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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

	Α	For the 2009 calendar year, or tax year beginning 7/01 , 2009, and end	ling 6/30		, 2010	
		Check if applicable C		D Emplo	yer identificatio	n number
		Address change Please Use IRS INDIANA COACHES OF GIRLS SPORTS		35-	1387376	
	Ħ	Name change label or ACCOCTATON	F		none number	
		Initial return type. 23586 LINDEN DR			(4) 584-	6803
		Termination Specific ELKHART, IN 46516	ŀ			
	Ħ	Amended return Application pending		F Group Numb	p Exemption ber	•
		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts	Accounting r	nethod	X Cash	Accrual
		must attach a completed Schedule A (Form 990 or 990-EZ).	Other (speci			-
		Website: ► WWW.ICGSA.ORG Tax-exempt status (check only one) — X 501(c) (3) ◄ (insert no.) 4947(a)(1) or 527	H Check ► X required to a 990-EZ, or 9	attach S 990-PF)		Form 990,
	K	Check ► If the organization is not a section 509(a)(3) supporting organization and its gis \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file	ross receipts ar a return, be sure	e norma to file a	ally not more complete ret	e than turn
<u> </u>	L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file For instead of Form 990-EZ.	rm 990	•	\$	109,532.
2010	Pa	rt I Revenue, Expenses, and Changes in Net Assets or Fund Balance	es (See the i	nstruc	tions for P	art I.)
<u> </u>		1 Contributions, gifts, grants, and similar amounts received			1	37,586.
©		Program service revenue including government fees and contracts			2	69,922.
ပ		3 Membership dues and assessments			3	
DE(4 Investment income			4	2,024.
		5a Gross amount from sale of assets other than inventory 5a				
		b Less cost or other basis and sales expenses 5b	<u> </u>			
SCANNED	R	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)		\vdash	5c	
3	E	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check	nere	\sqcup		
S	N U	a Gross revenue (not including \$ of contributions				
$\widetilde{\mathbf{w}}$	Ε	reported on line 1) b Less direct expenses other than fundraising expenses 6b			>	
			_		6c	
		c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 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)			7 c	
		8 Other revenue (describe ►)	8	
		9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			9	109,532.
			atement 1	1	0	3,000.
	_	11 Benefits paid to or for members		1	1	
	EXPEN	12 Salaries, other compensation, and employee benefits		1	2	
	E	13 Professional fees and other payments to independent contractors.		1	3	295.
	S	14 Occupancy, rent, utilities, and maintenance EIVED		_	4	
	E	15 Printing, publications, postage, and shipping		1		11,508.
	-	16 Other expenses (describe ► See Statement 2	·	· —	6	98,706.
		17 Total expenses. Add lines 10 Prough 46 1 5 2010			7	113,509.
	_	18 Excess or (deficit) for the year (Subtract line 17 from line 92		1	8	-3,977.
	N S E E	Net assets or fund balances at beginning Feet (from line 27, column (A)) (must ag figure reported on prior year's return)	ree with end-of	year1	9	162,835.
	Ţ	20 Other changes in net assets or fund balances (attach explanation)		<u> </u>	20	
		21 Net assets or fund balances at end of year Combine lines 18 through 20		▶ 2		158,858.
	Pa	art II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more				
		(See the instructions for Part II)	(A) Beginning			nd of year
	22	· · · · · · · · · · · · · · · · · · ·	162,	835.		158,858.
	23		·		23	
	24		162	835.	25	158,858.
	25	F	102,		26	130,030.
	26	·	162		27	158,858.

Form	990-EZ (2009) INDIANA COACHES	OF GIRLS SPORTS		35.	-138	737 <u>6 </u>	Page 2
	Statement of Program Se		(See the instruction	ons)		Expenses	
	s the organization's primary exempt purpose? See		((Regi	uired for section (2)(3) and (4) nizations and sec (a)(1) trusts; opti	
Desc	ribe what was achieved in carrying out th	e organization's exempt pure	oses. In a clear and co	ncise manner	501(c	(4) Systems and sec	tion
desci	ribe what was achieved in carrying out the	persons benefited, or other	relevant information for	each	4947	(a)(1) trusts; opti	ional
	am title				tor or	hers.)	
28	ALL PROGRAM SERVICE REVEN						
	SUPPORT, ORGANIZE, AND EL	<u> DUCATE INDIANA GIRL</u>	S COACHES AND	DIRECTORS.]			
	(Grants \$) If the	nis amount includes foreign gi	ants, check here		28 a		
29							_
23				-			
							
				<u>-</u> -			
	(Grants \$) If the	nis amount includes foreign gi	rants, check he <u>re</u>	▶	29 a		
30							
	(Grants \$) If the	nis amount includes foreign gi	rants check here		30 a		
21	Other program services (attach schedule	¥ =	ants, check here		30 u		
31	· . ·	-	rante check here	▶ □	31 a		
20		nis amount includes foreign gi	ants, theth here	<u> </u>	32	. —	
	Total program service expenses (add In			1			
<u> </u>	List of Officers, Directors		·				
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan	to c and	(e) Expense ac and other allow	count
	(a) Name and address	to position	not paru, enter -0)	deferred compensa		and other anow	ances
MΔR	Y JONES	President	0.		0.		0.
		n			٠.		٠.
	N_CHIPAWAY	ļ					
	TTSBURG, IN 47170						
SAN	DRA BECK-WILLIS	Vice President	0.		0.		0.
77	ELIZABETH CT	0					
DAN	VILLE, IN 46122	1					
	RIE RHOADES	Treasurer	0.		0.		0.
	886 LINDEN DRIVE	i i casarer	0.		٠.		٠.
	HART, IN 46516					<u>. </u>	
LAF	RY_BABCOCK	Secretary	0.		0.		0.
384	N 475 W	0					
VAI	PARAISO, IN 46385	1					
	NNON GARDINER	Director	0.		0.		0.
	WEST HARRISON ST	0			٠.		٠.
		٠		}			
	TICELLO, IN 47960						
	RLENE MATHEW	Director	0.		0.		0.
132	17N_1000E] 0					
SYF	ACUSE, IN 46567						
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			<u> </u>	L		L	***
BAA		TEEA0812L (01/30/10			Form 990-EZ	(2009)

Page 3

ra	TV Other Information (Note the statement requirements in the instrictor Part V.) See Sta	teme	$\overline{}$	
			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	33		Х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		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			
i	a 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?	35 a		<u>x</u> _
1	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
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	36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions 0. Did the organization file Form 1120-POL for this year?	37b		
38	a 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?	38a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A	**		
	Section 501(c)(7) organizations Enter	13		
	a Initiation fees and capital contributions included on line 9 N/A	, 22		
	b Gross receipts, included on line 9, for public use of club facilities a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	, ,	1	***
40	section 4911 \(\bigsigma\) = 0., section 4912 \(\bigsigma\) = 0., section 4955 \(\bigsigma\)		* *	
(b 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 C 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 D . d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	40 ь		X
•	e 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	40 e		X
	List the states with which a copy of this return is filed None	700		
••	210 110 taxtoo iitar iiriibii a boyy o' aliib rotalii lo iiida			
	a The organization's books are in care of ► LAURIE RHOADES Located at ► 23586 LINDEN DR ELKHART IN 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	584 42b	-689 Yes	3 NoX
•	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. C 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	42 c		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		• []	N/A N/A
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	Yes	No 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	45		X
		ئے		

Form **990-EZ** (2009)

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.

			_				T. 1		
46 Did th	ne organization engage in direct or indire ublic office? If 'Yes,' complete Schedule (ct political campaign ac	ctivities on behalf	of or in oppos	sition to candidate	es 46	Yes	No X	
•	ne organization engage in lobbying activities	•	Schedule C. Part	: 11		47		X	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E									
	ne organization make any transfers to an					49a		Х	
	s,' was the related organization a section	•	-			49Ь			
50 Comp	olete this table for the organization's five oyees) who each received more than \$10	highest compensated e	employees (other from the organiz	than officers, ation If there	directors, trustee is none, enter 'N	s and key lone '			
	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	on (d) Contri ber	ibutions to employee nefit plans and ed compensation	(e) Ex	pense nt and owance:	s	
None		.	_						
			-						
							•		
		-							
		1							
f Total	number of other employees paid over \$	100.000	<u> </u>	-I					
	The state of the s								
51 Comp	plete this table for the organization's five pensation from the organization. If there is	highest compensated is none, enter 'None'	ndependent conti	ractors who ea	ach received more	e than \$10	00,000	of	
	(a) Name and address of each independent conti	ractor paid more than \$100,000)	(b) Type	of service	(c) Com	pensatio	n	
None									
				<u>.</u>					
	····			•					
			1						
d Total	number of other independent contractor	s each receiving over \$	100,000	>					
	Under penalties of perjury, I declare that I have exan true, correct, and complete Declaration of preparer	nined this return, including acco	ompanying schedules a all information of which	nd statements, and preparer has any	to the best of my know knowledge	wledge and b	elief, it i	5	
	9. 901	. A)		, , ,	. 1.1				
Sign	- nauried know	aals			<u> 11 8 10 </u>				
lere	Signature of officer	Tio		Date	; ·				
	Laurie L. Rhoades	Treasurer							
	Type or print name and title		<u> </u>		Pre	enarer's Identi	rfvina Ni	ımher	
Paid	Preparer's Kent Powers, CP	- mes lesson	Date 11-5-	ا میصحہ	seir 🖂 🗀 👡	eparer's Identi ee instructions / A	s) ""		
re-	COOK C ACCOCTAM			- e	employed P N	, A			
arer's	yours if self-				EIN ►]	N/A			
Jse Only		38-8811	-		Phone no > (317		4150		
	S discuss this return with the preparer s		uctions		TIONE TO TOTAL	►X Ye	$\overline{}$	No	
BAA	to discuss this retain with the preparer s	HOWEL BOOKS. DEC INSTITUTE	4040113			Form 99			
•								•	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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. Employer identification number

INDIANA COACHES OF GIRLS SPORTS

Open to Public Inspection

		ASSOC	CIATON						35-13	88/3/6	<u> </u>		
Par	t I	Reason for Pul	olic Charity Status	s (All organizations i	must c	omple	te this	part.)	See ir	<u>ıstructı</u>	ons	_	
he c	rgai	nization is not a priv	ate foundation becau-	se it is (For lines 1 throu	ugh 11, d	check o	nly one	box)					
1	П	A church, convention	on of churches or asso	ociation of churches desc	ribed in	section	170(b)(1)(A)(i).					
2	П	A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	Ξ)								
3	П	A hospital or coope	rative hospital service	e organization described	ın sectic	on 170(Ł)(1)(A)(i	iii).					
4	П	A medical research	organization operated	d in conjunction with a hi	ospital d	lescribe	d in sec	tion 170)(b)(1)(A)(iii) En	iter the hos	pital's	
		name, city, and sta	te										
5		170(b)(1)(A)(iv). (C	complete Part II)	of a college or university					nmental	unit des	scribed in s	ection	1
6	\sqcup	A federal, state, or	local government or g	governmental unit describ	oed in s i	ection 1	70(b)(1)	(A)(v).					
7	님	in section 170(b)(1)	(A)(vi). (Complete Pa				vernmei	ntal unii	or from	i the ger	nerai public	aescr	ibea
8	닖	•		1 70(b)(1)(A)(vi). (Complet		-							
9	<u>X</u>	from activities related investment income	d to its exempt function	more than 33-1/3 % of its s s – subject to certain exce ss taxable income (less s omplete Part III)	otions, a	and (2) n	o more t	han 33-	1/3 % of	its suppo	ort from gros	SS	fter
10		•	•	exclusively to test for pu		-							
11		more publicly supp	orted organizations d of supporting organiz	exclusively for the benef lescribed in section 509(a ation and complete lines	a)(1) or : i 11e thr	section ough 11	509(a)(2 h	2) See	of, or car section	ry out th 509(a)(3). Check the	ne box	that
	_	a Type I	b Type II	c 💹 Type III						d 📙	Type III-		
е	Ш	By checking this both than foundation ma 509(a)(2)	ox, I certify that the or anagers and other that	ganization is not controlled one or more publicly su	ed direc upportec	tly or in I organia	directly zations (by one describe	or more ed in sec	disquali ction 509	fied perso (a)(1) or s	ns oth ection	er
f			received a written det	ermination from the IRS	that is a	Type I	Type II	or Typ	e III sup	porting (organizatio	n,	
g		Since August 17, 2	006, has the organiza	tion accepted any gift or	r contrib	ution fro	m any	of the fo	llowing	persons	;?		
												Yes	No
		below, the go	verning body of the si	controls, either alone or t upported organization?	together	with pe	rsons d	escribed	d in (ii) a	and (III)	11 g (i)		_
		• •	ber of a person desc	• • • • • • • • • • • • • • • • • • • •							11 g (ii)		
		• •	- -	described in (i) or (ii) at							11 g (iii)		
h		Provide the following	ng information about t	he supported organization	ns.				· · · · · ·				
	(i) Name of Supported Organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in col I in your rning ment?	the organ	ou notify ization in (i) of ipport?	(vi) I organizati (i) organi U S	s the ion in col zed in the 5 ?	(vii) Amour	it of Sup	port
					Yes	No	Yes	No	Yes	No			
		·		<u></u>									
											_		
						 	-		-				
											_		
Tota!	· .		L		1	<u> </u>	L		<u> </u>				

INDIANA COACHES OF GIRLS SPORTS 35-1387376 Page 2 Schedule A (Form 990 or 990-EZ) 2009 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part 1) Section A. Public Support Calendar year (or fiscal year beginning in) ► (f) Total (d) 2008 (e) 2009 (a) 2005 (b) 2006 (c) 2007 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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. Total, Add lines 1-through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year (f) Total (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 beginning in) 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include 10 gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 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 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 15 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 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.

Schedule A (Form 990 or 990-EZ) 2009

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)

Sect	tion A. Public Support						·
	dar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	39,020.	37,446.	37,446.	39,790.	37,586.	191,288.
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				·	·	0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	39,020.	37,446.	37,446.	39,790.	37,586.	191,288.
	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line		······································				
•	7c from line 6)	18.50	\$	**	1.7%	Ann. V	191,288.
Sec	tion B. Total Support						
		(a) 200F	(h) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale	ndar vear (or fiscal yr beginning in) 🏲 I	(a)∠∪∪⊃	(D) 2000	(0) 2007		(4) = 443	(1) 10101
	ndar year (or fiscal yr beginning in)	(a) 2005 39, 020.	(b) 2006 37, 446.		39,790.	37,586	
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	39,020.	37,446.	37,446.	39,790.	37,586	191,288.
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form	39,020. 1,518.	37,446. 1,334.	37,446. 1,334.	39,790. 1,930.	2,024	. 191,288. . 8,140.
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	39,020.	37,446.	37,446.	39,790.	37,586	8,140.
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	39,020. 1,518.	37,446. 1,334.	37,446. 1,334.	39,790. 1,930.	2,024	. 191,288. . 8,140.
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	39,020. 1,518.	37,446. 1,334.	37,446. 1,334.	39,790. 1,930.	2,024	. 8,140. 0. 8,140.
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Schedule A	(Form	990 or	990-Ez	2009 (TNL) LANA	CUAL	HES (DE GIRL	S SPOR	TS		<u> </u>	3/6	Page 4
Part IV	Supp Part I	lemen I, line	17a (forma or 17b	i tion. (; and	Comple Part III	ete thi I, line	s part 12. P	to provi rovide ar	de the e ny other	explanatio additiona	ns requii al informa	red by P ation. Se	art II, lin ee instrud	e 10; ctions.
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2 00 9 `	Federal Statements INDIANA COACHES OF GIRLS SPORTS ASSOCIATON	 Page 1
Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Pa	aid	
Class of Activity: Donee's Name: Cash Amount Given:	SCHOLARSHIP ABIGAIL CHAMP 300 N. Oak St. POBOX 255 Red Key, IN 47373	\$ 500.
Class of Activity: Donee's Name: Donee's Address:	SCHOLARSHIP JAMI CRAFT C/O BALL STATE UNIVERSITY MUNCIE, IN 47306	
Cash Amount Given: Class of Activity: Donee's Name:	DONATION IN HIGH SCHOOL TENNIS COACHES ASSN	\$ 500.
Donee's Address: Cash Amount Given:	520 E MAIN STREET CARMEL, IN 46032	\$ 2,000.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses Advertising and Promotion ATHLETIC COMMITTEE EXP AWARDS BANK FEES Conferences, Conventions, Insurance Office Expenses ONLINE COMMERCE STORAGE SUPPLIES Travel WEBSITE		\$ 200. 50,933. 807. 10. 34,321. 600. 294. 740. 505. 1,568. 6,848. 1,880.

Statement 3 Form 990-EZ, Part III Organization's Primary Exempt Purpose

TO SERVE AS AN ADVISORY GROUP FOR MEMBERS FOR THE DEVELOPMENT OF GIRLS ATHLETIC PROGRAMS, TO SERVE AS AN EDUCATIONAL MEDIUM FOR ITS MEMBERS.

2009

Federal Statements INDIANA COACHES OF GIRLS SPORTS ASSOCIATON

Page 2

35-1387376

Statement 4
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

No