-orm 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2010

Open to Public Inspection

A Fo	or the 2	2010 ca	lendar year, or tax year begin	ning 10-01-2010 and ending 09-30-20	11				
B Ch	eck if ap	pplicable	C Name of organization GIRL SCOUTS OF THE UNITED ST	TATES OF AMERICA		D Emp	loyer	identificatio	n number
- Ad	dress ch	ange	Doing Business As			13-:	1624	016	
Na	me char	nge	Doing business As			E Telep	hone	number	
Inr	tıal retur	rn		ıf maıl ıs not delivered to street address)	Room/suite	(212	2)85	2-8000	
Te	mınated	d	420 FIFTH AVENUE						
— Am	nended r	return	City or town, state or country, an	nd ZIP + 4		G Gross	receip	ots \$ 152,883	,609
— Ар	plication	pending	NEW YORK, NY 100182798						
			F Name and address of p	orincipal officer	H(a) Is this	a group return	n for affil	ıates? Yes	▼ No
			KATHY CLONINGER 420 FIFTH AVENUE					_	_
			NEW YORK, NY 10018		H(b) Are al				Yes No
						o," attacr up exemp		t (see inst umber ►	ructions)
r Ta	ıx-exem	pt status	501(c)(3) 501(c)()	◀ (Insert no)					
J W	ebsit e	: F WW	W GIRLSCOUTS ORG						
K For	m of org	janization	Corporation Trust Associa	ation Other ►	L Year of fo	ormation 19	915	M State of le	gal domicile DC
	rt I		mary		I				-
		GIRLSC	<u>-</u>	sion or most significant activities COURAGE, CONFIDENCE, AND CHAF	RACTER, WHO	MAKETH	IE WC	ORLD A BE	TTER
క్ర	5	PLACE							
Governance	-								
<u>ş</u>	-								
ŝ	2 (Check th	nis box 🔭 if the organization	discontinued its operations or disposed	l of more than 2	25% of its	neta	assets	
				erning body (Part VI, line 1a)			3	<u> </u>	29
Ě				rs of the governing body (Part VI, line 1		•	4		29
Activities &			mber of individuals employed		5		490		
ă			mber of volunteers (estimate i	n Part VIII, column (C), line 12			6 7a		892,651 1,672,438
				e from Form 990-T, line 34			7a 7b		-415,106
					Pric	or Year		Curre	nt Year
	8	Contri	butions and grants (Part VIII	, line 1h)		6,040,	928		7,261,167
를	9		-	, line 2g)		41,451,149			41,776,093
Rayenue	10	Invest	ment income (Part VIII, colu	mn (A), lines 3, 4, and 7d)		3,300,	464		7,303,082
Ť	11	Other	revenue (Part VIII, column (<i>F</i>		29,948,	662		33,751,074	
	12		=	11 (must equal Part VIII, column (A), lı	ne	80,741,	203		90,091,416
	13			art IX, column (A), lines 1-3)		6,318,826			9,547,022
	14			t IX, column (A), line 4)		423,106			413,698
	15			byee benefits (Part IX, column (A), lines	5 –	12722			,
Expenses		10)				40,118,	616		42,978,998
₹	16a	Profes	sional fundraising fees (Part I	X, column (A), line 11e)		0			230,000
표	b		ndraising expenses (Part IX, column						
	17), lines 11a-11d, 11f-24f)		38,661,			36,423,407
	18 19			nust equal Part IX, column (A), line 25)		85,521,	-		89,593,125
<u>س</u> م	13	Reven	ue iess expelises Subtract III	ne 18 from line 12	Reginnin	-4,780, g of Curre	-		498,291
မ်ား သည်း သည်					-	ear Curre		End o	of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)			169,144,	421	1	70,148,603
2 E	21	Totall	iabilities (Part X, line 26) .			57,117,	314		60,684,763
	22			ct line 21 from line 20		112,027,	107	1	09,463,840
	rt II	_	ature Block						
know				nined this return, including accompanying te. Declaration of preparer (other than offi					
		****				012-05-08			
Sigr		Signa	ture of officer			ate			
Her	e		ENCE CORSELLO CFO/SENIOR VICE or print name and title	PRESIDENT					
		' Print/Type	·	Preparer's signature	Date	Check if se	lf	PTIN	
Paid		preparer's	name	,	Juic	employed		L1 TIA	
raiu Prep	arer L		me F GRANT THORNTON LLP				Fırm's EIN	•	
	Only	Firm's add	ress • 666 THIRD AVENUE					Phone no 1	(212) 599-
	-		NEW YORK, NY 100174011					1 0100	

May the IRS discuss this return with the preparer shown above? (see instructions)

┌Yes ┌No

Par		Program Servi O contains a resp			III		৮
1 GIRI	Briefly describe the orga SCOUTING BUILDS GIF			E. AND CHARAC	TER. WHO MAKE THE	WORLD A BET	TER PLACE THE
GIRI PERS CHA	L SCOUT PROGRAM IS A SONAL GROWTH AND LE LLENGING ACTIVITIES FERHOOD	NONFORMAL, EX ADERSHIP DEVE	PERIENTIAL, LOPMENT PA	AND COOPERAT RTNERING WITH	IVE EDUCATION PRO CARING ADULTS, GI	GRAM THAT I RLS DESIGN F	PROMOTES GIRLS' UN AND
2	Did the organization unde the prior Form 990 or 99		ant program se	ervices during the	ear which were not lis		es 🗸 No
	If "Yes," describe these i	new services on Sc	hedule O				
3	Did the organization cease services?	se conducting, or n	nake sıgnıfıcar • • • •	nt changes in how i	t conducts, any progra		es 🔽 No
	If "Yes," describe these	changes on Schedu	ule O				
4	Describe the exempt pur Section 501(c)(3) and 5 allocations to others, the	01(c)(4) organızat	ions and secti	on 4947(a)(1) trus	ts are required to repo		
4a	(Code) (Expenses \$	28,259,981	ıncludıng grants of \$	4,469,669) (R	evenue \$	13,775,922)
	SERVICE DELIVERY TO LOCAL programs and services are do GIRLS AND ADULTS IN ACCO	elivered effectively and	consistently NAT	IONWIDE, AND to USA	GIRL SCOUTS OVERSEAS, T		
	(Code) (Expenses \$	24,331,329	including grants of \$	4,769,792) (R	evenue \$	40,968,790)
70	PROGRAM DEVELOPMENT AN OPPORTUNITIES AND PROVID	D VOLUNTEER LEARNIN	NG RESEARCH, D	EVELOP AND EVALUATI	E GIRL SCOUT PROGRAMS F	·	· · ·
	(Code) (Expenses \$	11,365,092	ıncludıng grants of \$	226,157) (R	evenue \$	5,584,833)
	COMMUNICATIONS - COMMU communications TOOLS AND	JNICATE KEY MESSAGE	S ABOUT GIRL SC	OUTING WHICH PROM	, , ,	·	, , ,
	Other program services	(Describe in Sch	edule O) See :	also Additional Dat	ta for Description		
	, ,	15,704,510 inc	•		81,404) (Revenue \$	5,9	57,155)
4e	Total program service e	xpenses ⊩ \$	79,660,91	2			

Part IV	Che	cklist	of Re	auired	Sche	dules
4·11734	CIIC.	LKIISL	UI NC	uuncu	Julie	uuics

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 😼	2	Yes	
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	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.	11b	Yes	
C	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.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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, Parts I and IV	14b	Yes	
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 U S? If "Yes," complete Schedule F, Parts II and IV.	15	Yes	
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 U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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-24d and complete Schedule K. If "No," go to line 25	24a		No
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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		Νο
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		No
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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	<u>.</u>	
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	Ta 99			
,	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
	Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the		· ·	
	year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	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)?	4a		N (
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5с		
l	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N (
	organization solicit any contributions that were not tax deductible?			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		N
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			l
_	file Form 8282?	7с		N
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		N o
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N o
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	_		
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	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		
	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?	9b		
)	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
}	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	134		
b	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		l No
	If "Yes " has it filed a Form 730 to report these payments? If "No " provide an explanation in Schedule O	14a		<u>'``</u>

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9		
b	Enter the number of voting members included in line 1a, above, who are independent	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	. 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	. 7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	. 75	163	
	year by the following			
a	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form	17 11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give ris	e 12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	. 14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	16a		No
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		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC, KY, LA, ME, MD, MA, MI, MN, MS, NM, NY, NC, ND, OH, OK, OR, PA, VT, VA, WA, WV, WI	, MO , N	V,NH	, NJ,
18	Section 6104 requires an organization to make its Form 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 V Upon request

(212) 852-8000

- 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. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization FLORENCE CORSELLO
 420 FIFTH AVENUE
 NEW YORK, NY 10018

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any 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

Check this box if neither the organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi		C) (che	cka			(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
-										
			<u> </u>							

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours	1	tion (che		11		(D) Reportable compensation		(E) Reportable compensation	1 6	(F) Estima amount o	ated
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organız	m the ration (W- 9-MISC)	from related organizations (W- 2/1099- MISC)		compens from t organizati relati organiza	the on and ed
See A	dditional Data Table													
												-		
1b	Sub-Total							<u> </u>						
	Total from continuation sheets	to Part VII, Sec			<u> </u>	•	· ·					-		
d						•		>		3,225,579		0	-	743,524
2	Total number of individuals (inc \$100,000 in reportable comper	-				ted	above) who	receive	d more tha	n	•		
													Yes	No
3	Did the organization list any for on line 1a? If "Yes," complete Sc					eye •	mploy •	ee, o	r highes	t compens	ated employee	3		Νο
4	For any individual listed on line organization and related organiz	1a, is the sum o	f report:	able (com									140
5	Individual									r individual for	5	Yes	N o	
Se	ection B. Independent Cor	ntractors												
1	Complete this table for your five \$100,000 of compensation from	hıghest comper		ndep	ende	ent o	ontra	tors	that red	eived more				
	Na n Lovells IIP	(A) me and business add	dress							Descr	(B) iption of services		(C) Compen	

(A) Name and business address	(B) Description of services	(C) Compensation
Hogan Lovells LLP 875 Third Avenue NEW YORK, NY 10022	Legal services	997,046
The Observatory LLC 157 Silvermine Rd NEW CANAAN, CT 06840	MKTNG/COMM	609,153
TMA RESOURCES 1919 Gallows Road VIENNA, VA 22182	TECHNICAL SERVICES	1,047,603
DANIEL J EDELMAN 21992 NETWORK PLACE CHICAGO, IL 60673	MARKETING/COMMUNICAT	953,158
MINDTREE CONSULTING LTD 15 Independence Blvd WARREN, NJ 07059	TECHNICAL SERVICES	948,495
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ▶44) who received more than	

Form 9		•					Pag	ge 9
- ai c		• Statement of Revent	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
mts St	1a	Federated campaigns	1a	22,656				
Contributions, gifts, grants and other similar amounts	Ь	Membership dues	. 1b					
ું.≝	c	Fundraising events	1c					
≣ੂਰੋ	d	Related organizations	. 1d					
a Sign	e	Government grants (contributions)	1e	2,669,632				
e E	f	All other contributions, gifts, grants		4,568,879				
語句	q	similar amounts not included above Noncash contributions included in li		1,052				
<u> </u>	_	Total. Add lines 1a-1f	_		7,261,167			
	"	iotai. Add imes 1a-11		Business Code	7,201,107			
e⊒	2a	MEETING AND LEARNING EVENTS		Business Code 721000	A 5A3 873	2,934,024	1,609,848	
Program Serwce Revenue	ь	TILLIAN THE LETTING EVENTS		721000			1,009,040	
or GE	_	MEMBERSHIP DUES		624100	37,232,221	37,232,221		
rwc rwc	c d							
33	e e							
<u> </u>		All other program service re	venue					
Š	-							
	g	Total. Add lines 2a-2f			41,776,093			
	3	Investment income (including and other similar amounts)		-	1,990,950			1,990,950
	4	Income from investment of tax-ex		ŀ	0			
	5	Royalties			7,290,365			7,290,365
			(ı) Real	(II) Personal				
		Gross Rents						
	_	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		•				
		_	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	50,673,926					
		assets other than inventory						
	Ь	Less cost or other basis and	45,361,794					
	_	sales expenses Gain or (loss)	5,312,132	+				
		Net gain or (loss)			5,312,132			5,312,132
		Gross income from fundraisi						
ř		(not including						
⊕ >		\$ of contributions reported on						
Ϋ́		See Part IV, line 18	a					
Other Revenue	ь	Less direct expenses						
Ö		Net income or (loss) from fur			0			
	9a	Gross income from gaming a	ictivities See Part IV, line 19 . a					
		Less direct expenses .		b				
		Net income or (loss) from ga			0			
	10a	Gross sales of inventory, les returns and allowances	SS					
			a	43,550,854				
		Less cost of goods sold .		17,430,399				
	С	Net income or (loss) from sa	lles of inventory •		26,120,455	26,120,455		
		Miscellaneous Revenue		Business Code				
		ADVERTISING/SPONSORS		541800	62,590		62,590	
	Ь	SOFTWARE MAINTENANCE	<u> </u>	541900	100,504			100,504
		INSURANCE RECOVERY		900099	92,631			92,631
		All other revenue			84,529			84,529
	e	Total. Add lines 11a-11d			340,254			
	12	Total revenue. See Instructi	ons	ł			4 :-	
					90,091,416	66,286,700	1,672,438	14,871,111
						Fo	rm 990 (20	110)

Part IX Statement of Functional Expenses

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

A	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to c	-		(D).	
	ot include amounts reported on lines 6b, b, 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 organizations in the U.S. See Part IV, line 21	9,419,003	9,419,003		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	128,019	128,019		
4	Benefits paid to or for members	413,698	413,698		
5	Compensation of current officers, directors, trustees, and key employees	2,125,256	1,530,313	336,072	258,871
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	27,938,255	24,503,924	2,630,830	803,501
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,700,000	3,901,000	611,000	188,000
9	Other employee benefits	6,213,362	5,365,333	658,859	189,170
10	Payroll taxes	2,002,125	1,785,871	156,729	59,525
а	Fees for services (non-employees) Management	160,298	160,298		
b	Legal	985,581	164,517	821,064	
c	Accounting	448,279	401,969	44,713	1,597
d	Lobbying	140,469	140,469		
e	Professional fundraising services See Part IV, line 17	230,000			230,000
f	Investment management fees	610,049		610,049	
g	Other	9,786,162	9,495,382	196,873	93,907
12	Advertising and promotion	2,129,468	2,116,703	10,273	2,492
13	Office expenses	1,432,094	1,379,678	32,701	19,715
14	Information technology	5,248,785	4,881,974	187,926	178,885
15	Royalties	0		,	<u> </u>
16	Occupancy	5,602,738	5,222,462	72,405	307,871
17	Travel	3,235,651	3,060,427	53,833	121,391
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			· · · · · · · · · · · · · · · · · · ·
19	Conferences, conventions, and meetings	0			
20	Interest	9,865		9,865	
21	Payments to affiliates	1,528,467	1,528,467		_
22	Depreciation, depletion, and amortization	2,496,943	1,976,103	413,882	106,958
23	Insurance	572,385	230,176	342,209	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	CREDIT CARD PROCESSING FEES	498,081	450,699	0	47,382
b	RECRUITING EXPENSE	447,574	447,574	0	0
c	FOOD SERVICES	434,502	402,983	29,251	2,268
d	CATALOG PRINTING	210,296	210,296	0	0
е	PROFESSIONAL DUES	119,233	19,594	86,903	12,736
f	All other expenses	326,488	323,980	2,508	
25	Total functional expenses. Add lines 1 through 24f	89,593,125	79,660,912	7,307,945	2,624,269
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2010)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			48,491	1	16,010
	2	Savings and temporary cash investments	•		12,785,894	2	17,202,852
	3	Pledges and grants receivable, net			826,375	3	219,527
	4	Accounts receivable, net			7,645,560	4	9,931,470
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)	mploy	ers, and			
ste		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
Ą	8	Inventories for sale or use			7,784,445	8	9,050,572
	9	Prepaid expenses and deferred charges			1,206,838	9	1,380,989
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	77,936,139			
	ь	Less accumulated depreciation	10b	58,365,673	21,477,681	10c	19,570,466
	11	Investments—publicly traded securities			97,037,234	11	91,977,794
	12	Investments—other securities See Part IV , line 11			18,026,615	12	18,774,371
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			2,305,288	15	2,024,552
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			169,144,421	16	170,148,603
	17	Accounts payable and accrued expenses .			9,990,987	17	12,597,429
	18	Grants payable				18	_
	19	Deferred revenue			9,122,030	19	12,796,046
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability Complete Part IV of Schedu	le D .			21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lial		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	_
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			38,004,297	25	35,291,288
	26	Total liabilities. Add lines 17 through 25			57,117,314	26	60,684,763
-5		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olete l	ines 27			
<u>Ş</u>		through 29, and lines 33 and 34.					
Fund Balances	27	Unrestricted net assets			78,421,242	27	77,009,914
Ba	28	Temporarily restricted net assets			14,626,428	28	12,664,417
nd	29	Permanently restricted net assets			18,979,437	29	19,789,509
Fu		Organizations that do not follow SFAS 117, check here ► ☐ ar	nd con	plete			
ō		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Net	33	Total net assets or fund balances			112,027,107	33	109,463,840
	34	Total liabilities and net assets/fund balances			169,144,421	34	170,148,603

Pal	Check if Schedule O contains a response to any question in this Part XI			. 🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		90.0	91,416
2	Total expenses (must equal Part IX, column (A), line 25)	2			593,125
3	Revenue less expenses Subtract line 2 from line 1	3		4	198,29:
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		112,0	27,107
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-3,0	061,558
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		109,4	163,840
Par	T XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

Employer identification number

OMB No 1545-0047

MB NO 1545-004

2010

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Name of the organization GIRL SCOUTS OF THE UNITED STATES OF AMERIC

GIKL S	SCOUTS	S OF THE UNITED STATES OF AMERICA			
		13-1624016	•		
	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instruc	tions		
	organı —	ization is not a private foundation because it is (For lines 1 through 11, check only one box)			
1	<u> </u>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).			
2	<u> </u>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)			
3	<u> </u>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4	ı	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A) hospital's name, city, and state	(iii). Ente	r the	
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II)	t describe	d ın	
6	_	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).			
7	<u>'</u>	An organization that normally receives a substantial part of its support from a governmental unit or from th	o gonoral	nublic	
•	,	described in	e generar	public	
		section 170(b)(1)(A)(vi) (Complete Part II)			
8	\sqcap	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)			
9	<u>~</u>	An organization that normally receives (1) more than 331/3% of its support from contributions, membersh	ıp fees, ar	nd gros	ss
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more tha	n 331/3%	of	
		its support from gross investment income and unrelated business taxable income (less section 511 tax) fr	om busine	esses	
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)			
10	\sqcap	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).			
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sective box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d		a)(3).	Check
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more di other than foundation managers and other than one or more publicly supported organizations described in s section 509(a)(2)	•	•	
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supcheck this box	porting o	rganız	ation,
g		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 the supported organization?	11g(i)		
		(ii) a family member of a person described in (i) above?	11g(ii)		
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		
h		Provide the following information about the supported organization(s)			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) list your gove docume	e ion in ted in rning	(v) Did you not organizat col (i) of suppor	ion in your	(vi) Is the organizat col (i) orga	on in anized	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

-	action A Public Support	organización i	ans to quality t	maci the tests	noted below, pic	sase complete	1 41 (111.)
	ection A. Public Support	1	1	1	1 1		·
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
_	grants ")			1			
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			1			
4	Total. Add lines 1 through 3			<u> </u>			
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						
c	(f) Public Support. Subtract line 5 from			+			
6	line 4						
S	ection B. Total Support	1	1	1			<u> </u>
	endar year (or fiscal year beginning				T		
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
-	Gross income from interest,						
8	dividends, payments received on	l					
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
9	business activities, whether or						
	not the business is regularly	l					
	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)						
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth. or	fifth tax vear as a	501(c)(3) organi	ızatıon.
	check this box and stop here	5	= =, = = = = = =	,,	, -a. a. a.	- (-)(-) - (5411	▶ □
	·						
	ection C. Computation of Pub						
14	Public Support Percentage for 2010) (line 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A, Pai	t II, line 14			15	
16a	33 1/3% support test-2010. If the	organization did	not check the box	x on line 13. and	line 14 is 33 1/3%	or more, check	this box
	and stop here. The organization qua	-		·	2		▶ □
ь	33 1/3% support test—2009. If the	•			a, and line 15 is 3	3 3 1/3% or more	. ,
_	box and stop here. The organization				,	_,	▶□
17a	10%-facts-and-circumstances test-				ne 13, 16a, or 16b	and line 14	,
	is 10% or more, and if the organizat						
	in Part IV how the organization mee			•			rted
	organization			J	•		▶ ┌
ь	10%-facts-and-circumstances test-	–2009. If the orga	anızatıon dıd not o	check a box on lii	ne 13, 16a, 16b, o	r 17a and line	
	15 is 10% or more, and if the organ	ızatıon meets the	e "facts and circu	mstances" test,	check this box and	d stop here.	
	Explain in Part IV how the organizat						у
	supported organization						▶ ┌
18	Private Foundation If the organizati	on dıd not check	a box on line 13,	16a, 16b, 17a o	r 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	Part II. II the organi	zation fails to t	quality under the	e tests listed be	elow, please co	implete	Part II.	<u></u>
	ction A. Public Support ndar year (or fiscal year beginning			I			Т	
Cale	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	44,371,110	39,993,526	40,248,756	44,994,937	44	,493,388	214,101,717
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	41,029,687	45,652,162	41,521,943	40,979,501	46	,484,878	215,668,171
3	Gross receipts from activities that are not an unrelated trade or							
4	business under section 513 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 A mounts included on lines 1, 2,	85,400,797	85,645,688	81,770,699	85,974,438	90	,978,266	429,769,888
/a	and 3 received from disqualified							
ь	persons Amounts included on lines 2 and							
	3 received from other than disqualified persons that exceed							
	the greater of \$5,000 or 1% of							
	the amount on line 13 for the							
c	year Add lines 7a and 7b							
8	Public Support (Subtract line 7c							429,769,888
Se	from line 6)							
	ndar year (or fiscal year	(-) 200C	(1-) 2007	(-) 2000	(4) 2000	(-) 20	10	/6) T - b - l
	beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20		(f) Total
9	A mounts from line 6	85,400,797	85,645,688	81,770,699	85,974,438	90	,978,266	429,769,888
10a	Gross income from interest, dividends, payments received							
	on securities loans, rents,	11,649,949	11,705,926	10,919,293	8,972,288	9	,281,315	52,528,771
	royalties and income from similar sources							
b	Unrelated business taxable							
	income (less section 511 taxes) from businesses	2,262,368	2,119,195	1,634,956	1,606,375	1	,672,438	9,295,332
	acquired after June 30, 1975	42.042.247	12.025.121	12 554 240	10 570 660	10	052.752	61 024 102
с 11	Add lines 10a and 10b Net income from unrelated	13,912,317	13,825,121	12,554,249	10,578,663	10	,953,753	61,824,103
	business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	924,348	489,092	87,813	184,741		277,664	1,963,658
13	Total support (Add lines 9, 10c, 11 and 12)	100,237,462	99,959,901	94,412,761	96,737,842	102	,209,683	493,557,649
14	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	, thırd, fourth, or	fifth tax year as a	section!	501(c)(3) organization, ►
Se	ction C. Computation of Pub	lic Support P	ercentage					
15	Public Support Percentage for 201			13 column (f))		15		87 076 %
16	Public support percentage from 20	09 Schedule A , F	art III, line 15			16		87 236 %
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge				
17	Investment income percentage for	2010 (line 10c c	olumn (f) dıvıded b	y line 13 columr	n (f))	17		12 526 %
18	Investment income percentage from	m 2009 Schedule	A, Part III, line 1	7		18		12 399 %

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

Software ID: Software Version:

EIN: 13-1624016

Name: GIRL SCOUTS OF THE UNITED STATES OF AMERICA

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	Inaepend	ient C	onti	acı	tors	<u> </u>				
(A) Name and Title	(B) A verage hours	Posit	(C tion (hat a	che)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
CONNIE LINDSEY National President	100	Х		x				0	0	0
DAVIA TEMIN	100	Х		Х				0	0	0
First Vice President	100	^							-	
LINDA P FOREMAN Second Vice President	100	Х		x				0	0	0
LINDA MAZON-GUTIERREZ Secretary	100	Х		х				0	0	0
JOAN WAGNON Treasurer	100	Х		х				0	0	0
SYLVIA ACEVEDO BOARD MEMBER	5 0	Х						0	0	0
BARBARA ADACHI BOARD MEMBER	5 0	Х						0	0	0
CATHERINE COUGHLIN BOARD MEMBER	5 0	Х						0	0	0
HARRIETT EDELMAN BOARD MEMBER	5 0	Х						0	0	0
ROCKY EGUSQUIZA BOARD MEMBER	5 0	Х						0	0	0
ELLEN FOX BOARD MEMBER	5 0	Х						0	0	0
LISA GUILLERMIN GABLE BOARD MEMBER	5 0	Х						0	0	0
NAN C HILLIS BOARD MEMBER	5 0	Х						0	0	0
MICHELLE HOLIDAY BOARD MEMBER	5 0	Х						0	0	0
JOHN HOM BOARD MEMBER	5 0	Х						0	0	0
INGRID SAUDERS JONES BOARD MEMBER	5 0	Х						0	0	0
KAREN MALONEY BOARD MEMBER	5 0	Х						0	0	0
SHARON H MATTHEWS BOARD MEMBER	5 0	Х						0	0	0
ROBERT MORRIS BOARD MEMBER	5 0	Х						0	0	0
DEBRA NAKATOMI BOARD MEMBER	5 0	Х						0	0	0
SUSAN PETERS BOARD MEMBER	5 0	Х						0	0	0
PATRICIA BOWE ROMINES BOARD MEMBER	5 0	Х						0	0	0
RHEA SCHWARTZ BOARD MEMBER	5 0	Х						0	0	0
SARA SCHWEBEL BOARD MEMBER	5 0	Х						0	0	0
EILEEN SCOTT BOARD MEMBER	5 0	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	Posi	((C) (che	cka	II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MARISA TABIZON THOMPSON BOARD MEMBER	5 0	×						0	0	0
GAIL M TALBOTT BOARD MEMBER	5 0	х						0	0	0
MITCHELL MARTIN Board Member	5 0	х						0	0	0
LINDA DESCANO Board Member	5 0	х						0	0	0
M KATHRYN CLONINGER CEO	45 0			х				442,016	0	77,182
FLORENCE N CORSELLO CFO/Senior Vice President	45 0			х				354,371	0	89,205
DELPHIA Y DUCKENS SENIOR VICE PRESIDENT	45 0				х			231,342	0	31,767
BARRY HOROWITZ VP & GENERAL MANAGER	45 0				х			235,742	0	59,908
JACLYN E LIBO WITZ CHIEF OF STAFF	45 0				х			227,311	0	64,264
LAUREL J RICHIE SENIOR VICE PRESIDENT	45 0				х			259,821	0	30,390
MARGIE M WANG VICE PRESIDENT	45 0				х			232,761	0	31,158
JAN VERHAGE CHIEF OPERATING OFFICER	45 0				х			203,055	0	134,412
CLAIRE FERRARIN VICE PRESIDENT	45 0					х		198,158	0	59,591
DEBORAH J LONG SENIOR VICE PRESIDENT	45 0					х		228,153	0	43,507
LAURIE A WESTLEY SENIOR VICE PRESIDENT	45 0					х		234,537	0	45,394
MICHAEL WATSON Senior Vice President	45 0					Х		203,138	0	36,502
DIANE B O ETTINGER MYRACLE VICE PRESIDENT	45 0					x		175,174	0	40,244

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program serv	vices				
(Code gırl scout merchandıse) (Expenses \$	12,371,546	including grants of\$	0) (Revenue \$	5,957,155)
(Code international services) (Expenses \$	3,332,964	including grants of \$	81,404) (Revenue \$	0)

DLN: 93493129010212

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527

> ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

Name of the organization GIRL SCOUTS OF THE UNITED STATES OF	AMEDICA		Employe	r identification number
THE SCOULS OF THE UNITED STATES OF	AMERICA		13-1624	016
art I-A Complete if the or	ganization is exempt und	ler section 501(c) or is a section	527 organization.
Provide a description of the or	ganızatıon's dırect and ındırect p	olitical campaign act	ıvıtıes ın Part IV	
Political expenditures			•	s
V olunteer hours				
rt I-B Complete if the or	ganization is exempt und	ler section 501(c)(3).	
Enter the amount of any excis	e tax incurred by the organizatio	n under section 4955	;	F \$
Enter the amount of any excis	e tax incurred by organization ma	anagers under sectio	n 4955	• \$
If the organization incurred a s	section 4955 tax, did it file Form	4720 for this year?		☐ Yes ☐ No
Was a correction made?				☐ Yes ☐ No
If "Yes," describe in Part IV				
art I-C Complete if the or	ganization is exempt und	ler section 501(c) except section	501(c)(3).
Enter the amount directly expe	ended by the filing organization fo	or section 527 exemp	ot function activities	> \$
Enter the amount of the filing of exempt funtion activities	organization's funds contributed	to other organizations	s for section 527	▶ \$
Total exempt function expendi	itures Add lines 1 and 2 Enter h	ere and on Form 112	0-POL, line 17b	• \$
Did the filing organization file I	Form 1120-POL for this year?			☐ Yes ☐ No
Enter the names, addresses a	nd employer identification number	er (EIN) of all section	527 political organiza	ations to which the filing
organization made payments amount of political contributio	nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er the amount paid fro nd directly delivered	om the filing organizati to a separate political	on's funds Also enter the lorganization, such as a
organization made payments amount of political contributio	For each organization listed, ento ns received that were promptly a	er the amount paid fro nd directly delivered	om the filing organizati to a separate political	on's funds Also enter the organization, such as a ormation in Part IV (e) A mount of politica contributions received and promptly and directly delivered to a separate political
organization made payments amount of political contributio separate segregated fund or a	For each organization listed, entous received that were promptly a political action committee (PAC	er the amount paid frond directly delivered) If additional space	om the filing organizati to a separate political is needed, provide inf (d) A mount paid fi filing organization	on's funds Also enter the organization, such as a ormation in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
organization made payments amount of political contributio separate segregated fund or a	For each organization listed, entous received that were promptly a political action committee (PAC	er the amount paid frond directly delivered) If additional space	om the filing organizati to a separate political is needed, provide inf (d) A mount paid fi filing organization	on's funds Also enter the lorganization, such as a ormation in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
organization made payments amount of political contributio separate segregated fund or a	For each organization listed, entous received that were promptly a political action committee (PAC	er the amount paid frond directly delivered) If additional space	om the filing organizati to a separate political is needed, provide inf (d) A mount paid fi filing organization	on's funds Also enter the lorganization, such as a ormation in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
organization made payments amount of political contributio separate segregated fund or a	For each organization listed, entous received that were promptly a political action committee (PAC	er the amount paid frond directly delivered) If additional space	om the filing organizati to a separate political is needed, provide inf (d) A mount paid fi filing organization	on's funds Also enter the lorganization, such as a ormation in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
organization made payments amount of political contributio separate segregated fund or a	For each organization listed, entous received that were promptly a political action committee (PAC	er the amount paid frond directly delivered) If additional space	om the filing organizati to a separate political is needed, provide inf (d) A mount paid fi filing organization	on's funds Also enter the lorganization, such as a ormation in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,

i Subtract line 1f from line 1c If zero or less, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a			
<u>B</u>	Check I if the filing organization checked bo Limits on Lobbying E (The term "expenditures" means ar		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	140,469	1
c	Total lobbying expenditures (add lines 1a and 1	b)	140,469	
d	Other exempt purpose expenditures		89,452,656	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	89,593,125	
f	Lobbying nontaxable amount Enter the amount to	from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expendi	tures During •	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
_c	Total lobbying expenditures	196,000	192,000	307,000	140,469	835,469
d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures	0	0	0	0	0

art II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT filed Fo	rm 5768
	(election under section 501(h)).		

		1.	a)		(b)	
		Yes	No		\ moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?			_		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			-		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	** THE A. Computate if the every instinction is every mention down as attem FA4/a//4/ as attem t					n
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	501(c)(5), (or se		
	501(c)(6).	501(c)(5), « 		Yes	No
1	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	501(c)(5), (1		
1 2	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	501(c)(5), (1 2		
1 2 3	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year?			1 2 3	Yes	No
1 2 3	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	501(c)(5), (1 2 3	Yes	No
1 2 3	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I	501(c)(5), (1 2 3	Yes	No
1 2 3 Par	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	501(c II-A, 1 2a 2b)(5), (1 2 3	Yes	No
1 2 3 Par 1 2 a b	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	501(c II-A, 1 2a 2b 2c)(5), (1 2 3	Yes	No
1 2 3 Par 1 2 a b c	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TIII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	2a 2b 2c 3)(5), (1 2 3	Yes	No

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1 Also, complete this part for any additional information

Ident if ier Return Reference | Explanation efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493129010212

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public Inspection

Internal Revenue Service ► Attach to Form 990. ► See separate instructions. **Employer identification number** Name of the organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA 13-1624016 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if 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) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No 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 may 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 importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c 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 3 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 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 \$ ___ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 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. 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 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 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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

ar'	Organizations Maintaining Co	llections of Art,	Histo	orical Tre	easures, or	Othe	r Similar Ass	sets (co	ntinued,
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofthe	following th	iat are a signifi	cant ι	ıse of ıts collectı	on	
а	Public exhibition		d	Loan o	r exchange pro	grams			
b	Scholarly research		e	O ther					
С	Preservation for future generations								
1	Provide a description of the organization's co	ollections and explai	n how t	hey further	the organization	on's ex	xempt purpose ır	1	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							- Yes	┌ No
Par	TEXT Escrow and Custodial Arrang Part IV, line 9, or reported an an					ed "Y	es" to Form 9'	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lan or other intermed	diary fo	r contributi	ons or other as	sets	not Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the f	ollowin	g table			Am	ount	
c	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
· !a	Did the organization include an amount on Fo	orm 000 Part V Juna	. 212				Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV		21,				1	res	, 140
b Pa	rt V Endowment Funds. Complete		answ	ered "Yes	" to Form 99() Pai	rt IV line 10		
Ċ.	Endowment Fands Complete	(a)Current Year		rior Year	(c)Two Years Ba		(d)Three Years	(e)Four Y	ears Back
_	P	109,766,000		106,861,000	112,384		Back	(C) our i	ears back
a L	Beginning of year balance	935,000		877,000	1,756				
b c	Contributions	-1,672,000		9,503,000	-1,442	_			
d	Grants or scholarships	1,430,000		1,699,000	1,191				
e	Other expenditures for facilities	2,699,000		5,776,000	4,646				
_	and programs								
f	Administrative expenses								
g	End of year balance	104,900,000		109,766,000	106,861	,000			
2	Provide the estimated percentage of the yea	r end balance held a	s						
а	Board designated or quasi-endowment 🕨	74 000 %							
b	Permanent endowment 🕨 18 000 %								
c	Term endowment ► 8 000 %								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion th	at are held	and admınıster	ed for	the		
	organization by (i) unrelated organizations						2-/	Yes	No
	•					• •	3a(i		No No
ь	(ii) related organizations			edule R?			3b	- 	NO
	Describe in Part XIV the intended uses of th	· ·						<u> </u>	<u> </u>
aı	t VI Investments—Land, Buildings	-			0, Part X, line	e 10.			
	Description of investment	•		(a) Cost or of basis (investm			(c) Accumulated depreciation	(d) Bo	ok value
.a	Land				37	77,059			377,059
b	Buildings		. [51,96	56,122	34,443,580	1	7,522,542
c	Leasehold improvements		.		1,30	01,667	1,169,990		131,67
d	Equipment		.		24,29	91,291	22,752,103		1,539,188
e	Other		. [

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .

19,570,466

Part VIII Investments—Other Securities. See F	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b)Book value		d of valuation f-year market value
(1)Financial derivatives		Cost of cha of	year market value
(2)Closely-held equity interests			
(3)O ther			
(A) PRIVATE EQUITY FUNDS	4,271,400		F
(B) HEDGE FUNDS	11,883,788		F
(C) REAL ESTATE	2,619,183		F
(4) (12)	2,013,103		<u> </u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	18,774,371		
Part VIII Investments—Program Related. See		<u>.</u> 13.	
			d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin (a) Description			(b) Book value
(d) bescript			(b) book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	5.)		
Part X Other Liabilities. See Form 990, Part X	, lıne 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
FUNDS HELD IN TRUST	748,755		
ACCRUED PENSION LIABILITY	34,542,533		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	35,291,288		
, , ,	33,231,200		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	90,091,416
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	89,593,125
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	498,291
4	Net unrealized gains (losses) on investments	4	-8,329,597
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	5,268,041
9	Total adjustments (net) Add lines 4 - 8	9	-3,061,556
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,563,265
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	130,983,414
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	53,696,878
3	Subtract line 2e from line 1	3	77,286,536
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 610,049		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	12,804,880
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	90,091,416
	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	
1	Total expenses and losses per audited financial statements	1	133,546,679
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	56,758,434
3	Subtract line 2e from line 1	3	76,788,245
4	A mounts 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 610,049		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	12,804,880
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	89,593,125
Pai	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
ENDOWMENT FUNDS	LINE 4	THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO DEVELOP, SUPPORT, AND EXTEND THE GIRL SCOUT MOVEMENT
	LINE 8 & PART XII LINE 2d	PENSION EXPENSES OTHER THAN NET PERIODIC PENSION COSTS \$5,410,836 CHANGES IN VALUE OF DEFERRED GIFTS -\$142,795 TOTAL OTHER \$5,268,041
RECONCILIATION OF REVENUE & expenses	· · · · · · · · · · · · · · · · · · ·	ADMINISTRATIVE, MERCHANDISING, WAREHOUSING, ETC EXPENSES OF GIRL SCOUT MERCHANDISE \$12,373,971 JULIETTE GORDON LOW BIRTHPLACE cost of SALES \$- 179,140 TOTAL OTHER EXPENSES \$12,194,831
FIN 48 FOOTNOTE		The Organization follows guidance that clarifies the accounting for uncertainty in tax positions taken or expected to be taken in a tax return, including issues relating to financial statement recognition and measurement. This standard provides that the tax effects from an uncertain tax position can be recognized in the consolidated financial statements only if the position is "more-likely-than-not" to be sustained if the position were to be challenged by a taxing authority. The standard also provides guidance on measurement, classification, interest and penalties, and disclosure and had no material impact on the accompanying consolidated financial statements. The tax years ended 2008, 2009 and 2010 are still open to audit for both federal and state purposes. The Organization has processes presently in place to ensure the maintenance of its tax-exempt status, to identify and report unrelated income, to determine its filing and tax obligations in jurisdictions for which it has nexus, and to identify and evaluate other matters that may be considered tax positions.

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As Filed Data -

DLN: 93493129010212

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

to Part I

c Totals (add lines 3a and 3b)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

	L SCOUTS OF THE UNITED STA	TECOEAMEDI	C A		Employer ident	in leat ion number
JIK	L SCOUTS OF THE UNITED STA	TES OF AMERI	CA		13-1624016	
Pa	"Yes" to Form 990, Pa			he United States. C	omplete if the organiz	ation answered
1	For grantmakers. Does the assistance, the grantees' eli	organization n	naıntaın record			
	the grants or assistance? .		_	•		
2	For grant makers. Describe in Pa United States	art V the organiz	zation's procedu	res for monitoring the use	e of grant funds outside t	he
3	Activites per Region (Use Part	V if additional s	pace is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	East Asia and the Pacific	0	0	Grantmaking		128,019
	Europe (Including Iceland and Greenland)	0	13	Program Services	see part v	342,991
	East Asia and the Pacific	0	8	Program Services	see part v	166,410
	Central America and the Caribbean	0	0	Investments		10,437,329
	Sub-total	0	21			11,074,749
	Total from continuation charts	1	I	1	1	I

21

11,074,749

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			East Asia/Pacific	Earthquake Donations	128,019	Check			
2	Enter total nu tax-exempt b	ımber of recipie by the IRS, or fo	ent organizations li or which the grant	sted above that are ree	recognized as charit ovided a section 501	ies by the foreign c (c)(3) equivalency	ountry, recognized letter	as . 🟲	1
3	Enter total nu	ımber of other	organızatıons or e	ntities				. ▶	0

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States.	Complete	ıf the organizatıon	answered '	'Yes" to Form 9	90, Part IV, line 1	١6.
	Use Part V if ad	ditional space is nee	eded.								

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV,
!	 	+			 		appraisal, other)
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Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	<u> ~</u>	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	굣	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	▼	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	~	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
Grants Paid Sch F		The grant provided to Girl Scouts of Japan was designated to provide earthquake relief to Girl Scouts of Japan This was a one-time grant with no monitoring required. In general, the organization monitors grants and scholarships by reviewing program progress reports of expenses submitted for reimbursement to ensure compliance with GSUSA policies and procedures.

ldentifier	Return Reference	Explanation
OFFICERS, EMPLOYEES, OR AGENTS OUTSIDE THE U S	line 2c and Line 3c	girl scouts of the united states of america has 21 staff members located outside the united states serving dependent military famililes

ldentifier	Return Reference	Explanation
Program Service Description		To assure the delivery of services to girls and adults in accordance with the mission, policies and goals of the organization. Services include leadership development experiences for girls and learning opportunities for adults.

Schedule F (Form 990) 2010

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As Filed Data -

DLN: 93493129010212

OMB No 1545-0047

Department of the Treasury Internal Devenue Convec

(Form 990 or 990-EZ)

SCHEDULE G

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.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

internal Nevenue Service	F Attach to Form 990 of Form 990-EZ. F See Separate instructions.	Inspection
Name of the organization		Employer identification number
GIRL SCOUTS OF THE U	INITED STATES OF AMERICA	
		13-1624016

Рa	ľτΙ	Fundraising Activities. Complete if the organi	zat	ion	answered "Yes" to Form 990, Part IV, line 17.	
1	Inc	licate whether the organization raised funds through any of	the	follo	wing activities Check all that apply	
а	굣	Mail solicitations	e	<u> </u>	Solicitation of non-government grants	
b		Internet and e-mail solicitations	f	~	Solicitation of government grants	
c		Phone solicitations	g	Γ	Special fundraising events	
d		In-person solicitations				
2a	Dic	t the organization have a written or oral agreement with any	ınd	ıvıdı	ual (including officers, directors, trustees	

or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 Form 990-EZ filers are not required to complete this table

(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
COMMUNITY COUNSELLING SVC CO 461 FIFTH AVENUE 3RD FL NEW YORK CITY, NY 10017	see part IV		No	1,954,000	230,000	1,724,000
Total			*	1,954,000	230,000	1,724,000

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

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VT, VA, WA, WV, WI

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form				
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Total Events (Add col (a) through col (c))
Ф			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
Æ	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
မာ	5	Non-cash prizes				
i) L	6	Rent/facility costs				
Expenses	7	Food and beverages				
Direct I	8	Entertainment				
à	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 ın colum	n (d)		
	11	Net income summary Combine Ii				
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	irt IV, line 19, or rep	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
_	1	Gross revenue				
	2	Cash prizes				
xpenses	3	Non-cash prizes				
ш	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	∀es % No	Γ Yes % Γ No	┌ Yes % ┌ No	_
	7	Direct expense summary Add line	s 2 through 5 ın column	(d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in co	umn (d)	<u> ▶</u>	
9		er the state(s) in which the organiza				
а		the organization licensed to operate		ch of these states?		Γ_{Yes} Γ_{No}
b	If"	No," Explain				
						I
10a h		re any of the organization's gaming Yes," Explain			the tax year?	· · Fyes FNo
b	11	ies, Expiaiii				

L1	Does the organization operate ga	iming activities with nonmembe	rs?			Г.,.
 L2	Is the organization a grantor, ber				res	INO
-	formed to administer charitable g			•	Г.,	г
.3	Indicate the percentage of gamin				· I Yes	I No
	The organization's facility	-		13a		
	An outside facility					
.4	Provide the name and address of					
	records	, , ,	3 3, 1			
	Name ▶					
	Nume P					
	Address 🟲					
15a	Does the organization have a cor	ntract with a third party from wh	om the organization receives g	amıng		
	revenue?				· Γ_{Yes}	Γ_{No}
b	If "Yes," enter the amount of gan	ning revenue received by the or	ganization 🟲 \$	and the		
	amount of gaming revenue retain	ed by the third party 🟲 \$				
c	If "Yes," enter name and address	1				
	Name 🟲					
	Address 🟲					
. 6	Gaming manager information					
	Name 🏲					
	Gaming manager compensation	▶ \$				
	Description of services provided	>				
	Director/officer	Employee	Independent contra	uctor		
7	Mandatory distributions		, independent contre			
а	Is the organization required unde	r state law to make charitable	distributions from the gaming p	roceeds to		
	retain the state gaming license?				┌ Yes	Г _{No}
ь	Enter the amount of distributions	required under state law distri	buted to other exempt organiza	tions or spent		
	ın the organization's own exempt					
Par	t IV Complete this part to property instructions.)	provide additional informati	on for responses to questio	n on Schedule G (see	
	Identifier	ReturnReference		Explanation		
Sche	edule G, Part I, Line 2b, Column ii		capital campaign planni	ng and consultation		

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Schedule I

(Form 990)

Name of the organization

DLN: 93493129010212 OMB No 1545-0047

Employer identification number

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury Attach to Form 990 Internal Revenue Service

Inspection

GIRL SCOUTS OF THE UNITED STAT	TEC OF AMEDICA					' '	
GIRL SCOUTS OF THE UNITED STAT	IES OF AMERICA					13-1624016	
Part I General Information	n on Grants and	Assistance				•	
 Does the organization maintain r the selection criteria used to awa Describe in Part IV the organiza 	ard the grants or ass	sistance?					▽ Yes ┌
Part II Grants and Other As Form 990, Part IV, line duplicated if additional	ssistance to Gov 21 for any recipi	vernments and O ent that received n	rganizations in the nore than \$5,000. Ch	United States. Coreck this box if no one	recipient receive	ed more than \$5,000.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
2 Enter total number of section 503 Enter total number of other organ						_	114

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
GRANTS PAID	II	THE ORGANIZATION MONITORS GRANTS AND SCHOLARSHIPS AWARDED TO VARIOUS GIRL SCOUT COUNCILS, INDIVIDUAL GIRL SCOUT MEMBERS, AND GIRL SCOUT COUNCIL STAFF MEMBERS BY REVIEWING PROGRESS REPORTS FOR GRANTS AND SCHOLARSHIPS ADDITIONALLY, FINANCIAL STAFF REVIEWS ALL EXPENSES SUBMITTED FOR REIMBURSEMENT FOR ALL GRANTS AND SCHOLARSHIPS TO ENSURE COMPLIANCE WITH GSUSA POLICIES AND PROCEDURES

Software ID: Software Version:

EIN: 13-1624016

Name: GIRL SCOUTS OF THE UNITED STATES OF AMERICA

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Gırl Scouts of Greater South Texas202 East Madison Avenue Harlingen,TX 785504904	74-1256499	501 (C) 3	15,304				Program fulfillment
Global Explorers420 S Howes Suite B300 Fort Collins, CO 80521	06-1693441	501 (C) 3	16,400				Program fulfillment
GS of Maine 138 Gannett Drive 280 South Portland, ME 041066909	01-0269802	501 (C) 3	17,050				Program fulfillment
GS of Alaska3911 Turnagain Boulevard East Anchorage, AK 995172417	92-6000179	501 (C) 3	20,802				Program fulfillment
Sierra Nevada GSC605 Washington Street Reno, NV 895034328	88-0060580	501 (C) 3	22,568				Program fulfillment
Caribe GSC500 Calle Elisa Colberg San Juan, PR 009079908	66-0200470	501 (C) 3	26,726				Program fulfillment
GS of Central California South4910 East Ashlan Avenue Suite 105 Fresno,CA 937263021	95-1766795	501 (C) 3	26,786				Program fulfillment
GS of Greater Mississippi 1471 West County Line Road Jackson, MS 392137842	64-0384222	501 (C) 3	30,562				Program fulfillment
GS of Louisiana East841 South Clearview Parkway New Orleans, LA 701213119	72-0453615	501 (C) 3	31,389				Program fulfillment
GS Hornets Nest Council 7007 Idlewild Road Charlotte, NC 282125751	56-0563842	501 (C) 3	31,857				Program fulfillment
GS of Kentucky's Wildness Road2277 Executive Drive Lexington, KY 405054807	61-0608104	501 (C) 3	33,042				Program fulfillment
Silver Sage GSC1410 Etheridge Lane Boise,ID 837048407	82-0259644	501 (C) 3	33,303				Program fulfillment

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS of Louisiana Pines to the Gulf1720 Kaliste Saloom Road Ste C1 Lafayette, LA 705086140	72-0488660	501 (C) 3	33,914				Program fulfillment
Gırl Scouts San Gorgonio Council1751 Plum Lane Redlands,CA 923744533	95-1967727	7 501 (C) 3	34,006		<u> </u>	!	Program fulfillment
GS of Black Diamond Council 210 Hale Street Charleston, WV 253012208	55-0420373	501 (C) 3	35,306				Program fulfillment
GS Diamonds of ArkansOklah & Texas615 West 29 Street North Little Rock, AR 721142132	71-0309373	501 (C) 3	35,558				Program fulfillment
GS of the Desert SW-S New Mexico & WT9700 Girl Scout Way Elpaso,TX 799243828	74-1189693	501 (C) 3	36,025				Program fulfillment
Gırl Scouts of Hawaı'I420 Wyllie Street Honolulu, HI 968171729	99-0073488	501 (C) 3	38,251				Program fulfillment
GS of Central & Western Massachuset40 Harkness Avenue East Longmeadow, MA 010281016	04-2317694	501 (C) 3	38,798				Program fulfillment
Suffolk County GSC Inc442 Moreland Road Commack, NY 117255708	11-2164434	501 (C) 3	38,992			!	Program fulfillment
Girl Scout Commonwealth Council7300 Hanover Green Drive Mechanicsville, VA 231111705	54-0534506	5 501 (C) 3	40,416				Program fulfillment
GS of the Southern Appalachians1567 Downtown West Blvd Knoxville, TN 37918	62-0505206	5 501 (C) 3	41,278				Program fulfillment
GS of Southeastern Michigan 3011 West Grand Boulevard Ste 500 Detroit, MI 482023012	38-1359207	7 501 (C) 3	41,360				Program fulfillment
Girl Scouts of the Florida Panhandle250 Pinewood Drive Tallahassee,FL 323034838	59-0760209	501 (C) 3	41,787				Program fulfillment

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS of Minnesota & Wisco Lakes & Pines400 2nd Avenue South Waite Park, MN 563871470	41-0877820	501 (C) 3	42,249				Program fulfillment
GS of California's Central Coast801 South Victoria Avenue Suite 202 Ventura, CA 93003	94-1567162	2 501 (C) 3	43,259				Program fulfillment
Girl Scouts of Rhode Island 125 Charles Street Providence, RI 029042274	05-0300724	501 (C) 3	44,699				Program fulfillment
GS of Northern Indiana- Michiana10008 Dupont Circle Drive East Fort Wayne,IN 46825	35-1054339	501 (C) 3	45,500				Program fulfillment
Gateway Girl Scout Council 1000 Shearer Street Jacksonville, FL 322056055	59-0637857	7 501 (C) 3	47,735				Program fulfillment
Virginia Skyline GSC Inc 3663 Peters Creek Road NW Roanoke,VA 240192809	54-0737207	7 501 (C) 3	48,495				Program fulfillment
GS of Kansas Heartland360 Lexington Road Wichita, KS 672181700	48-0556718	501 (C) 3	49,863				Program fulfillment
GS-Spirit Of Nebraska2121 South 44th Street Omaha, NE 681052809	47-0432299	501 (C) 3	51,156				Program fulfillment
GS Heart of New Jersey120 Valley Road Montclair, NJ 070422399	22-1638950	501 (C) 3	51,323				Program fulfillment
GS of the Jersey Shore242 Adelphia Road Farmingdale, NJ 077273525	21-0731966	5 501 (C) 3	51,647				Program fulfillment
GS of Southern Illinois4 Ginger Creek Parkway Glen Carbon, IL 620343537	37-0811488	501 (C) 3	51,784				Program fulfillment
GS of North Central Alabama 105 Heatherbrooke Park Drive Birmingham, AL 352428008	63-0288834	501 (C) 3	52,598				Program fulfillment

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS of Michigan Shore to Shore3275 Walker Avenue NW Grand Rapids, MI 495449775	38-1366924	501 (C) 3	52,637				Program fulfillment
GS Heart Of Central California6601 Elvas Avenue Sacramento, CA 95819	94-1582429	501 (C) 3	54,776				Program fulfillment
GS of Southern Alabama 3483 Springhill Avenue Mobile, AL 366081522	63-0421430	501 (C) 3	56,607				Program fulfillment
GS of Wisconsin-Badgerland 2710 Ski Lane Madison, WI 537133267	39-0806331	501 (C) 3	56,954				Program fulfillment
Girl Scouts of Utah445 E 4500 Street Salt Lake City, UT 841073101	87-0221612	501 (C) 3	57,152				Program fulfillment
GS of Montana and Wyoming 735 Grand Avenue Billings, MT 59102	81-6001486	5 501 (C) 3	58,451				Program fulfillment
Colonial Coast GS Council 912 Cedar Road Chesapeake, VA 233227002	54-1158412	501 (C) 3	59,061				Program fulfillment
GS of New Mexico Trails 4000 Jefferson Plaza Northeast Albuquerque, NM 87109	85-6011246	5 501 (C) 3	60,228				Program fulfillment
GS Heart Of The South2715 Kirby Parkway Suite 1 Memphis, TN 381198238	62-0502197	7 501 (C) 3	60,465				Program fulfillment
Greater Chicago and Northwest Indiana222 South Riverside Plaza 2120 Chicago, IL 606066101	36-3871241	501 (C) 3	61,898				Program fulfillment
Girl Scouts of Nassau County 110 Ring Road West Garden City, NY 115303296	11-2041443	501 (C) 3	63,024				Program fulfillment
Girl Scouts of EastSouth Carolina2412 Pisgah Road Florence, SC 295017115	57-0341216	5 501 (C) 3	63,925				Program fulfillment

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS of NyPenn PathwaysInc 8170 Thompson Road Cicero, NY 13039	16-0844808	501 (C) 3	63,982				Program fulfillment
GS Carolinas Peaks to Piedmont Inc8818 West Market Street Colfax,NC 27235	56-0577629	501 (C) 3	64,305				Program fulfillment
Girl Scouts of Mount To MidlandsInc5 Independence PointSte 120 Greenville, SC 29615	57-0314433	501 (C) 3	65,730				Program fulfillment
Orange County GS Council 9500 Toledo Way Irvine,CA 92618	23-7395094	501 (C) 3	66,104				Program fulfillment
GS of Western New York70 Jewett Parkway Buffalo, NY 142142322	16-0743096	501 (C) 3	66,450				Program fulfillment
GS of Eastern Iowa & Western Illinois2011 2nd Avenue Rock Island,IL 612018831	42-1008848	501 (C) 3	66,456				Program fulfillment
GS of Northwestern Great Lakes2430 Finger Road Green Bay, WI 543024210	39-1016314	501 (C) 3	67,906				Program fulfillment
Kentuckiana GSC2115 Lexington Road Louisville,KY 40206	61-0444698	501 (C) 3	68,432				Program fulfillment
Girl Scouts of Central IndianaInc1800 North Meridian Street Indianapolis,IN 46202	35-0876381	. 501 (C) 3	68,457				Program fulfillment
GS of Eastern Washing & North Idaho1404 North Ash Street Spokane, WA 992012806	91-0570844	501 (C) 3	68,748				Program fulfillment
GS of Northeastern New YorkInc8 Mountain View Avenue Albany, NY 122052804	14-1438466	501 (C) 3	70,080				Program fulfillment
GS of Central Illinois3020 Baker Drive Springfield, IL 627035918	37-0681529	501 (C) 3	70,379				Program fulfillment

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS of Western Oklahoma Inc 121 Northeast 50th Street Oklahoma City, OK 731051809	73-0677849	501 (C) 3	71,663				Program fulfillment
GS of Missouri Heartland210 S Ingram Mill Road Springfield, MO 658026100	44-0594943	501 (C) 3	72,283				Program fulfillment
GS NE Kansas & NW Missouri8383 Blue Parkway Drive Kansas City, MO 641334750	43-0892926	501 (C) 3	73,356				Program fulfillment
GS Heart Of Pennsylvania 350 Hale Avenue Harrisburg, PA 171041518	24-0795960	501 (C) 3	74,223				Program fulfillment
GS of Gulfcoast Florida Inc 4780 Cattlemen Road Sarasota,FL 34233	59-0760212	501 (C) 3	75,715				Program fulfillment
Sahuaro Girl Scout Council 4300 East Broadway Boulevard Tucson, AZ 857113506	86-0098917	501 (C) 3	78,678				Program fulfillment
GS of Eastern Oklahoma 2432 East 51st Street Tulsa,OK 741056002	73-0579240	501 (C) 3	79,267				Program fulfillment
GS of Eastern Missouri2300 Ball Drive St Louis, MO 63146	43-0662471	501 (C) 3	81,533				Program fulfillment
Citrus Girl Scout Council341 North Mills Avenue Orlando,FL 328035753	59-0696293	501 (C) 3	83,361				Program fulfillment
GS of North Carolina Coastal Pines6901 Pinecrest Road Raleigh, NC 276134538	56-0791500	501 (C) 3	83,938				Program fulfillment
GS of the Texas O klahoma Plains4901 Briarhaven Road Fort Worth,TX 761094499	75-0818162	501 (C) 3	84,262				Program fulfillment
GS of Oregan & SW Washington9620 SW Barbur Boulevard Portland, OR 97219	93-0399051	501 (C) 3	85,845				Program fulfillment

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS of Greater Iowa10715 Hickman Road Des Moines,IA 503223733	42-0698218	501 (C) 3	90,800				Program fulfillment
Gırl Scouts of Southern Nevada Inc2941 Harrıs Avenue Las Vegas, NV 891012309	88-0060273	501 (C) 3	92,345				Program fulfillment
GS of Northern Illinois12 N124 Coombs Road Elgin,IL 601248000	36-2358083	501 (C) 3	93,705				Program fulfillment
GS of Eastern Pennsylvania 330 Manor Road Miquon,PA 194441741	23-1352309	501 (C) 3	96,255				Program fulfillment
GS of Historic Georgia6869 Columbus Road Lizella, GA 310521710	58-0566191	501 (C) 3	97,494				Program fulfillment
GS Heart Of The Hudson2 Great Oak Lane Pleasantville, NY 105702110	13-2985898	501 (C) 3	97,572				Program fulfillment
Girl Scouts of Northeast Texas6001 Summerside Drive Dallas,TX 75252	75-1101571	501 (C) 3	98,649				Program fulfillment
GS of Southeast Florida1224 West Indiantown Road Jupiter, FL 334583910	59-0657327	501 (C) 3	99,141				Program fulfillment
GS of Central Texas12012 Park 35 Circle Austin,TX 78753	74-1109644	501 (C) 3	99,575				Program fulfillment
GSC OfTropical Florida 11347 SW 160 Street Miami,FL 331572703	59-0651087	7 501 (C) 3	99,584				Program fulfillment
GS of Western Ohio4930 Cornell Road Cincinnati, OH 452421804	31-0679091	501 (C) 3	100,856				Program fulfillment
GS Heart Of Michigan601 West Maple Street Kalamazoo, MI 490081923	38-1581300	501 (C) 3	102,035				Program fulfillment

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS of the Wisconsin Southeast131 South 69 Street Milwaukee, WI 532141663	39-0892833	501 (C) 3	105,013				Program fulfillment
GS Dakota Horizons1101 South Marion Road Sioux Falls, SD 571063466	46-0250744	501 (C) 3	105,502				Program fulfillment
Chesapeake Bay501 South College Avenue Newark, DE 197131301	51-0064337	501 (C) 3	105,975				Program fulfillment
GS San Diego-Imperial Council1231 Upas Street San Diego, CA 921035199	95-1644585	501 (C) 3	108,243				Program fulfillment
GS of Colorado400 South Broadway Denver, CO 802090407	84-0410630	501 (C) 3	109,983				Program fulfillment
GS of North East OhioOne Girl Scout Way Macedonia, OH 440562156	34-0726094	501 (C) 3	110,837				Program fulfillment
GS of Western Pennsylvania 30 Isabella Street Suite 207 Pittsburgh, PA 152125862	25-1126094	501 (C) 3	111,048				Program fulfillment
Greater NY Girl Scout Council43 West 23rd Street New York, NY 100104283	13-1624014	501 (C) 3	111,196				Program fulfillment
GS of Southwest Texas811 N Coker Loop San Antonio, TX 78216	74-1109759	501 (C) 3	113,911				Program fulfillment
GS of West Central Florida 5002 West Lemon Street Tampa,FL 336091104	59-0624454	501 (C) 3	116,875				Program fulfillment
GS of Ohio's Heartland Council1700 WaterMark Drive Columbus, OH 432151097	31-4379475	501 (C) 3	117,880				Program fulfillment
GS of Connecticut340 Washington Street Hartford, CT 061063317	06-0646756	501 (C) 3	120,940				Program fulfillment

Form 990,Schedule 1, Par	t 11, Grants and	d Other Assistance	to doverninents	and Organizations	s iii tile olliteu sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS of the Green & White Mountains1 Commerce Drive Bedford,NH 031106835	02-0243160	501 (C) 3	124,070				Program fulfillment
Gırl Scouts of Central Maryland4806 Seton Drıve Baltımore, MD 212153247	52-0780207	501 (C) 3	129,739				Program fulfillment
GS of Central & Southern New Jersey40 Brace Road Cherry Hill, NJ 080342621	22-1928958	501 (C) 3	137,011				Program fulfillment
Arizona Cactus Pine GSC119 E Coronado Rd Phoenix, AZ 850041512	86-0133397	501 (C) 3	143,387				Program fulfillment
GS of Northern New Jersey95 Newark Pompton Turnpike Riverdale, NJ 074571426	22-1512252	501 (C) 3	149,966				Program fulfillment
GS of Minnesota and Wisconsin River400 South Robert St StPaul, MN 551072214	41-0877820	501 (C) 3	150,268				Program fulfillment
GS of Northern California 7700 Edgewater Drive 340 Oakland, CA 946213017	94-1551410	501 (C) 3	162,582				Program fulfillment
GS of Western Washington 601 Valley Street Seattle, WA 981094229	91-6060940	501 (C) 3	166,479				Program fulfillment
Girl Scouts of San Jacinto Council3110 Southwest Freeway Houston,TX 770984508	74-6001254	501 (C) 3	190,325				Program fulfillment
GS of Greater Atlanta5601 North Allen Road Mableton, GA 30126	58-0566190	501 (C) 3	193,902				Program fulfillment
GS of Eastern Massachusetts 95 Berkeley Street Boston, MA 021166229	04-2703281	501 (C) 3	214,325				Program fulfillment
GS of Great Chicago & Northw Indiana222 South Riverside Plaza2120 Chicago, IL 606066101	36-3871241	501 (C) 3	260,501				Program fulfillment

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Nations Capital GS Council 4301 Connecticut Avenue NW Ste M2 Washington, DC 200082304	54-0732966	501 (C) 3	352,168				Program fulfillment
GS of Greater Los Angeles 801 South Grand Avenue Suite 300 Los Angeles, CA 900174621	95-1644033	501 (C) 3	412,830				Program fulfillment
Girl Scouts of Southwest Indiana Inc223 NW second street evansville, IN 47708	35-0876380	501(c)3	7,836				Program fulfillment
GS of Middle Tennessee Inc 4522 Granny White Pike Nashville,TN 372044139	62-0589380	501(c)3	11,960				Program fulfillment
Manitou GSC Inc5212 windward court sheboygan, WI 530831857	39-0920672	501(c)3	14,895				Program fulfillment
The Teton Science School 700 Coyote Canyon Road Jackson, WY 83001	83-0219163	501(c)3	15,000				Program fulfillment

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DLN: 93493129010212

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

GIR	L SCOUTS OF THE UNITED STATES OF AMERICA			• •			
				13-1624016			
Pa	rt I Questions Regarding Compensation						
						Yes	Νo
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	· c	Housing allowance or residence for	personal use			
	Travel for companions	Ĺ.	Payments for business use of person	•			
	Tax idemnification and gross-up payments	Ė	Health or social club dues or initiat				
	Discretionary spending account	Ĺ.	Personal services (e.g., maid, chau				
	, Biscretionary spending decount	'	r croonar services (e g , mara, ema	mear, enery			
b	If any of the boxes in line 1a are checked, did the orga reimbursement orprovision of all the expenses describ				1b		
2	Did the organization require substantiation prior to reir	nbur	sing or allowing expenses incurred by	all			
	officers, directors, trustees, and the CEO/Executive D $$	ırect	or, regarding the items checked in lin	e 1a?	2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that		•	1			
	Compensation committee	Г	Written employment contract				
	✓ Independent compensation consultant	굣	Compensation survey or study				
	Form 990 of other organizations	~	Approval by the board or compensa	tion committee			
4	During the year, did any person listed in Form 990, Pai or a related organization	rt V I	I, Section A, line 1a with respect to t	he filing organization			
а	Receive a severance payment or change-of-control pa	ymer	nt from the organization or a related o	rganızatıon?	4a	Yes	
ь	Participate in, or receive payment from, a supplementa	ıl nor	nqualified retirement plan?		4b	Yes	
С	Participate in, or receive payment from, an equity-base	ed co	impensation arrangement?		4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provi			n Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	com	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of	e 1 a	, did the organization pay or accrue a	ny			
а	The organization?				5a	Yes	
ь	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, lin	e 1a	, did the organization pay or accrue a	ny			
	compensation contingent on the net earnings of						
а	The organization?				6a		No
ь	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, lir	ne 1a	a. did the organization provide any no	n-fixed			
	payments not described in lines 5 and 6? If "Yes," des				7		Νo
8	Were any amounts reported in Form 990, Part VII, paid		·				
	subject to the initial contract exception described in R	egs	section 53 4958-4(a)(3)? If "Yes," (describe			
	ın Part III				8		Νo
9	If "Yes" to line 8, did the organization also follow the resection 53 4958-6(c)?	ebutt	able presumption procedure describe	d in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) M KATHRYN CLONINGER	(ı) (ıı)	356,911 0	0	85,105 0	57,846 0	19,336 0	519,198 0	
(2) FLORENCE N CORSELLO	(ı) (ıı)	290,025 0	0	64,346 0	71,571 0	17,634 0	443,576 0	
(3) DELPHIA Y DUCKENS	(ı) (ıı)	154,305 0	0	77,037 0	23,776 0	7,991 0	263,109 0	
(4) CLAIRE FERRARIN	(ı) (ıı)	174,762 0	0	23,396 0	38,126 0	21,465 0	257,749 0	
(5) BARRY HOROWITZ	(ı) (ıı)	200,785 0	11,523 0	23,434 0	37,000 0	22,908 0	295,650 0	
(6) JACLYN E LIBOWITZ	(ı) (ıı)	203,688 0	0 0	23,623 0	43,866 0	20,398 0	291,575 0	
(7) DEBORAH J LONG	(ı) (ıı)	219,647 0	0	8,506 0	28,566 0	14,941 0	271,660 0	
(8) LAUREL J RICHIE	(ı) (ıı)	241,031 0	10,000 0	8,790 0	19,939 0	10,451 0	290,211 0	
(9) MARGIE M WANG	(ı) (ıı)	210,250 0	0	22,511 0	23,756 0	7,402 0	263,919 0	
(10) LAURIE A WESTLEY	(ı) (ıı)	193,913 0	0 0	40,624 0	32,925 0	12,469 0	279,931 0	
(11) MICHAEL WATSON	(ı) (ıı)	169,959 0	0	33,179 0	16,204 0	20,298	239,640	
(12) JAN VERHAGE	(ı) (ıı)	181,372 0	15,000 0	6,683 0	128,617 0	5,795 0	337,467 0	
(13) DIANE B OETTINGER MYRACLE	(ı) (ıı)	169,085 0	0	6,089 0	20,070 0	20,174 0	215,418	
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

l ————		<u></u>
Ident if ier	Return Reference	Explanation
INFORMATION (1)	1	LINE 4A SEVERANCE PAYMENT DELPHIA DUCKENS - \$53,668 LINE 4B SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN K CLONINGER - \$38,072, F CORSELLO - \$22,603
INFORMATION (2)	· '	

Schedule J (Form 990) 2010

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DLN: 93493129010212

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization
GIRL SCOUTS OF THE UNITED STATES OF AMERICA

Employer identification number

13-1624016

ldentifier	Return Reference	Explanation
TOTAL NUMBER OF VOLUNTEERS	· '	ALL ADULT MEMBERS, WHO ARE NOT EMPLOYEES OF GIRL SCOUTS OF THE UNITED STATES OF AMERICA or girl scout councils, ARE CONSIDERED VOLUNTEERS OF THE ORGANIZATION

ldentifier	Return Reference	Explanation
OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D	GIRL SCOUT MERCHANDISE PROVIDES Program materials TO MEMBERS PARTICIPATING IN GIRL SCOUT PROGRAMS AND PROMOTES THE GIRL SCOUT BRAND AND MISSION INTERNATIONAL SERVICES PROVIDES OPPORTUNITIES FOR GIRLS AND ADULTS FROM ACROSS BORDERS AND DIVERSE CULTURES TO LIVE, PLAN, AND WORK TOGETHER FOR A PERIOD OF TIME

ldentifier	Return Reference	Explanation
GOVERNING BODY AND MANAGEMENT	PART VI, SECTION A, LINE 6, 7a AND 7b	The membership of the corporation consists of the members of the National Council of Girl Scouts of the USA. The membership of the National Council includes a delegates elected by Girl Scout councils who are registered through such local councils, be delegates from USA. Girl Scouts Overseas, comembers of the National Board of Directors, do such other persons as may be elected by the National Council. A regular session of the National Council is held triennially to elect a National Board of Directors and determine general lines of policy by acting upon proposals.

ldentifier	Return Reference	Explanation
POLICIES (1)		GSUSA performs a complete review process of its Form 990 and related schedules. The document and supporting schedules are reviewed internally by management and then by our independent auditors. Our form 990 is provided via the board intranet to our board members and is reviewed by the audit committee of the National Board.

ldentifier	Return Reference	Explanation
POLICIES (2)	FORM 990, PART VI, SECTION B, LINE 12C	EACH EMPLOYEE AND BOARD MEMBER IS REQUIRED TO ANNUALLY COMPLETE A DISCLOSURE FORM THAT REQUIRES DISCLOSURE OF ANY CONFLICTS OF INTEREST. THE ORGANIZATION ENSURES EACH EMPLOYEE AND BOARD MEMBER HAS COMPLETED THE FORM AND MAINTAINS THE DOCUMENTATION. For each interest disclosed, the board will determine whether to a take no action, be assure full disclosure to the Board of Directors and other individuals covered by this policy, ceask the person to recuse from participation in related discussions or decisions within the organization, deask the person to resign from her or his position, or, if the person refuses to resign, become subject to possible removal in accordance with the Board's removal procedures.

ldentifier	Return Reference	Explanation
POLICIES (3)	FORM 990, PART VI, SECTION B, LINE 15B	THE ORGANIZATION FOLLOWS A CONSISTENT PROCESS TO DETERMINE SALARIES OF THE CEO AND TOP MANAGEMENT WHICH INCLUDES 1 USING AN INDEPENDENT COMPENSATION CONSULTING FIRM WHO PRESENTS RECOMMENDATIONS TO THE CEO AND NATIONAL BOARD EXECUTIVE COMPENSATION COMMITTEE, 2 GATHERING BENCHMARKS, MARKET ASSESSMENTS, AND SALARY RECOMMENDATIONS, 3 DELIBERATING AND DOCUMENTING FINDINGS TO VALIDATE EXECUTIVE COMPENSATION

Identifier	Return Reference	Explanation
	SECTION C, Line 19	THE ORGANIZATION PROVIDES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS UPON REQUEST ADDITIONALLY, OUR AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE TO THE GENERAL PUBLIC VIA OUR WEBSITE

ldentifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCE		NET UNREALIZED GAIN/(LOSS) -8,329,597 PENSION EXPENSE 5,410,836 CHANGE OF DEFERRED GIFTS -142,795 TOTAL -3,061,558

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DLN: 93493129010212

2010

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign country) Primary activity Legal domicile (state or foreign country) (if section 501(c)(3)) Public charity status (if section 501(c)(3)) Yes	ad one
Name, address, and EIN of disregarded entity Primary activity Legal domicile (state of foreign country) Primary activity Legal domicile (state of foreign country) Total income End-of-year assets Direct controlling entity Direct controlling entity Primary activity Legal domicile (state of foreign country) Total income End-of-year assets Direct controlling entity Primary activity Legal domicile (state of foreign country) Exempt Code section Public charity status (if section 501(c)(3)) Direct controlling entity Section 501(c)(3)) Primary activity Legal domicile (state of foreign country) Exempt Code section Public charity status (if section 501(c)(3)) Primary activity Legal domicile (state of foreign country)	ad one
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3)) Direct controlling entity Very Public charity status (if section 501(c)(3)) Primary activity Very Public charity status (if section 501(c)(3)) Primary activity Very Public charity status (if section 501(c)(3)) Primary activity Very Public charity status (if section 501(c)(3)) Primary activity Very Public charity status (if section 501(c)(3)) Primary activity Very Public charity status (if section 501(c)(3)) Primary activity Very Public charity status (if section 501(c)(3)) Primary activity Very Public charity status (if section 501(c)(3)) Primary activity Very Public charity status (if section 501(c)(3)) Primary activity Very Public charity status (if section 501(c)(3)) Primary activity Very Public charity status (if section 501(c)(3)) Primary activity Very Public charity status (if section 501(c)(3)) Primary activity Very Public charity status (if section 501(c)(3)) Primary activity Very Public charity status (if section 501(c)(3)) Primary activity Very Public charity status (if section 501(c)(3)) Primary activity Very Public charity status (if section 501(c)(3)) Primary activity Very Public charity status (if section 501(c)(3)) Primary activity Very Public charity status (if section 501(c)(3)) Primary activity Very Public charity status (if section 501(c)(3)) Primary activity Very Public charity status (if section 501(c)(3)) Primary activity Very Public charity status (if section 501(c)(3)) Primary activity Very Public charity status (if section 501(c)(3)) Primary activity Very Public charity status (if section 501(c)(3)) Primar	ad one
or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) Exempt Code section (if section 501(c)(3)) Public charity status (if section 501(c)(3)) Primary activity Year	ad one
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or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) Exempt Code section (if section 501(c)(3)) Public charity status (if section 501(c)(3)) Primary activity Year	ad one
Yes	(g) n 512(b)(13 ontrolled
(1) WORLD FON FOR GIRL guides & girl scouts	ganization No
420 fifth avenue 14th floor new york, NY 10018 GIRL SCOUTING NY 501(C)3 9 na	
23-7147834	
	1

because	it had one or mo	re relat	ed organizations t	reated as a partne	ership during the	tax yea	r.)																						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) (g) Share of total income Share of end-of-year assets		Share of end-of-year allo		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year al		(g) Dispro		i) ortionate tions?	tionate Code V—		(j Gener mana partr	al or ging	(k) Percentage ownership	
								Yes	No			Yes	No																
_																													
				ble as a Corpora ations treated as a						l nswered "Y	es" on	Form	990,	Part IV,															
Name, address, and	(a) d EIN of related organiz	ation	(b) Primary activity	(c) Legal domicile (state or foreign country)	Direct o	d) ontrolling ntity	(e) Type of e (C corp, S or trust	corp,	Share o	(f) f total income	Shai end-o	j) re of f-year sets		(h) Percentage ownership															

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34

(6)

Part	Transactions with Rei	ited Organizations (Comp	nete ii the organization answered Tes	s on form 990, Pai	rt IV, iiile 34, 35, 3	,5A, 01 36.)				
N	ote. Complete line 1 if any entity is	listed in Parts II, III or IV					Yes	No		
1 Duri	ng the tax year, did the orgranization	on engage in any of the following	transactions with one or more related organ	nizations listed in Part	s II-IV?			1		
a R	Receipt of (i) interest (ii) annuities	(iii) royaltıes (iv) rent from a cor	ntrolled entity			1a		No		
b G	Gift, grant, or capital contribution to	other organization(s)				16	,	No		
c G	ift, grant, or capital contribution fro	m other organization(s)				10	: 🗌	No		
d L	d Loans or loan guarantees to or for other organization(s)									
e L	oans or loan guarantees by other o	rganization(s)				16	-	No		
f S	ale of assets to other organization(s)				1 f		No		
g P	g Purchase of assets from other organization(s)									
h E	xchange of assets					11	1	No		
i Le	Lease of facilities, equipment, or other assets to other organization(s)									
j L	ease of facilities, equipment, or oth	er assets from other organizatior	n(s)			1j		No		
k P	k Performance of services or membership or fundraising solicitations for other organization(s)									
I P	l Performance of services or membership or fundraising solicitations by other organization(s)									
m S	m Sharing of facilities, equipment, mailing lists, or other assets									
n S	haring of paid employees					1r	n Yes	-		
o R	teimbursement paid to other organi:	zation for expenses				10	,	No		
p R	teimbursement paid by other organi	zation for expenses				1,	•	No		
q C) ther transfer of cash or property to	other organization(s)				10	1	No		
r O	ther transfer of cash or property fro	m other organization(s)				11	:	No		
2 If	fthe answer to any of the above is "	Yes," see the instructions for inf	formation on who must complete this line, ir	ncluding covered relati	ionships and transact					
		(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determ Involve	ıınıng an	nount		
(1)				71 ()						
(2)										
(3)										
(4)										
(5)										

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	h) eral or laging tner?
			Yes	No		Yes	No		Yes	No
										1
										\vdash
										-
										1
										+
										1

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Ident if ier	Return Reference	Explanat ion
		p

Schedule R (Form 990) 2010