	
		L'a	thy Duffy, CEO			<del></del>
		Type or	print name and title			
	. P	reparer's	S C 1 Date	Check if		Preparer's identifying number (see instructions)
Pai	d s	gnature	12/10	) / 1 0 self- employe	<b>d ▶</b>	018-42-3990
	parer's		SEELVE & SCHIILZ PA CPA		EIN ▶	02-0413305
Use		ım's name	(or yours		Phone	02 041000
	I	self-emplo ddress, and	111		1	603-886-1900
		·	eturn with the preparer shown above? (see instructions)		no 🕨	
May	ne iko aisci	บรร เกเร (6	dum with the preparer shown above? (see instructions)			Yes   No

Form 990 (2009) GIRLS INCORPORATED OF NEW HAMPSHIRE 23-7416090	Page
Part III Statement of Program Service Accomplishments  1 Briefly describe the organization's mission SEE' SCHEDULE O	
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes X No
<ul> <li>Did the organization cease conducting, or make significant changes in how it conducts, any program services?         If "Yes," describe these changes on Schedule O     </li> <li>Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported</li> </ul>	Yes X No
4a (Code )(Expenses \$ 882,957 including grants of \$ ) (Revenue \$ OUR YEAR-ROUND GIRLS CENTERS IN NASHUA, MANCHESTER, CONCORD, AND ROCHESTER PROVIDE GIRLS WITH A SAFE PLACE TO GO AND ENGAGE IN QUALITY PROGRAMS AFTER SCHOOL AND FOR FULL-DAYS DURING THE SUMMER AND SCHOOL VACATION WEEKS. PROGRAMS WHICH TAKE PLACE AT THE GIRLS CENTER INCLUDE: LEADERSHIP ACTIVITIES, SCIENCE, MATH, AND TECHNOLOGY, PREGNANCY PREVENTION, DRUG PREVENTION, SELF-DEFENSE AND VIOLENCE PREVENTION, CAREER AWARENESS, AND HEALTH, NUTRITION, AND SPORTS.	606,297
4b (Code )(Expenses \$ 187,377 including grants of \$ ) (Revenue \$ OUR ENRICHMENT AND PREVENTION OUTREACH PROGRAMS ARE ALSO IMPLEMENTED IN SCHOOLS ACROSS THE STATE DURING THE REGULAR SCHOOL DAY. GIRLS INC. STAFF WORK CLOSELY WITH GUIDANCE COUNSELORS AND SCHOOL ADMINISTRATORS TO DETERMINE THE NEEDS OF GIRLS IN THE COMMUNITY AND WHAT GIRLS INC. PROGRAM FITS BEST WITHIN THE FRAMEWORK OF THE SCHOOL CURRICULUM. WE ARE FORTUNATE TO HAVE BUILT MANY POSITIVE RELATIONSHIPS WITH SCHOOLS WHICH ENABLE US TO SERVE THOUSANDS OF GIRLS EACH YEAR IN ADDITION TO THE GIRLS WHO ATTEND OUR GIRLS CENTERS ON A REGULAR BASIS.	4,985
4c (Code )(Expenses \$ 104,389 including grants of \$ ) (Revenue \$ CAFÉ LAUREN OPERATES AT OUR MANCHESTER GIRLS CENTER. IT IS OPEN FROM 6:30 AM - 8:00 AM EACH DAY FOR BREAKFAST AND FROM 5:30 PM TO 7:30 PM EACH EVENING FOR HOT MEALS. THE PROGRAM IS OFFERED YEAR-ROUND AND IS OPEN MONDAY THROUGH FRIDAY AND CURRENTLY SERVES OVER 100 PEOPLE EACH DAY (ABOUT 65 FOR DINNER AND 40 FOR BREAKFAST). A COOK PREPARES MENUS, SHOPS, AND MAKES MEALS. ADDITIONAL GIRLS INC. STAFF MEMBERS FACILITATE THE PROGRAM EACH DAY, SERVING FOOD, INTERACTING WITH FAMILIES, DOING THE CLEAN-UP, AND ALSO RAISING AWARENESS ABOUT THE PROGRAM IN	24,680

including grants of \$ 1,174,723

) (Revenue \$

(Expenses \$

4e Total program service expenses ▶

Part IV Checklist of R	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,"		7.7	
_	complete Schedule A	1	X	<b></b> _
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	3	<del></del>	X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete			1
_	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		ļ
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		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		7.7
_	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,"			7.7
_	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,"			3.7
40	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	10	Х	
11	quasi-endowments? If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10		
	VIII, VIII, IX, or X as applicable	11	Х	
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		-21	
•	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			! i
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
·	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			İ
	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	j		
	Schedule D, Parts XI, XII, and XIII	12	Χ	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	1		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
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		<u>X</u>
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		<u>X</u>
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>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			37
	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	ایرا	υ	
4.0	Part VIII, lines 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?	40	l	v
20	If "Yes," complete Schedule G, Part III	19 20		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		990	(2009)

			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 29 If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_ <u>X</u> _
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		İ	**
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	_26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	<b>'</b>	İ	
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			v
00	If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		Í	v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		v
_	Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	28b		<u>X</u>
С	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25	- 22	
50	conservation contributions? If "Yes," complete Schedule M	30	ŀ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
J 1	Part I	31	ŀ	Х
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	- 1	Х
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	ŀ	Х
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		Χ_
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			-
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	}	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2000)

Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance		<del></del>	<del></del>	T.	Τ
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1	I		Yes	No
	U.S. Information Returns Enter -0- if not applicable	1a	2		l	l
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			ŀ
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re		<del></del>		l	l
_	gaming (gambling) winnings to prize winners?			1c	Х	İ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					1
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	79			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by			l	ł
	this return?			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ity			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir	ancial				
	account)?			4a		X
þ	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank				ľ
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg.	arding				]
_	Prohibited Tax Shelter Transaction?			<u>5</u> c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e				
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or				
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	4_				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods			. v	
	and services provided to the payor?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	ne.		7b		
С	Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was	15		70		Х
	required to file Form 8282?  If "Yes." indicate the number of Forms 8282 filed during the year	7a		7c		
d e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p					
٠	benefit contract?	0.00.10		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0					
	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9ь		
0	Section 501(c)(7) organizations Enter	1 1			1	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter	1			J	
a	Gross income from members or shareholders	11a	- <del></del>			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	445			ļ	
٥.	amounts due or received from them )	11b			1	
2a	Section 4947(a)(1) non-exempt charitable trusts Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041 / 12b		12a		
_b_	it is enter the amount of tax-exempt interest received of accided during the year	120				

Form 990 (2009) GIRLS INCORPORATED OF NEW HAMPSHIRE 23-7416090 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below. and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ any other officer, director, trustee, or key employee? 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 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a a The governing body? Χ 8b Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Χ 10a Does the organization have local chapters, branches, or affiliates? 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 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 Χ 12a 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this is done Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization 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 16a Χ with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)

List the states with which a copy of this Form 990 is required to be filed ► NH

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website □ Another's website □ Upon request

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

State the name, physical address, and telephone number of the person who possesses the books and records of the

organization ► CATHY DUFFY

MANCHESTER

CATHY DUFFY

MANCHESTER

NH 03101

603-625-1296

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

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

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

( <b>A</b> ) Name and Title	(B) Average	Pos	ition (		C) k all i	that a	pply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JEFFREY MASON										
DIRECTOR	1.00	X						0	0	0
MARK ADAMY	ļ	i								
DIRECTOR	1.00	X				Щ		0	0	0
MAURICE AREL	]	ł								
DIRECTOR	1.00	X				Щ		0	0	0
NANCY BALL	]	1								
DIRECTOR	1.00	X						0	0	0
DEBRA BREED	]									
DIRECTOR	1.00	X						0	0	0
MONIKA BRYANT										
DIRECTOR	1.00	X						0	0	0
HELEN CLOSSON										
DIRECTOR	1.00	X						0	0	0
JACQUELINE FAUCH		1	1						_	
DIRECTOR	1.00	X	Ш					0	0	0
JACQUELINE GADSDE							ļ	_		
DIRECTOR	1.00	X		_			_	0	0	0
TRINA LOUGHERY								_		_
DIRECTOR	1.00	X						0	0	0
JOHN MOTTA			1				1			_
DIRECTOR	1.00	X	ļ					0	0	0
RICHARD PRATTE										•
DIRECTOR	1.00	X					_	0	0	0
SUSAN RYAN	1 00						ł			
DIRECTOR	1.00	X						0	0	0
DONALD ST GERMAIN	ł									
DIRECTOR	1.00	X						0	0	0
CATHY DUFFY	40.00							402 000		0 400
EXEC DIR	40.00	$\vdash$		Х	_			103,000	0	9,422
KATIE ANDREWS	40.00			,			ļ	FO 000		C 500
VP FINANCE	40.00		$\dashv$	X		$\dashv$		59,000	0	6,592
TOM PATERSON	1 00			,,			-			2
CHAIR DAA	1.00	<u>i                                     </u>		Χ				0	0	Form <b>990</b> (2009)

Form 990 (2009)	GIRLS	INCORPORATED	OF	NEW	HAMPSHIRE	23-74160	90

(A) Name and Title	(B) Average	Pos	ition	(chec	C) k all i	that a	lvlaa	(D) Reportable	(E) Reportable		(F) Estimate	ed
	hours per week	or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	00 2	estimate amount other impensa from the rganizati ind relati ganization	of tion e on ed
LESLIE THOMPSON	1 00		-	1,,				0	0			
VICE CHAIR  DARLENE FRIEDMAN	1.00	├		X	_			0	0			
TREASURER	1.00			Х				0	0			(
RACHEL HAMPE	]											
SECRETARY	1.00			Х	<u></u>			0	0			C
					-							
										·		
			_									<u> </u>
												<del> </del>
1b Total	<u> </u>			Ĺ,			•	162,000			16	5,014
Total number of individuals (in reportable compensation from	-			thos	e list	ted a	bove		\$100,000 in	_		
											Y	es No
3 Did the organization list any for employee on line 1a? If "Yes,"								yee, or highest compensat	ed		3	_ X
4 For any individual listed on line the organization and related or	e 1a, is the sum	of re	porta	able	com	pens	ation					
individual										-	4	X
5 Did any person listed on line 1 services rendered to the organ								_			5	Х
Section B Independent Contracto												
<ol> <li>Complete this table for your five compensation from the organic</li> </ol>		ensa	ted 1	ndep	end	ent c	ontr					
Name and	(A) business address							Descript	(8) Iron of services		Comp	C) ensation
	<del></del>						_					
	<del></del> .											
2 Total number of independent of	contractors (inclu	ıdına	but	not I	ımıte	ed to	thos	e listed above) who receive				
more than \$100,000 in compe		_									0	
DAA											Form 9	90 (2009)

art V	III Statement of Reve	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
niar amounts	Federated campaigns	1a	120,518				
Б	Membership dues	1b					
2	Fundraising events	1c	35,448				
ig d	Related organizations	1d					
E e	Government grants (contributions)	1e	430,902				
f f	All other contributions, gifts, grants,						
and other simi	and similar amounts not included above	1f	360,904				
<u> </u>	Noncash contributions included in lines 1a	-1f \$	74,126				
	Total Add lines 1a-1f		<u>P</u>	947,772			
2a b c d e f			Busn Code	260 252	260.252		
2a				269,353	269,353		
b		S		260,317 56,176	260,317 56,176		
C			722320	38,420	30,170	38,420	
d			722320	11,696	11,696	30,420	
e			<del>  -</del>	11,090	11,090		
	All other program service reve	nue	<b></b>	635,962			<del></del>
3	Total. Add lines 2a–2f Investment income (including	dividend		033,302			
"	other similar amounts)	uivideild	s, interest, and	5,288	5,288		
4	Income from investment of tax	-evemnt	hand proceeds	3,200	3,200		
5	Royalties	-exempt	bond proceeds				
"	(i) Real		(II) Personal				
l 6a	<del></del>	,027					
I .	Less rental exps	,					
1		,027					
1	Net rental income or (loss)		<b>•</b>	16,027	16,027		
	Gross amount from (i) Securitie	s	(II) Other				
ł	sales of assets other than inventory						
ь	Less cost or other						
	basis & sales exps						
С	Gain or (loss)						
d	Net gain or (loss)		<b>&gt;</b>				
, 8a	Gross income from fundraising eve	ents					
b	(not including \$ 35,	448					
3	of contributions reported on line 10	) [					
:	See Part IV, line 18	a  _	31,880				
b	Less direct expenses	ь	31,880				
'  c	Net income or (loss) from fund	draising e	events		<del> </del>		
9a	Gross income from gaming activities	es					
	See Part IV, line 19	a					
	Less direct expenses	ь_					
	Net income or (loss) from gan		rities				
10a	Gross sales of inventory, less	ļ					
	returns and allowances	a					
	Less cost of goods sold	b [_					
C	Net income or (loss) from sale						
-	Miscellaneous Revenu	e 	Busn Code				
11a			<del> +</del>				
b							
C	All officers of the		<del>  -</del>				
d	All other revenue						
е			<b>.</b> ⊢	1 605 040	618,857	38,420	
12	Total Revenue. See instruction	ภาร	P	1,605,049	010,007	30,440	Form <b>990</b> (20

### Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	<del></del>	CAPCIISES	general expenses	evhenses
'	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	162,000		59,000	103,00
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		650 006		<u> </u>
7	Other salaries and wages	759,535	652,986	31,643	74,90
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	70 000	E2 E22	0 707	19 95
9	Other employee benefits	78,989	52,532 57,596	8,707 7,999	17,75
10	Payroll taxes	81,292	27,390	1,333	15,69
11	Fees for services (non-employees)				
a b	Management				
D	Accounting	19,555	10	19,545	
d	Lobbying	10,000		15/515	
e	Professional fundraising services See Part IV, line 17				······································
f	Investment management fees				
g	Other				
12	Advertising and promotion	17,348	12,828		4,520
13	Office expenses		•		
14	Information technology	12,851	8,055	1,516	3,280
15	Royalties				
16	Occupancy	81,810	66,770	4,310	10,730
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				<del></del>
20	Interest	12,310	11,411	899	
21	Payments to affiliates	71 005	60 500	1 404	1 00
22	Depreciation, depletion, and amortization	71,905	68,587	1,494	1,824
23	Insurance	24,785	20,287	2,260	2,238
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 )			1 505	
а	TRANSPORTATION	96,068	84,492	1,737	9,839
b	SUPPLIES	67,331	62,412	3,592	1,327
C	REPAIRS & MAINTENANCE	28,538	26,332 5,491	1,236 918	97( 9,593
d	STAFF TRAINING	16,002 14,941	5,491 14,941	918	9,593
e	SPECIAL EVENTS	42,429	29,993	11,185	1,251
f 25	All other expenses  Total functional expenses. Add lines 1 through 24f	1,587,689	1,174,723	156,041	256,925
25 26		1,001,000	1 - 1 - 1 - 1 - 1 - 1		200,02
20	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation			ĺ	

_	art >	( Balance Sheet	<u> </u>		Page II
	*		(A)	<u> </u>	(B)
		·	Beginning of year		End of year
	1	Cash—non-interest bearing	50,994	1	80,963
	2	Savings and temporary cash investments	129,207	2	149,255
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	91,987	4	63,996
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
	ļ	Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
ď	9	Prepaid expenses and deferred charges	7,107	9	13,089
	1	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 1,425,11	5	١.,	
	ь	Less accumulated depreciation 10b 699, 433		10c	725,677
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	<del></del>	12	
	13	Investments—program-related See Part IV, line 11	<del></del>	13	· · · · · · · · · · · · · · · · · · ·
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	522,447	15	514,551
	16	Total assets Add lines 1 through 15 (must equal line 34)	1,520,960	16	1,547,531
	17	Accounts payable and accrued expenses	109,574	17	137,188
	18	Grants payable		18	
	19	Deferred revenue	13,909	19	10,917
	20	Tax-exempt bond liabilities		20	
Ś	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
Ē		employees, highest compensated employees, and disqualified			
<u>.</u>		persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	214,240	23	191,452
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities Add lines 17 through 25	337,723	26	339,557
SS		Organizations that follow SFAS 117, check here ▶ [X] and			
ည	1	complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	454,452	27	548,917
Ba	28	Temporarily restricted net assets	628,785	28	559,057
Б	29	Permanently restricted net assets	100,000	29	100,000
Ę	Į	Organizations that do not follow SFAS 117, check here ▶			
둗		and complete lines 30 through 34.			
S	30	Capital slock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
AS	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or Fund Balances	33	Total net assets or fund balances	1,183,237	33	1,207,974
Ž	34	Total liabilities and net assets/fund balances	1,520,960	34	1,547,531

Form **990** (2009)

Form 990 (2009	9) GIRLS IN	ICORPORATEI	OF I	NEW	HAMPSHIRE	23-74160	)90	 Pag	ge <b>12</b>
Part XI	Financial Stat	ements and Re	orting						
		-						 Yes	No
1 Accounting	ng method used to	prepare the Form 99	D	Cash	X Accrual	Other			
If the orga	anization changed i	its method of accoun	ling from	a prior v	vear or checked "O	her." explain in		i !	

			Yes	No
1	Accounting method used to prepare the Form 990		168	NO
2-		2a		Х
Za	Were the organization's financial statements compiled or reviewed by an independent accountant?			$\Delta$
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	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			I
ď	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	- 1		
	issued on a consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
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)

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GIRLS INCORPORATED OF NEW HAMPSHIRE

Employer identification number 23-7416090

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 ) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 6 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.) 8 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 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) Yes No and (iii) below, the governing body of the supported organization? 11g(ı) 11g(II) (ii) A family member of a person described in (i) above? (III) A 35% controlled entity of a person described in (I) or (II) above? [11g(m) Provide the following information about the supported organization(s) (i) Name of supported (n) EIN (III) Type of organization (IV) Is the organization (v) Did you notify (vi) is the (vii) Amount of the organization in rganization in col support organization (described on lines 1-9 in col (i) listed in your col (I) of your (I) organized in the above or IRC section governing document? support? (see instructions)) Yes No Yes Yes No No

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

Schedule A (Form 990 or 990-EZ) 2009

Sch	edule A (Form 990 or 990-EZ) 2009 GIF	RLS INCOR	PORATED O	F NEW HAM	PSHIRE 23	<u>-7</u> 416090	Page 2
. P	art II Support Schedule for O				)(1)(A)(iv) and	170(b)(1)(A)(	
	(Complete only if you ch	ecked the box	on line 5, 7, o	r 8 of Part I.)		<del></del>	··
	ction A. Public Support			, <del></del>			
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					l	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6_	Public support. Subtract line 5 from line 4	<u> </u>				<u> </u>	
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4					ļ <u>.</u>	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			;			
11	Total support Add lines 7 through 10	<u></u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>
12	Gross receipts from related activities, etc	,				12	J
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, for	urth, or fifth tax yea	ar as a section 501	I(c)(3)	
	organization, check this box and stop her		<del></del>				<b>•</b>
Sec	tion C. Computation of Public St	ipport Percen	tage			<del></del>	<del></del>
14	Public support percentage for 2009 (line 6	, ,	•	n (f))		14	%_
15	Public support percentage from 2008 Sch					15	%
16a	.,			13, and line 14 is	33 1/3 % or more,	check this box	. —
	and stop here. The organization qualifies		<del>-</del>				▶ ∐
b	33 1/3 % support test—2008. If the organ				15 is 33 1/3 % or n	nore, check this	
	box and stop here. The organization quali						▶ [_]
17a		=					
	more, and if the organization meets the "fa			· ·	•		, m
	organization meets the "facts-and-circums		-				▶ [_
b	10%-facts-and-circumstances test—200	=					г
	more, and if the organization meets the "fa						, m
	organization meets the "facts-and-circums			•	• •		
18	Private foundation If the organization did	not check a box o	on line 13, 16a, 16b	), 17a, or 17b, che	ck this box and se	e instructions	<b>P</b> [_]

Schedule A (Form 990 or 990-EZ) 2009

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

500	tion A. Public Support	ecked the box (	on line 9 of Fa	rt i )	<del></del>	· · · · · · · · · · · · · · · · · · ·	
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Ç	icitical year (of fiscal year beginning in)	(a) 2005	(6) 2000	(0) 2007	(d) 2006	(e) 2009	(i) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	904,958	1,005,318	818,223	908,275	947,772	4,584,546
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	614,444	622,883	690,385	704,075	597,542	3,229,329
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	1,519,402	1,628,201	1,508,608	1,612,350	1,545,314	7,813,875
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received	İ					
	from other than disqualified persons that	J	J				
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
_	Add lines 7a and 7b			-		<del></del> _	
8	Public support (Subtract line 7c from line 6 )						7,813,875
	tion B. Total Support	(-) 0005 T	4-> 2000	(-) 2007	(4) 2000	(-) 2000	(D. T-4-1
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	1,519,402	1,628,201	1,508,608	1,612,350	1,545,314	7,813,875
iva	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,025	6,886	15,139	6,568	5,288	38,906
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	5,025	6,886	15,139	6,568	5,288	38,906
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	25,287	19,200	31,319	23,375	16,027	115,208
13	Total support (Add lines 9, 10c, 11,				J	ļ	
	and 12 )	1,549,714	1,654,287	1,555,066	1,642,293	1,566,629	7,967,989
14	First five years. If the Form 990 is for the organization, check this box and stop here	)		th, or fifth tax year	as a section 501(c	c)(3) 	<b>&gt;</b>
Sec	tion C. Computation of Public Su	<del></del>		<del></del>			
15	Public support percentage for 2009 (line 8,		•	(f))		15	<u>98 07 <b>%</b></u>
16	Public support percentage from 2008 Sche					16	97 68%
	tion D. Computation of Investme					<del></del>	
17	Investment income percentage for 2009 (li			column (f))		17	%_
18	Investment income percentage from 2008			44 45		18	1 <b>%</b>
19a	33 1/3 % support tests—2009 If the organization is not more than 33 1/3 %, check this b						<b>▶</b> [X]
b	33 1/3 % support tests—2008 If the organ						
	line 18 is not more than 33 1/3 %, check the	·				-	<b>▶</b> □
20	Private foundation If the organization did	not check a box or	line 14, 19a, or 19	b, check this box a	and see instruction	ns	<b>•</b>

Schedule A (Form 990 or 990-EZ) 2009 GIRLS INCORPORATED OF NEW HAMPSHIRE 23-7416090

Page 4

**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.

PART III, LINE 12 - OTHER INCOME DETAIL

GAIN (LOSS) ON SALE OF INVESTMENTS

5,381

RENTAL INCOME

\$ 109,827

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

Name of the organization Employer identification number GIRLS INCORPORATED OF NEW HAMPSHIRE 23-7416090 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located 
\_\_\_\_\_\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		ORPORATED OF				Page 2
Pa	art III Organizations Maintaining	Collections of Art, I	listorical Trea	sures, or (	Other Similar Ass	ets (continued)
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records, chec	k any of the follow	ng that are a	significant use of its	
а	Public exhibition	d Loan o	r exchange program	ms		
b	Scholarly research	e Other				_
С	Preservation for future generations					_
4	Provide a description of the organization's coll Part XIV	ections and explain how th	ney further the orga	anization's exe	empt purpose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art, h be maintained as part of the	istorical treasures, ne organization's c	or other simil	ar	Yes No
Pa	Irt IV Escrow and Custodial Arra IV, line 9, or reported an am	•	_	ation answ	vered "Yes" to For	m 990, Part
1a	Is the organization an agent, trustee, custodia			her assets no	t	
	included on Form 990, Part X?	•				Yes No
b	If "Yes," explain the arrangement in Part XIV a	and complete the following	table.			
	•	,				Amount
С	Beginning balance				1c	
	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on For	rm 990, Part X, line 21?				Yes No
b	If "Yes," explain the arrangement in Part XIV					
Pa	rt V Endowment Funds. Comple	ete if organization an	swered "Yes"	to Form 99	00, Part IV, line 10	
		(a) Current year	(b) Prior year	(c) Two years	s back (d) Three years I	oack (e) Four years back
1a	Beginning of year balance	100,000	100,000			
b	Contributions					
С	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses		······································			
g	End of year balance	100,000	100,000	<u> </u>		
2	Provide the estimated percentage of the year	end balance held as				
	Board designated or quasi-endowment ▶	%				
b	Permanent endowment ► _100.00%					
С	Term endowment ► %					
3a	Are there endowment funds not in the possess	sion of the organization tha	nt are held and adm	ninistered for	the	<del></del>
	organization by					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(ii) X
þ	If "Yes" to 3a(II), are the related organizations	·				3b
4	Describe in Part XIV the intended uses of the			0.0.4	40	
_Pa	nt VI Investments—Land, Buildin		1			
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other		(c) Accumulated depreciation	(d) Book value
1a	Land		128	,441		128,441
ь	Buildings		365	,562	54,834	310,728
С	Leasehold improvements		529	,107	320,046	209,061
d	Equipment		<del></del>	,542	207,275	21,267
e	Other		173	,463	117,283	56,180
Tota	Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part X, colu	mn (8), line 10(c)	)	<u>▶</u>	725,677

	Investments—Other Securities. See Fo		
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
Financial der		<u> </u>	
	equity interests		
Other			
			· · · · · · · · · · · · · · · · · · ·
	nn (b) must equal Form 990, Part X, col (B) line 12)	<b>&gt;</b>	
Part VIII	Investments—Program Related. See Fo		(a) Mahadada at at at a
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
			Cost of end-of-year market value
	nn (b) must equal Form 990, Part X, col (B) line 13)	<b>&gt;</b>	
Total. (Colun Part IX	Other Assets. See Form 990, Part X, line	e 15.	
	Other Assets. See Form 990, Part X, lin- (a) Descrip	e 15.	(b) Book value
	Other Assets. See Form 990, Part X, line (a) Description (a) Description (b) Control of the cont	e 15.	513,551
	Other Assets. See Form 990, Part X, lin- (a) Descrip	e 15.	
	Other Assets. See Form 990, Part X, line (a) Description (a) Description (b) Control of the cont	e 15.	513,553
	Other Assets. See Form 990, Part X, line (a) Description (a) Description (b) Control of the cont	e 15.	513,551
	Other Assets. See Form 990, Part X, line (a) Description (a) Description (b) Control of the cont	e 15.	513,553
	Other Assets. See Form 990, Part X, line (a) Description (a) Description (b) Control of the cont	e 15.	513,553
	Other Assets. See Form 990, Part X, line (a) Description (a) Description (b) Control of the cont	e 15.	513,553
	Other Assets. See Form 990, Part X, line (a) Description (a) Description (b) Control of the cont	e 15.	513,551
Part IX	Other Assets. See Form 990, Part X, line (a) Description PROMISES TO GIVE DEPOSIT	e 15.	513,551
Part IX  Total. (Colum	Other Assets. See Form 990, Part X, line (a) Description (a) DEPOSIT  DEPOSIT  Inn (b) must equal Form 990, Part X, col (B) line 15)	e 15. ption	513,551
Part IX	Other Assets. See Form 990, Part X, line (a) Descrip PROMISES TO GIVE DEPOSIT  Inn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X,	e 15. ption	513,551
Part IX  Total. (Column Part X	Other Assets. See Form 990, Part X, line (a) Description PROMISES TO GIVE DEPOSIT  Inn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	e 15. ption	513,553
Part IX  Total. (Column Part X	Other Assets. See Form 990, Part X, line (a) Description PROMISES TO GIVE DEPOSIT  Inn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	e 15. ption	513,553
Part IX  Total. (Column Part X	Other Assets. See Form 990, Part X, line (a) Description PROMISES TO GIVE DEPOSIT  Inn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	e 15. ption	513,553
Part IX  Total. (Column Part X	Other Assets. See Form 990, Part X, line (a) Description PROMISES TO GIVE DEPOSIT  Inn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	e 15. ption	513,553
Part IX  Total. (Colum	Other Assets. See Form 990, Part X, line (a) Description PROMISES TO GIVE DEPOSIT  Inn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	e 15. ption	513,553
Part IX  Total. (Column Part X	Other Assets. See Form 990, Part X, line (a) Description PROMISES TO GIVE DEPOSIT  Inn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	e 15. ption	513,553
Part IX  Total. (Column Part X	Other Assets. See Form 990, Part X, line (a) Description PROMISES TO GIVE DEPOSIT  Inn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	e 15. ption	513,553
Part IX  Total. (Column Part X	Other Assets. See Form 990, Part X, line (a) Description PROMISES TO GIVE DEPOSIT  Inn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	e 15. ption	513,553
Part IX  Total. (Column Part X	Other Assets. See Form 990, Part X, line (a) Description PROMISES TO GIVE DEPOSIT  Inn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	e 15. ption	513,553
Part IX  Total. (Column Part X	Other Assets. See Form 990, Part X, line (a) Description PROMISES TO GIVE DEPOSIT  Inn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	e 15. ption	513,553
Part IX  Total. (Colum Part X  1  Federal incor	Other Assets. See Form 990, Part X, line (a) Description PROMISES TO GIVE DEPOSIT  Inn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	e 15. ption	513,553

Sche	dule D (Form 990) 2009 GIRLS INCORPORATED OF NEW HAM	IPSH.	IRE 23-741609	0	Page <b>4</b>
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Financial Statem	ents	3
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	1,605,049
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	1,587,689
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	17,360
4	Net unrealized gains (losses) on investments			4	14,765
5	Donated services and use of facilities			5	-7,388
6	Investment expenses			6	
_	Prior period adjustments			7	
7	Other (Describe in Part XIV )			8	
8	,			9	7,377
9	Total adjustments (net) Add lines 4 through 8	`		10	24,737
10 Do	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 rt XII Reconciliation of Revenue per Audited Financial Statements.		lith Payanua par Par		44,131
		IIIS W	itii Kevende pei Ke	4	1,683,306
1	Total revenue, gains, and other support per audited financial statements			-	1,000,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	20	14,765		
a	Net unrealized gains on investments	2a	31,612		
р	Donated services and use of facilities	2b	31,012		
C	Recoveries of prior year grants	2c	31,880		
d	Other (Describe in Part XIV )	2d	31,880	_	70 057
е	Add lines 2a through 2d			2e	78,257
3	Subtract line 2e from line 1	f i		3	1,605,049
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			
C	Add lines 4a and 4b			4c	1 505 040
5	Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12)			5	1,605,049
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	With Expenses per F	<u> etur</u>	<u>'n</u>
1	Total expenses and losses per audited financial statements			1	1,658,569
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	39,000		
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIV)	2d	31,880		
е	Add lines 2a through 2d			2e	70,880
3	Subtract line 2e from line 1	, .		3	1,587,689
4	Amounts included on Form 990, Part IX, line 25, 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			
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,587,689
Pa	rt XIV Supplemental Information			·	
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lin	nes 1a	and 4, Part IV, lines 1b		-
and 2	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lin	nes 2d	and 4b Also complete		
this p	art to provide any additional information				
P	ART XI, LINE 8 - RECONCILATION OF CHANGES -	OT	HER		
					21 000
_ 5_	PECIAL EVENTS				
S	PECIAL EVENTS		\$		31,880
_ P.	ART XII, LINE 2D - REVENUE AMOUNTS INCLUDED	$I\bar{N}$	FINANCIALS	<u>r</u> o_	HER
		_			31,880
_ 5	PECIAL EVENTS				
	<b></b>		· – –		

Schedule D (Form 990) 2009 GIRLS INCORPORATED OF NEW HAMPSHIRE 23-7416090  Part XIV Supplemental Information (continued)	Page 5
PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	
_SPECIAL_EVENTS \$ 31,880	
PART XIV - SUPPLEMENTAL FINANCIAL INFORMATION	
THE INCOME FROM THE ENDOWMENT FUND IS USED TO SUPPORT THE PROGRAM	
<u>ACTIVITIES.</u>	

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

Total

**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.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service See separate instructions. Name of the organization Employer identification number GIRLS INCORPORATED OF NEW HAMPSHIRE 23-7416090 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization III) Did fund (i) Name of individual (ii) Activity (IV) Gross receipts (v) Amount paid to (vi) Amount paid to raiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of ontributions col (ı) Yes No

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

GIRIJI 12/10/2010 8 30 AM Pg 36 Schedule G (Form 990 or 990-EZ) 2009 GIRLS INCORPORATED OF NEW HAMPSHIRE 23-7416090 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000 (c) Other events (a) Event #1 (b) Event #2 (d) Total events AUCTION (add col (a) through ROAD RACE & REG WOA col (c)) (event type) (event type) (total number) Revenue 33,208 18,465 15,655 67,328 Gross receipts 2 Less Charitable 16,425 8,537 10,486 35,448 contributions Gross revenue (line 1 24,671 2,040 5,169 31,880 minus line 2) 500 500 Cash prizes 245 388 633 Noncash prizes Direct Expenses Rent/facility costs 13,414 2,976 16,390 Food and beverages Entertainment 1,795 14,357 10,757 1,805 Other direct expenses 31,880) Direct expense summary Add lines 4 through 9 in column (d) Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (Add Revenue (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes % Yes % Yes No No Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 Yes No Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states? 9a If "No," Explain Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a If "Yes," Explain

11

11

12

Does the organization operate gaming activities with nonmembers?

formed to administer charitable gaming?

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

Sche	edule G (Form 990 or 990-EZ) 2009 GIRLS INCORPORATED OF NEW HAMPSHII	RE <u>23-741609</u>	0	P	age 3
	•			Yes	No
13	Indicate the percentage of gaming activity operated in				
а	The organization's facility	13a %			
b	An outside facility	13b %			
14	Provide 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?		15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the			
	amount of gaming revenue retained by the third party ▶ \$				
С	If "Yes," enter name and address of the third party				
	Name ►				
	Address ►		: 		
6	Gaming manager information				
	Name ►		:		
	Gaming manager compensation ▶ \$		:		
	Description of services provided ▶				
	Director/officer Employee Independent contractor				
17	Mandatory distributions				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent				
	the state of the s				

SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GIRLS INCORPORATED OF NEW HAMPSHIRE

Employer identification number 2.3 – 7.4.1.6.0.9.0

Pa	irt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of Contributions	Revenues reported on	Method of determining	ng		
		applicable		Form 990, Part VIII, line 1g	revenues			
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 ►( AUCTION ITEMS )	X	339	74,126	ACTUAL FAIR MARK	ET \	/ALI	<u>JE</u>
26	Other ►(							
27	Other ►(							
28	Other ►(	<u> </u>						
29	Number of Forms 8283 received by							
	which the organization completed Fo	orm 8283, I	Part IV, Donee Acknowle	edgement	29			
							Yes	No
30a	During the year, did the organization							
	it must hold for at least three years f	rom the da	te of the initial contributi	on, and which is not require	ed to be	1		77
	used for exempt purposes for the er		g period?			30a	-	X
b	If "Yes," describe the arrangement in							
31	Does the organization have a gift ac	ceptance p	policy that requires the re	eview of any non-standard				37
	contributions?					31		X
32a	Does the organization hire or use the	ird parties	or related organizations	to solicit, process, or sell n	oncash			v
	contributions?					32a		X
b	If "Yes," describe in Part II			and the second second	)			
33	If the organization did not report revo	enues in co	numn (c) for a type of pr	operty for which column (a	) із спескеа,		İ	ĺ
	describe in Part II							

SCHEDULE Q (Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

GIRLS INCORPORATED OF NEW HAMPSHIRE

Employer identification number 23-7416090

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

GIRLS INCORPORATED OF NEW HAMPSHIRE IS PART OF A NATIONAL NON-PROFIT

ORGANIZATION STRIVING TO HELP GIRLS ACHIEVE THEIR PERSONAL BEST THROUGH

ONE-ON-ONE ATTENTION, LEADERSHIP DEVELOPMENT, A TALENTED STAFF AND

VOLUNTEERS, A WIDE RANGE OF ENRICHMENT PROGRAMS, AND A CARING

FAMILY ENVIRONMENT. OUR NATIONALLY RESEARCH-BASED PROGRAMMING BUILDS

GIRLS' CAPACITY FOR CONFIDENT AND RESPONSIBLE ADULTHOOD, ECONOMIC

INDEPENDENCE AND PERSONAL FULFILLMENT.

FORM 990, PART III, LINE 4C - THIRD ACHIEVEMENT THE COMMUNITY.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A COPY OF THE FORM 990 IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE OF
THE BOARD OF DIRECTORS PRIOR TO FILING. THE ORGANIZATION ALSO PROVIDES A
COPY TO ALL MEMBERS OF ITS GOVERNING BODY BEFORE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

CONFLICT OF INTEREST DISCLOSURES ARE REQUIRED BY EACH NEW OFFICER,

DIRECTOR, TRUSTEE AND KEY EMPLOYEE, AND DISCLOSURES ARE REVIEWED AND

UPDATED ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO AND

OTHER KEY EMPLOYEES IS BASED ON COMPARABILITY AND OTHER RELEVANT DATA. THE

Schedule O (Form 990) 2009

Name of the organization

GIRLS INCORPORATED OF NEW HAMPSHIRE

Employer identification number 23-7416090

FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FIRST APPROVES THE COMPENSATION LEVELS FOR SUBMISSION TO THE BOARD OF DIRECTORS FOR A VOTE. THE BOARD OF DIRECTORS APPROVES THE COMPENSATION LEVELS WITH A MAJORITY VOTE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO AND

OTHER KEY EMPLOYEES IS BASED ON COMPARABILITY AND OTHER RELEVANT DATA. THE

FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FIRST APPROVES THE COMPENSATION

LEVELS FOR SUBMISSION TO THE BOARD OF DIRECTORS FOR A VOTE. THE BOARD OF

DIRECTORS APPROVES THE COMPENSATION LEVELS WITH A MAJORITY VOTE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

12/10/2010 8·29 AM Page 1 713 538 1,251 Fund Raising Ś 10,258 363 564 11,185 Management & General S Form 990, Part IX, Line 24f - All Other Expenses 12,491 10,815 6,398 29,993 Program Service Federal Statements Ş 12,491 10,815 10,258 7,474 1,391 42,429 Total Expenses GIRIN Girls Incorporated of New Hampshire Description CONTRACT SERVICES POSTAGE FYE: 6/30/2010 TOTAL 23-7416090 BAD DEBT

COGS

Forms	Mortgages and Other Notes Payable 990 / 990-PF									
330 / 33 <b>0</b> -FF	For calendar year 2009,	or tax vear beginning	07/01/09	, and ending	06.	/30/10	2009			
Name							ntification Number			
GIRLS INCORPOR	RATED OF NEW H	HAMPSHIRE				23-7416	090			
FORM 990, PART	r x. LINE 23 -	- ADDITIONAL	INFORMATI	ON						
	Name of lender				to disc	qualified persor	<u> </u>			
	CHESTER		NONE	rtolationomp	10 010	quamica percer	<u>· </u>			
) CITY OF MANC	CHESTER		NONE							
B) NASHUA BANK			NONE							
) NASHUA BANK			NONE							
5)										
6)										
7)	<del></del>	<del></del>				~				
3)						<u>.</u>				
9)										
			4		· · · · · ·					
Original amount		Maturity					Interest			
borrowed	Date of loan	date		Repayment ter	rms		rate			
50,00		10/01/14	ANNUALL'				6.00			
) 40,00		01/01/17	ANNUALL'				6.00			
) 150,00		04/09/28	MONTHLY		<u>'</u>		6.00			
56	0 04/09/08		ON DEMAI	מא			5.00			
5)										
3)										
7)										
9)										
10)			<u> </u>							
	unty provided by borrower		PURCHASE		ose of					
			PURCHASE				<del></del>			
REAL ESTATE  REAL ESTATE			PURCHASE	OF BUIL	DIN	G AND L	AND			
) REAL ESTATE	·····		LINE OF							
5)										
3)										
")										
3)										
9)										
10)							<del></del>			
0			1	e due at			ance due at			
0.2.011	ition furnished by lender		beginni	ng of year 15 , 000	+	eı	nd of year 12,500			
1) CASH 2) CASH			1	36,000			32,000			
B) CASH			1	45,240			140,952			
CASH				18,000			6,000			
5)					]					
6)										
[7]										

214,240

191,452

(8) (9) (10)

Totals