# 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)

OMB No 1545-0047 2004

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For	the 2004 calend	ar year, o	r tax year begin	ning 7/0.	<u> </u>	, 2004, and	ending	6/30			, 2005	
В	Check	k if applicable	Diameter							D Emp	loyer ide	entification Numb	er
		Address change	Please use IRS label	THE GIRLS						54	<u>-207</u>	3930	
		Name change	or print or type.			/E NETWORK				E Tele	phone nu	ımber	
	П	nitial return	See specific	1233 S.E. PORTLAND,						(5	03)	230-0054	ı
	ΠF	inal return	instruc- tions.	FUKILAND,	OR 3/214				Ì	F Acce	ounting lod:	Cash	X Accrual
	$\square_{A}$	Amended return							i		Other (s	<del></del>	
	$\square_{A}$	Application pending	• Section	on 501(c <b>)</b> (3) orga	anizations and	4947(a)(1) nonex	empt	H and I	are not applic	able to se	ction 52	7 organizations	
			charit	able trusts mus	t attach a comp	leted Schedule A	<b>\</b>	H (a)	Is this a grou	p return f	or affiliat	es? . Ye	s X No
_		· FIGURE (	-	1990 or 990-EZ).		C		H (b)	If 'Yes,' enter	number of	affiliates	▶	
<u>G</u>	web	site: WWW.	GTKT2T	NITIATIVEN	ETWORK.OR	<u> </u>		H (c)	Are all affiliat	tes include	ed?	Пуе	s No
j		anization type	_	X 501(c)	2				(If 'No,' attac	halist S	ee instru	ictions)	
<del></del>		ck only one)		<del></del>	3 ◀ (insert no			H (d)	Is this a sepa	rate retur	n filed by	/ an	
K						rmally not more t 3; but if the organ			organization (			_	s X No
	rece	eived a Form 99	0 Packag	e in the mail, it :	should file a re	turn without finan	cial data.	ī	Group Exe	mption	Numb	er 🟲	
	Som	ne states require	e a compl	ete return.				M	Check 🕨	ıf the	organiz	ation is <b>not</b> requ	ured
L	Gros	s receipts: Add	lines 6b,	8b, 9b, and 10b	to line 12 🟲 🕽	.52,440.		l	to attach Sch	edule B (	Form 99	0, 990-EZ, or 990	)-PF).
Pa	rt I	Revenue	, Expen	ses, and Ch	anges in Ne	t Assets or F	und Bala	nces	(See Instru	uctions)			
	1	Contributions,	gifts, gra	ints, and similar	amounts recei	ved:							
	a	Direct public s	support.				. 1 1	a)	56,	978.			
	Ŀ	Indirect public	support.				11	3					
		Government o	ontributio	ns (grants) .			10	:	50,	000.			
<del>)</del>	C	Total (add lines la through 1c) (ca	sh \$	105,0	98. noncash	\$ 1	,880.)				1 d	10	6,978.
•	2			ue including gov	ernment fees a	nd contracts (fro	m Part VII,	line 93)			2	2	6,034.
-	3	Membership d									3		
ā	4	Interest on sa	vings and	temporary cast	investments.					,	4		
j	5	Dividends and	Interest	temporary cast from securities	白八百円	1		•			5		
	6a	Gross rents			"]	ပ္တု	68		_				
Ś	b	Less rental ex	xpenses	6 .007			61	J					
	c	: Net rental inco	ome or (lo	ss) subtract lin	e 6b from line	sa)					6с		
$\bigcirc_{R}$	7	Other investm		1 1		<u> </u>				)	7		
COULL O NUN	Ωa	Cross amount	from cal	s of assets other	EN, OT	(A) Securitie	es		(B) Other			<del>-</del>	
뜴	O a	than inventory					88				1		
ان E	b	Less: cost or o	other basi	s and sales exp	enses		81						
_	c	Gain or (loss) (att	ach schedul	e)	• •		80	;[					
	d	Net gain or (lo	ss) (com	bine line 8c, coli	umns (A) and (	3))					8d		
	9	Special events	s and acti	vities (attach scl	nedule). If any	amount is from <b>g</b>	aming, che	ck here	. ►[	7 .			
	а	Gross revenue	e (not incl	uding \$		of contribu	tions		_				
		reported on lin	ne 1a)			<del></del>	9a	ı	19,	428.			
	b	Less: direct ex	xpenses c	other than fundra	alsing expenses	;	91			160.			
	С	Net income or	(loss) fro	m special event	s (subtract line	9b from line 9a)		. S	TATEME	NT 1	9 c	1	7,268.
	10 a	Gross sales of	finventor	y, less returns a	nd allowances	•	. 10 a	<u> </u>					
	b	Less: cost of g	goods sol	d			. 101	)					
	С	Gross profit or (lo	ss) from sal	es of inventory (atta	ch schedule) (subtr	act line 10b from line	10a)				10 c		
	11	Other revenue	(from Pa	art VII, line 103)							11		
	12	Total revenue	(add line:	s 1d, 2, 3, 4, 5,	бс, 7, 8d, 9с, 1	0c, and 11)			<u></u>		12		0,280.
F	13	Program servi	ces (from	line 44, column	(B))						13		0,040.
HXPHZOHO	14			al (from line 44,	column (C)),	•			•		14		2,595.
Ē	15	Fundraising (fr	rom line 4	4, column (D))							15	1	4,714.
S	16	Payments to a	iffiliates (a	attach schedule)							16		
Š	17	Total expense	s (add lin	es 16 and 44, co	olumn (A)).						17		7,349.
A	18	Excess or (def	ficit) for th	ne year (subtrac	t line 17 from lii	ne 12)					18		7,069.
	19	Net assets or t	fund bala	nces at beginnin	ng of year (from	line 73, column	(A))				19	1	7,773.
N S E E T T	20	Other changes	in net as	sets or fund bal	ances (attach	explanation) , .		SEE .S	TATEME	NT2	20		3,435.
s	21					nes 18, 19, and 2					21		4,139.
BA	\ Fo					the separate ins			TEEA010	01/0	7/05	Form !	990 (2004)

54-2073930 Form 990 (2004) THE GIRLS ALLIANCE Page 2 **Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Part II (C) Management Do not include amounts reported on line (B) Program (A) Total (D) Fundraising 6b. 8b. 9b. 10b. or 16 of Part I services and general 22 Grants and allocations (att sch) (cash non-cash Š 22 23 23 Specific assistance to individuals (att sch) Benefits paid to or for members (att sch) 24 38,480. 29,922 6,168 2,390. 25 Compensation of officers, directors, etc. 25 33,757 6.959 43,412 2,696. 26 Other salaries and wages 26 27 Pension plan contributions 27 12,388 9,633 1,986 769. 28 Other employee benefits. 28 29 Payroli taxes 29 8,727 6,786. 1,399 542. 30 Professional fundraising fees 30 4,623 4. 623. 5,597 4,352 897 348. 31 Accounting fees... 31 32 Legal fees 32 2,819 2,557. 262 33 33 Supplies 34 Telephone. 34 591 5. 8 578 35 35 Postage and shipping 36 Occupancy . . 36 37 Equipment rental and maintenance. 37 637 424 213 38 Printing and publications 38 39 39 . .... 755 609 146. 40 40 Conferences, conventions, and meetings 41 Interest . . . . 41 540 420. 86 34. 42 42 Depreciation, depletion, etc (attach schedule) Other expenses not covered above (itemize) a ALLOCATED SHARED EXPENSE 30,620. 23,807 4,867 1,946. 43a INTEREST EXPENSE 225 756. 1,364 167. 43b PROFESSIONAL SERVICES 16,404. 16,404 43c 43 d 43<u>e</u> Total functional expenses (add lines 22 - 43)
Organizations completing columns (B) - (D),
carry these totals to lines 13 - 15 167,349. 130,040 22,595 14,714. Joint Costs. Check If you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? . . . . . . . | Yes | X | No \$ ; (ii) the amount allocated to Program services If 'Yes,' enter (i) the aggregate amount of these joint costs \$ ; (iii) the amount allocated to Management and general ; and (iv) the amount allocated to Fundraising Statement of Program Service Accomplishments |Part ||| What is the organization's primary exempt purpose? Program Service Expenses SEE STATEMENT 3 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others) All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.) 130,040. (Grants and allocations (Grants and allocations (Grants and allocations

e Other program services

Total of Program Service Expenses (should equal line 44, column (B), Program services)

(Grants and allocations \$
(Grants and allocations \$

Part IV Balance Sheets (See Instructions)

Note	: W	here required, attached schedules and amounts within the c liumn should be for end-of-year amounts only	lescription	(A) Beginning of year		<b>(B)</b> End of year
$\neg T$	45	Cash – non-interest-bearing		16,321.	45	10,154.
	46	Savings and temporary cash investments			46	
	47	a Accounts receivable 47 a	2,248.			
		b Less: allowance for doubtful accounts		6,318.	47 c	2,248.
ľ		a Pledges receivable 48a	7,393.		1 1	
		b Less; allowance for doubtful accounts . 48b	L		48c	7,393.
	49	Grants receivable		<del></del>	49	2,966.
ASSETS	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
S	51	a Other notes & loans receivable (attach sch). 51 a				
S		b Less: allowance for doubtful accounts 51b			51 c	
- 1	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges	[	7,000.	53	3,681.
	54	Investments – securities (attach schedule).	► Cost FMV		54	
- 1	55	a Investments – land, buildings, & equipment: basis 55 a				
	١	b Less: accumulated depreciation (attach schedule)			55 c	
	56	Investments – other (attach schedule)			56	
		a Land, buildings, and equipment: basis 57 a	1			
	1	b Less: accumulated depreciation (attach schedule) STATEMENT .5 57b	4,955.		57 c	1,395.
	58	Other assets (describe >			58	
	59	Total assets (add lines 45 through 58) (must equal line 74	)	29,639.	59	27,837.
	60	Accounts payable and accrued expenses		11,866.	60	22,948.
Ļ	61	Grants payable		<del></del>	61	
À	62	Deferred revenue			62	750.
I A B I L I T I E S		Loans from officers, directors, trustees, and key employees (attach schedu	· · · · · · · · · · · · · · · · · · ·		63	
Ī	64	Tax-exempt bond liabilities (attach schedule)			64a	
Ė		Mortgages and other notes payable (attach schedule)		<u>-</u>	64b	
s		Other liabilities (describe			65	
-4	66	Total liabilities (add lines 60 through 65)		11,866.	66	23,698.
N C	)rgar	· · · · · · · · · · · · · · · · · · ·	nplete lines 67			
N E T	<b>~</b>	through 69 and lines 73 and 74.		17 772		1 120
Ą	67	Unrestricted		17,773.	67	4,139.
ASSETS	68	Temporarily restricted		<del></del>	68 69	
	69	Permanently restricted		<del></del>	69  -	
R	organ	·	and complete lines			
E	70	70 through 74.  Capital stock, trust principal, or current funds			70	
מצט	70 71	Paid-in or capital surplus, or land, building, and equipmen	t fund	·	71	<u> </u>
В	72	Retained earnings, endowment, accumulated income, or of			72	
Ä			Ĭ		-	
BALAZCES	73	Total net assets or fund balances (add lines 67 through 69 72; column (A) must equal line 19; column (B) must equa	or lines 70 through line 21).	17,773.	73	4,139.
۱ "	74	Total liabilities and net assets/fund halances (add lines 66	· · · · · · · · · · · · · · · · · · ·	29, 639.	74	27.837.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Far	Financial Statements with per Return (See instruction	th Revenue	Pai	rt IV-B   Reconcilia Financial per Returi	Statements with	es ı E	per Audited xpenses
а	Total revenue, gains, and other support per audited financial statements	a 181,150.	а	Total expenses and financial statements		а	198,219.
b	Amounts included on line <b>a</b> but not on line 12, Form 990:		ь	Amounts included or on line 17, Form 990			
(1)	Net unrealized gains on investments \$		(1	Donated serv-     ices and use     of facilities \$	30,870.		
(2)	Donated services and use of facilities \$ 30,870.		(2	Prior year adjust- ments reported on line 20, Form 990 \$			
• •	Recoveries of prior year grants . \$			3) Losses reported on line 20, Form 990 \$ 4) Other (specify):			
				\$			
	Add amounts on lines (1) through (4)	ы 30,870.		Add amounts on lines (1)	through (4) . ►	b	30,870.
С	Line a minus line b ▶	c 150,280.	С	Line a minus line b.	▶	<u> </u>	167,349.
d	Amounts included on line 12, Form 990 but not on line a:		d	Amounts included or Form 990 but not on			
(1)	Investment expenses not included on line 6b, Form 990 \$		(1	i) Investment expenses not included on line 6b, Form 990 \$			
(2)	Other (specify):		(2	2) Other (specify):			
				,			
	Add amounts on lines (1) and (2)	d	İ	Add amounts on line	es (1) and (2)	d	
е	Total revenue per line 12, Form		е	Total expenses per l	ine 17. Form		
Part	990 (line <b>c</b> plus line <b>d</b> )	e 150,280.	mp	990 (line c plus line	<u>d)</u> ▶	e	167,349.
ा धार	List of Officers, Directors,	(B) Title and average ho		(C) Compensation	(D) Contributions t		(E) Expense
	(A) Name and address	per week devoted to position		(if not paid, enter -0-)	employee benefit plans and deferre compensation	t	account and other allowances
123	ETTE KLINEFELTER, MED 3 SE STARK TLAND, OR 97214	EXECUTIVE DIREC		38,480.	4,07	3.	0.
	LY EARLL	PRESIDENT	-	0.	···	0.	0.
123	3 SE STARK	]1					
	TLAND, OR 97214		_			_	
	HEL_ELVETON3 SE STARK	MEMBER	Ì	0.	(	0.	0.
	TLAND, OR 97214	<del>-</del>	ĺ				
	ERIE HUNTER	MEMBER	十	0.		0.	0.
	3 SE STARK	]1				İ	
POR	TLAND, OR 97214	1				-{	
			$\dashv$			$\dashv$	<u> </u>
75	Did any officer, director, trustee, or ke than \$100,000 from your organization \$10,000 was provided by the related o	and all related organizatioi rganizations?	gate ns, o	compensation of more f which more than		- [	Yes X No
	If 'Yes,' attach schedule - see instruc	tions.					<del></del>

Forr	m 990'(2004) THE GIRLS ALLIANCE 54-207393	0	F	age 5
P	art VI Other Information (See instructions )		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		х
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
• •	If 'Yes,' attach a conformed copy of the changes.	<del>  ''  </del>		
78	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		Х
	<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	78b	N.	
75	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79_		X
	a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80 a		X
	and check whether it is exempt or nonexempt.		į	
81	a Enter direct and indirect political expenditures. See line 81 instructions   81 a   0.			ĺ
	b Did the organization file Form 1120-POL for this year?	81ы		Х
82	<b>a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at			
UL	substantially less than fair rental value?	82 a	Х	
	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
83:	a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	х	ĺ
	b Did the organization comply with the disclosure requirements relating to guid pro guo contributions?	83b	X	<del></del>
	a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
,	b if 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	846	N	ľΑ
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85 a	N,	/A
1	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	N,	/A
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
	waiver for proxy tax owed for the prior year.			İ
•	Dues, assessments, and similar amounts from members	4 6	i	ĺ
(	d Section 162(e) lobbying and political expenditures 85d N/A			ĺ
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	4 1		
	Taxable amount of lobbying and political expenditures (line 85d less 85e)	1 [		
ç	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	<u>N</u> ,	<u>A</u>
i	h if section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	N.	A_
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on			
	line 12		1	
ŀ	Gross receipts, included on line 12, for public use of club facilities $\dots$		1	ĺ
87	501(c)(12) organizations Enter: a Gross income from members or shareholders 87a N/A			
I	o Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
ይይ	· · · · · · · · · · · · · · · · · · ·	1 [	1	Ì
00	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	İ	Х
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	<del>                                     </del>		
	section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.	]		ĺ
ŀ	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	89b		Х
(	: Enter: Amount of tax imposed on the organization managers or disqualified persons during the	1		
	year under sections 4912, 4955, and 4958			0.
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
	List the states with which a copy of this return is filed > OREGON	۳.۳		
	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b		
91	The books are in care of ► ANNETTE KLINEFELTER Telephone number ► 503-230-00 Located at ► 1233 S.E. STARK, PORLTAND, OREGON ZIP + 4 ► 9721	74		
a2	Located at ► 1233 S.E. STARK, PORLTAND, OREGON ZIP + 4 ► 9721  Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here	N/2	<u></u> :	FTT
JZ	and enter the amount of tax-exempt interest received or accrued during the tax year	14/1	•	N/A

Form **990** (2004)

T wit the frinally sis of intoonio	- 10440	1119 / (0011)	1000	il lou dottor to	<del></del>		
Note: Enter gross amounts unless otherwise indicated	}	(A) Business code	d business	(B) mount	Excluded by s  (C) Exclusion code	ection 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:		Dusiness tode		nount	Exclusion code	Amount	
a PARTICIPANT FEES							26,034.
b			<u> </u>		<del> </del>	<del> </del>	
d					<del> </del>	<u></u>	
d	— ⊦				<u></u>		
f Medicare/Medicaid payments	—  -				<del>                                     </del>		
g Fees & contracts from government age	ncies .				<del> </del>		
94 Membership dues and assess	<u> </u>		·				<del></del>
95 Interest on savings & temporary cash	<b>⊢</b>						
96 Dividends & interest from sect	urities						
97 Net rental income or (loss) from real 6	estate:						
a debt-financed property	. [						
<b>b</b> not debt-financed property							
98 Net rental income or (loss) from pers	prop _				<u> </u>		
99 Other investment income .							
100 Gain or (loss) from sales of as other than inventory .	sets						
101 Net income or (loss) from special ever	nte				1	17,268.	
102 Gross profit or (loss) from sales of inve	<u> </u>					11/200.	
103 Other revenue. a						-,	
b	—					<del></del>	· · · · · · · · · · · · · · · · · · ·
c						<del></del>	
c							
e							
104 Subtotal (add columns (B), (D), and (	E)) .					17,268.	26,034.
105 Total (add line 104, columns (	B), (D), $an$	id (E))				<b>-</b>	43,302.
<b>Note:</b> Line 105 plus line 1d, Part I, sh							
Part VIII Relationship of Acti	vities to	the Acco	mplishr	nent of Ex	empt Purpos	ses (See instructions.)	
Line No. Explain how each activity of the organization's exen	for which	income is re es (other tha	ported in o	column (E) o Iding funds fo	Part VII contrib or such purposes	uted importantly to the	accomplishment
93A SCHOOLS, SPONSOR	S. OR	PARTICIE	ANTS A	RE CHARG	ED FEES FO	R PARTICIPATIN	G IN GIRLS
EMPOWERMENT GROU							
PROVIDING THOSE							
THOUSE THOSE							
Part IX Information Regardi	ng Taya	hle Suhsi	diaries	and Disre	narded Entiti	es (See instructions )	
(A)	ing raxe	(B)	<u> </u>	(C		(D)	(E)
		i .	,	(0	,		
Name, address, and EIN of corpo partnership, or disregarded en	ration, itity	Percentage ownership int		Nature of	activities	Total income	End-of-year assets
N/A			8	<del></del>			
			8				
		<del> </del>	8				
	<del></del>		8				
Part X Information Regard	ing Tran	sfers Ass		with Pers	onal Benefit	Contracts (See inst	ructions.)
a Did the organization, during the year, reci							Yes X No
<b>b</b> Did the organization, during the	-	•		• •	•		Yes X No
Note: If 'Yes' to (b), file Form 8870		•	-	-	a personal bene	in conduct.	
					schedules and state	ments, and to the best of my	knowledge and belief it is
Under penalties of penjury, I decla true, correct, and complete Decla	ration of prep	pager (other than	officer) is ba	sed on all inform	ation of which prepar	er has any knowledge	
Please   Link link	III	<u>stle</u>				1 10.14	<u>. 25</u>
Sign Signature of officer	$\mathcal{D}$					Date	
Hora Dia				L <u></u>			
					Date	Check if P	reparer's SSN or PTIN (See Seneral Instruction W)
					10/07/05		200020115

### SCHEDULE A (Form 990 or 990-EZ)

# Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2004

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ. Name of the organization Employer identification number THE GIRLS ALLIANCE
DBA GIRLS INITIATIVE NETWORK 54-2073930 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter 'None.') (d) Contributions to employee benefit plans and deferred compensation (e) Expense account and other (a) Name and address of each (b) Title and average (c) Compensation employee paid more than \$50,000 hours per week devoted to position allowances NONE Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE

Total number of others receiving over \$50,000 for professional services

Schedule A (Form 990 or 990-EZ) 2004 THE GIRLS ALLIANCE 54-2073930 Page 3 Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year (b) (e) Total beginning in) Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 11.547. 11.547. Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 62,023. 62,023. charitable, etc, purpose . . Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 Net income from unrelated business activities not included in line 18 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 Other income, Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT 761 .331 75,331 Total of lines 15 through 22 13,30813,308 Line 23 minus line 17 24 753 Enter 1% of line 23. 266 26 a Organizations described on lines 10 or 11: b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your 26 b return. Enter the total of all these excess amounts c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . 26 c 13,308 d Add: Amounts from column (e) for lines: 19 26b 26d 1.761 26 e 11,547. e Public support (line 26c minus line 26d total) . . . 26 f 86.77 f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). Organizations described on line 12: N/A a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: \_\_\_\_(2002) \_\_\_\_(2001) \_\_\_\_(2000) \_\_\_\_ bFor any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: \_\_\_\_ (2002) \_ \_ \_ \_ 15 \_\_\_\_\_ c Add: Amounts from column (e) for lines: 27 d and line 27b total d Add: Line 27a total. . 27 e e Public support (line 27c total minus line 27d total)

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))... . . . . . . . . . . . .

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27 q

27h

Private School Questionnaire (See instructions.)

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	-		
;	Does the organization maintain the following:  a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
(	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
1	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
22	Does the organization discriminate by race in any way with respect to:	-		
55	boes the digalization discriminate by race in any way with espect to.			
	a Students' rights or privileges?	33a		
	b Admissions policies?			
	d Scholarships or other financial assistance?	33c		
	B Educational policies?	33e		
	f Use of facilities?	33 f		
9	g Athletic programs?	33g		
ı	h Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
i	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	If you answered 'Yes' to either 34a or b, please explain using an attached statement.  Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	25		
	nondiscrimination: It ivo, attach an explanation.	35		

L	(To be complet	ed ONLY by an eligible	organization that filed F	orm 5768)	401101101				N/A
Che	ck ► a I If the organi	zation belongs to an aff	iliated group. Check	<b>b</b> If you	ı checke	d 'a' and 'l	limited	contr	ol' provisions apply.
		imits on Lobbying	g Expenditures amounts paid or incurre	ed.)		Affiliate	<b>a)</b> ed grou tals	р	(b) To be completed for ALL electing organizations
36	Total lobbying expenditi	ures to influence public	opinion (grassroots lob)	bying)	36				or garrizations
37	Total lobbying expendit	·			37				
38	Total lobbying expenditi	_			-				
39	Other exempt purpose	expenditures			39				
40	Total exempt purpose e	xpenditures (add lines	38 and 39)		40				
41	Lobbying nontaxable an		t from the following tabl	e —					
	If the amount on line 40		lobbying nontaxable ar						
	Not over \$500,000				1 1				
	Over \$500,000 but not over \$1,				1 1				
	Over \$1,000,000 but not over \$				41		,		•
	Over \$1,500,000 but not over \$				1 1				
42	Over \$17,000,000 . Grassroots nontaxable a		000,000 ne 41)		42				
43	Subtract line 42 from lin	•	•		42			<del> </del>	
44	Subtract line 41 from lin				44				· <del></del>
• •	Caution: If there is an a				<del>                                     </del>				
	(Some organ	nizations that made a si	Averaging Period ection 501(h) election dee the instructions for lin	o not have to cor	mplete a	<b>h)</b> Il of the fiv	/e colu	mns t	pelow.
			Lobbying Expend	ditures During 4	-Year A	eraging P	eriod	ı	
	Calendar year (or fiscal year beginning in) ►	<b>(a)</b> 2004	<b>(b)</b> 2003	<b>(c)</b> 2002			<b>d)</b> )01		<b>(e)</b> Total
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of line 45(e))								
47	Total lobbying expenditures								
48	Grassroots non- taxable amount .						············		
49	Grassroots ceiling amount (150% of line 48(e)) .								
	Grassroots lobbying expenditures								
		nly by organizations tha	it did not complete Part	VI-A) (See instr				· r	N/A
atten	ig the year, did the organ npt to influence public op	nization attempt to influe inion on a legislative ma	ence national, state or lo atter or referendum, thro	ocal legislation, i ough the use of:	ncluding	any	Yes	No	Amount
	Volunteers								
	Paid staff or manageme	,	on in expenses reported	on lines <b>c</b> throu	igh <b>h.</b> ).				
	Media advertisements			•					
	Mailings to members, le	-		•	• • • •			<del> </del>	<u> </u>
	Publications, or publishe Grants to other organiza			• •		•		-+	
	Direct contact with legisl	, , ,		ristative body		ŀ	+	$\dashv$	
_	Rallies, demonstrations,	_							· · · · · · · · · · · · · · · · · · ·
	Total lobbying expenditu				•	.			
	If 'Yes' to any of the abo	· ·	•	escription of the	lobbying	activities <sub>[</sub>			
	<del></del>								

# Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions) 51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting organization to a noncharitable exempt organization of: No X 51 a (i) (ii) Other assets. a (ii) **b** Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization . b (i) b (ii) (ii) Purchases of assets from a noncharitable exempt organization. . . b (iii) (iv) Reimbursement arrangements . b (iv) (v)Loans or loan guarantees b (v) b (vi) (vi)Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees...... C d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: (c) Name of noncharitable exempt organization (a) Line no. Amount involved Description of transfers, transactions, and sharing arrangements N/A **52 a** is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . Yes X No b if 'Yes,' complete the following schedule: (c) Description of relationship (a) Name of organization (b) Type of organization N/A

2004

## **FEDERAL STATEMENTS**

THE GIRLS ALLIANCE
DBA GIRLS INITIATIVE NETWORK

PAGE 1

54-2073930

STATEMENT 1 FORM 990, PART I, LINE 9 NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
"HEART OF A WOMAN" ART AUCTIC	N & DINNER 19,428. \$ 19,428.	<u> </u>	19,428. \$ 19,428.	2,160. \$ 2,160.	17,268. \$ 17,268.

STATEMENT 2 FORM 990, PART I, LINE 20 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PRIOR PERIOD ADJUSTMENT

TOTAL \$ 3,435.

STATEMENT 3
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO UNITE GIRLS, YOUNG WOMEN, AND THEIR SUPPORTERS IN CREATING SOCIAL CHANGE THROUGH ADVOCACY, EDUCATION, AND ACTIVISM.

STATEMENT 4
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM
GRANTS AND SERVICE
ALLOCATIONS EXPENSES

GIRLS EMPOWERMENT GROUPS ARE LED BY TRAINED, SUPPORTED FEMALE FACILITATORS TO PROVIDE A GROUP OF UP TO 15 GIRLS WITH A WEEKLY "GIRLS ONLY" FORUM TO TALK ABOUT EXPERIENCES, SHARE IDEAS AND THOUGHTS, AND TO LEARN THAT THEY ARE NOT ALONE IN DEALING WITH WORLD'S INCREASING EXPECTATIONS AS GIRLS APPROACH ADULTHOOD. IN FISCAL YEAR 2005 220 GIRLS PARTICIPATED IN EMPOWERMENT GROUPS.

46,989.

ALLIES IN ACTION WORKSHOPS TRAIN MIDDLE AND HIGH SCHOOL AGED GIRLS TO FACILIATE ACTIVITIES AND DIALOGUES WITH OTHER GIRLS ABOUT RELATIONAL AGRESSION. THE ALLIES IN ACTION CURRICULUM EXPLORES THE NATURE OF RELATIONAL AGRESSION BETWEEN GIRLS AND OFFERS CULTURALLY RELEVANT AND AGE-APPROPRIATE PREVENTION AND INTERVENTION STRATEGIES. IN FISCAL YEAR 2005 150 GIRLS WERE TRAINED TO BECOME PEER FACILITATORS, 100 ADULTS WERE TRAINED TO SUPPORT YOUTH FACILITATORS, AND 15 PRESENTATIONS WERE GIVEN TO PARENT AND COMMUNITY GROUPS.

14,351.

TECHNICAL ASSISTANCE SERVICES FOR THE MULTNOMAN COUNTY SCHOOL AGE POLICY FRAMEWORK PROVIDERS OFFER GENDER SPECIFIC TRAININGS AND CASE-BY-CASE CONSULTATION. BY THE END OF

2004	FEDERAL STATEMENT	TS PAGE 2
	THE GIRLS ALLIANCE DBA GIRLS INITIATIVE NETWO	RK 54-207393
STATEMENT 4 (CO FORM 990, PART III STATEMENT OF PR	NTINUED) , LINE A OGRAM SERVICE ACCOMPLISHMENTS	
FICCAL VEAD 2001	DESCRIPTION  O TRAININGS HAD BEEN SCHEDULED AND ON	GRANTS AND SERVICE ALLOCATIONS EXPENSES
PROVIDERS HAD AS	9 TRAININGS HAD BEEN SCHEDULED AND OV TENDED.	\$ 0. \$ 130,040.
STATEMENT 5 FORM 990, PART IN LAND, BUILDINGS,	, LINE 57 AND EQUIPMENT	
MACHINERY AND EQ	CATEGORY BASIS UIPMENT \$ 6,35	ACCUM. BOOK VALUE  50. \$ 4,955. \$ 1,395. 50. \$ 4,955. \$ 1,395.
STATEMENT 6 SCHEDULE A, PAR OTHER INCOME  DESCRIP MISCELLANEOUS IN	TION (A) 2003 (B) 2002 (	(C) 2001 (D) 2000 (E) TOTAL  0. \$ 0. \$ 1,761 0. \$ 0. \$ 1,761