| Form | 88 | 79 |)-E | O |
|------|----|-----|-----|---|
| Form | 90 | 1 - | | 9 |

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service Name of exempt organization Do not send to the IRS. Keep for your records. See instructions.

> Employer identification number 13-1624016

20.09

GIRL SCOUTS OF THE UNITED STATES OF AMERICA Name and title of officer

Type of Return and Return Information (Whole Dollars Only) Partl

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

For calendar year 2008, or fiscal year beginning 10/01 , 2008, and ending 09/30

| 1a | Form 990 check here 🕨 🔯 b Total revenue, if any (Form 990, line 12) | 1b | .69413523. |
|----|--|-----|------------|
| 2a | Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a | Form 1120-POL check here b Total tax (Form 1120-POL, line 22) | 3 b | |
| 4a | Form 990-PF check here > b Tax based on investment income (Form 990-PF, Part VI, line 5) . | 4b | |
| 5a | Form 8868 check here b Balance Due (Form 8868, line 3c) | 5b | |

Declaration and Signature Authorization of Officer Part II

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

| | X I authorize <u>GRANT THORNTON LLP</u> EROfirm name | to enter my PIN | 2 6 2 3 4 as my signature Enter five numbers, but do not enter all zeros |
|------|---|--|--|
| | on the organization's tax year 2008 electronically filed return. If I is being filed with a state agency(ies) regulating charities as p aforementioned ERO to enter my PIN on the return's disclosure cons | part of the IRS Fe | |
| | As an officer of the organization, I will enter my PIN as my sig filed return. If I have indicated within this return that a copy of the charities as part of the IRS Fed/State program, I will enter my PIN on | he return is being f | iled with a state agency(ies) regulating |
| (| officer's signature > florena Corsello | Date | ► 6/17/10 |
| | Part III Certification and Authentication | | |
| ł | ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-sele | cted PIN. | B B B 7 2 B 6 6 D 5 do not enter all zeros |
| · i | I certify that the above numeric entry is my PIN, which is my signature of indicated above. I confirm that I am submitting this return in accordance (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns. | on the 2008 electro e with the requirem | nically filed return for the organization nents of Pub. 4163, Modernized e-File |
| I | ERO's signature | Date 🕨 | 6/29/10 |
| • | ERO Must Retain This Form - | ., | |
| - | Do Not Submit This Form To the IRS Un | nless Requested 1 | |
| | For Paperwork Reduction Act Notice, see back of form. | | Form 8879-EO (2008) |
| JSA | TAXPAYER'S | COP | |
| 8E16 | 76006W 700J V08-8 | .3 0165344 | 4 |

| Depa | rtment | 90 of the Treasury enue Service | 1 | Ceturn of Organization Exempt From Inc Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co- benefit trust or private foundation) ► The organization may have to use a copy of this return to satisfy state | de (except b | lack lung | OMB No. 1545-0047 |
|--------------------------------|------------|---|---------------------------------|--|--|--|--|
| A F | or th | e 2008 ca | alen | dar year, or tax year beginning $10/01$, 2008, and ending | | 09/ | ′ ₃₀ , 20 ₀₉ |
| B c | - Initial | use use | IRS Ior tor He. He. | C Name of organization GIRI, SCOUTS OF THE UNITED STATES OF Doing Business As Number and street (or P.O. box if mail is not delivered to street address) 420 FIFTH AVENUE City or town, state or country, and ZIP + 4 | H 13-1 ite E Telepho | er identifica 624016 | ation number |
| | | readed tion cation F ing 4.2 rempt status: | ns. Nai 20 | NEW YORK, NY 10018-2798 me and address of principal officer: KATHY CLONINGER FIFTH AVENUE NEW YORK, NY 10018 X 501(c) (3) ◀ (insert no.) | | a group return s? affiliates inclu ' attach a list. | uded? Yes No (see instructions) |
| ·· | | | | GIRLSCOUTS.ORG | H(c) Group | · | |
| к Ра | | of organization Summa | 1 | X Corporation Trust Association Other ► L Year of for | mauon. 1912 | WA State (| of legal domicile: NY |
| Governance | 1 | GIRL S MAKE T Check this | SCO HE | be the organization's mission or most significant activities:UTING BUILDS GIRLS OF COURAGE, CONFIDENCE, AND CH WORLD A BETTER PLACE. | IARACTER, | <u>WHO</u> s. | |
| ంర | 3 | Number of | f voi | ting members of the governing body (Part VI, line 1a) | | . 3 | 30 |
| Activities | 4 | Number o | f inc | lependent voting members of the governing body (Part VI, line 1b) | | . 4 | 30 |
| livit | 5 | Total num | ber | of employees (Part V, line 2a) | | . 5 | 539 |
| AC | 6 | | | of volunteers (estimate if necessary) | | 6 | 897,310 |
| | 7a | Total gros | s ur | nrelated business revenue from Part VIII, line 12, column (C) | | 7 a | 1,634,956. |
| | | | | business taxable income from Form 990-T, line 34 | | | -893,239. |
| | | | | | Prior Ye | ar | Current Year |
| - | 8 | Contributi | on a | and grants (Part VIII, line 1h) | 9,534 | 973 | 6,067,926. |
| Revenue | 9 | Prodram s | en e | ce revenue (Part VIII line 20) | 38,692 | | 37,692,712. |
| Vel | | investment | | ce revenue (Part VIII, line 2g) | | | |
| Ř | | invesimer | EL 1141 | come (Part VIII, column (A), lines 3, 4, and 7d) | 2,149 | + | -3,908,592. |
| | 11 | | | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 31,751 | | 29,561,477. |
| | 12 | | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 82,127 | ,831. | <u>69,413,523.</u> |
| | | | | milar amounts paid (Part IX, column (A), lines 1-3) | 4,133 | ,308. | 4,056,631. |
| | 14 | Benefits p | aid | to or for members (Part IX, column (A), line 4) | 509 | ,695. | 460,748. |
| Ś | 15 | Salaries, d | othe | r compensation, employee benefits (Part IX, column (A), lines 5-10) | 34,688 | | 37,276,397. |
| Expenses | | | | undraising fees (Part IX, column (A), line 11e) | | | NONE |
| be | h | Total fund | Irais | ing expenses, Part IX, column (D), line 25) ▶ <u>1,625,133</u> | | | |
| ĥ | | | | es (Part IX, column (A), lines 11a-11d, 11f-24f) | 49,601 | 715 | 44,564,214. |
| | 18 | | | is. Add lines 13-17 (must equal Part IX, column (A), line 25) | | | |
| | | | | | 88,933 | 1 | 86,357,990. |
| 20 | 19 | Revenue | ess | expenses. Subtract line 18 from line 12 | -6,805 | | -16,944,467. |
| Net Assets or Fund Balances | | | | | Beginning | | End of Year |
| sse | 20 | | ` | Part X, line 16) | <u>181,991</u> | ,241. | 159,663,224. |
| ₹ <mark>8</mark> | 21 | | | s (Part X, line 26) | <u>19,350</u> | ,724. | 40,792,848. |
| N ^E N | 22 | Net assets | s or | fund balances. Subtract line 21 from line 20 | 162,640 | ,517. | <u>118,870,376.</u> |
| Pa | rt li | Signat | ture | Block | | | |
| | ign ere | Sign | iatur | is of perjury, I declare that I have examined this return, including accempending science is true, correct, and complete. Declaration of parts are then the performance of all the period of the perio | and statements information of Date | | ne best of my knowledge arer has any knowledge. |
| | | Preparer's | s | Bet State O7/06/2010 Check self- emplo | | (see instru | identifying number ctions) 00504182 |
| • | barer's | ∣ ⊢irm's nar | | | | | 6-6055558 |
| Use | Only | if self-emp address, a | | | Phone no. | | 12-542-9609 |
| Max | the t | | | is return with the preparer shown above? (See instructions) | | - 4- | X Yes No |
| - | | | | perwork Reduction Act Notice, see the separate instructions. | | | Form 990 (2008) |
| JSA | 010 2.0 | - · · | | • • • • • • • • • • • • • • • • • • • | • | | |

| rm 990 (2 | 008) (| | | <u>13-1624016</u> | Page |
|--|--|---|--|--|--|
| Part III | Statement of Program Se | | see instructions) | | |
| • | describe the organization's r | mission: | | | |
| SEE | STATEMENT 1 | | | | · · · · · · · · · · · · · · · · · · · |
| | Af | | | | |
| | | | | <u> </u> | |
| | e organization undertake ar or Form 990 or 990-EZ? | | - | | on Yes XI |
| | " describe these new service | s on Schedule O. | | * · · · · · · · · · · · · · · · · | |
| | e organization œase condu | | - | | Yes XI |
| | ," describe these changes or | Schedule O. | | | |
| | be the exempt purpose achies | | | | |
| | n 501(c)(3) and 501(c)(4) or tions to others, the total expe | | | | uni or grants and |
| 0 | | | ion outon program | | |
| a (Code |) (Expenses \$ | 30,076,504 including | grants of \$ | 379,803.) (Revenue \$ | 3,643,798.) |
| | VICE DELIVERY TO LO | | | | ······································ |
| | HNICAL ASSISTANCE S | | | | |
| | IONWIDE, AND USA GI SERVICES TO GIRLS A | | | | |
| | ICIES, AND GOALS OF | | | Ine HISSION, | |
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| . <u>-</u> | | | | | |
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| <u> </u> | ······································ | · · · · · · · · · · · · · · · · · · · | | | |
| b (Code | | | | 1,504,784.) (Revenue \$ | NONE) |
| PRO EVA LEA | (Expenses) <u>GRAM DEVELOPMENT AN</u> <u>LUATE GIRL SCOUTS P</u> <u>RNING OPPORTUNITIES</u> DERSHIP DEVELOPMENT | D VOLUNTEER LEARN ROGRAM FOR GIRLS, AND PROVIDE THE | ING: RESEARC | H, DEVELOP AND | NONE) |
| PROC EVA LEA | GRAM DEVELOPMENT AN LUATE GIRL SCOUTS P RNING OPPORTUNITIES | D VOLUNTEER LEARN ROGRAM FOR GIRLS, AND PROVIDE THE | ING: RESEARC | H, DEVELOP AND | NONE) |
| PROC EVA LEA | GRAM DEVELOPMENT AN LUATE GIRL SCOUTS P RNING OPPORTUNITIES | D VOLUNTEER LEARN ROGRAM FOR GIRLS, AND PROVIDE THE | ING: RESEARC | H, DEVELOP AND | NONE) |
| PROC EVA LEA | GRAM DEVELOPMENT AN LUATE GIRL SCOUTS P RNING OPPORTUNITIES | D VOLUNTEER LEARN ROGRAM FOR GIRLS, AND PROVIDE THE | ING: RESEARC | H, DEVELOP AND | <u>NONE</u>) |
| PRO EVA LEA | GRAM DEVELOPMENT AN LUATE GIRL SCOUTS P RNING OPPORTUNITIES | D VOLUNTEER LEARN ROGRAM FOR GIRLS, AND PROVIDE THE | ING: RESEARC | H, DEVELOP AND | <u>NONE</u>) |
| PRO EVA LEA | GRAM DEVELOPMENT AN LUATE GIRL SCOUTS P RNING OPPORTUNITIES DERSHIP DEVELOPMENT | D VOLUNTEER LEARN ROGRAM FOR GIRLS, AND PROVIDE THE | ING: RESEARC | H, DEVELOP AND | NONE) |
| PRO EVA LEA | GRAM DEVELOPMENT AN LUATE GIRL SCOUTS P RNING OPPORTUNITIES DERSHIP DEVELOPMENT | D VOLUNTEER LEARN ROGRAM FOR GIRLS, AND PROVIDE THE EXPERIENCE. | ING: RESEARC | H, DEVELOP AND | NONE) |
| PROO | GRAM DEVELOPMENT AN LUATE GIRL SCOUTS P RNING OPPORTUNITIES DERSHIP DEVELOPMENT | D VOLUNTEER LEARN ROGRAM FOR GIRLS, AND PROVIDE THE EXPERIENCE. | ING: RESEARC AND TO DELI NATION'S PRE | H, DEVELOP AND VER ADULT MIERE | <u>NONE</u>) |
| PROO EVA LEA LEA | GRAM DEVELOPMENT AN LUATE GIRL SCOUTS P RNING OPPORTUNITIES DERSHIP DEVELOPMENT | D VOLUNTEER LEARN ROGRAM FOR GIRLS, AND PROVIDE THE EXPERIENCE. | ING: RESEARC | H, DEVELOP AND VER ADULT MIERE NONE) (Revenue \$ | NONE) |
| PROO EVA LEA LEA | GRAM DEVELOPMENT AN LUATE GIRL SCOUTS P RNING OPPORTUNITIES DERSHIP DEVELOPMENT | D VOLUNTEER LEARN ROGRAM FOR GIRLS, AND PROVIDE THE EXPERIENCE. | ING: RESEARCI | H, DEVELOP AND VER ADULT MIERE | |
| PROO EVA LEA LEA | GRAM DEVELOPMENT AN LUATE GIRL SCOUTS P RNING OPPORTUNITIES DERSHIP DEVELOPMENT | D VOLUNTEER LEARN ROGRAM FOR GIRLS, AND PROVIDE THE EXPERIENCE. 10,360,942. including g NICATE KEY MESSAG LS SCOUT BRAND AN | ING: RESEARC AND TO DELT NATION'S PRE rants of \$ ES ABOUT GIR D DISSEMINAT | H, DEVELOP AND VER ADULT MIERE NONE) (Revenue \$ L_SCOUTING ES PUBLIC | |
| PROO EVA LEA LEA (Code COM | GRAM DEVELOPMENT AN LUATE GIRL SCOUTS P RNING OPPORTUNITIES DERSHIP DEVELOPMENT | D VOLUNTEER LEARN ROGRAM FOR GIRLS, AND PROVIDE THE EXPERIENCE. 10,360,942. including g NICATE KEY MESSAG LS SCOUT BRAND AN | ING: RESEARC AND TO DELT NATION'S PRE rants of \$ ES ABOUT GIR D DISSEMINAT | H, DEVELOP AND VER ADULT MIERE NONE) (Revenue \$ L_SCOUTING ES PUBLIC | |
| PROO EVA LEA LEA (Code COM | GRAM DEVELOPMENT AN LUATE GIRL SCOUTS P RNING OPPORTUNITIES DERSHIP DEVELOPMENT | D VOLUNTEER LEARN ROGRAM FOR GIRLS, AND PROVIDE THE EXPERIENCE. 10,360,942. including g NICATE KEY MESSAG LS SCOUT BRAND AN | ING: RESEARC AND TO DELT NATION'S PRE rants of \$ ES ABOUT GIR D DISSEMINAT | H, DEVELOP AND VER ADULT MIERE NONE) (Revenue \$ L_SCOUTING ES PUBLIC | |
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| PROO EVA LEA LEA | GRAM DEVELOPMENT AN LUATE GIRL SCOUTS P RNING OPPORTUNITIES DERSHIP DEVELOPMENT | D VOLUNTEER LEARN ROGRAM FOR GIRLS, AND PROVIDE THE EXPERIENCE. 10,360,942. including g NICATE KEY MESSAG LS SCOUT BRAND AN | ING: RESEARC AND TO DELT NATION'S PRE rants of \$ ES ABOUT GIR D DISSEMINAT | H, DEVELOP AND VER ADULT MIERE NONE) (Revenue \$ L_SCOUTING ES PUBLIC | |
| PROO EVA LEA LEA | GRAM DEVELOPMENT AN LUATE GIRL SCOUTS P RNING OPPORTUNITIES DERSHIP DEVELOPMENT | D VOLUNTEER LEARN ROGRAM FOR GIRLS, AND PROVIDE THE EXPERIENCE. 10,360,942. including g NICATE KEY MESSAG LS SCOUT BRAND AN | ING: RESEARC AND TO DELT NATION'S PRE rants of \$ ES ABOUT GIR D DISSEMINAT | H, DEVELOP AND VER ADULT MIERE NONE) (Revenue \$ L_SCOUTING ES PUBLIC | |
| PROO EVA LEA LEA | GRAM DEVELOPMENT AN LUATE GIRL SCOUTS P RNING OPPORTUNITIES DERSHIP DEVELOPMENT | D VOLUNTEER LEARN ROGRAM FOR GIRLS, AND PROVIDE THE EXPERIENCE. 10,360,942. including g NICATE KEY MESSAG LS SCOUT BRAND AN | ING: RESEARC AND TO DELT NATION'S PRE rants of \$ ES ABOUT GIR D DISSEMINAT | H, DEVELOP AND VER ADULT MIERE NONE) (Revenue \$ L_SCOUTING ES PUBLIC | |
| PROO EVA LEA LEA LEA COM WHIC REL | GRAM DEVELOPMENT AN LUATE GIRL SCOUTS P RNING OPPORTUNITIES DERSHIP DEVELOPMENT | D VOLUNTEER LEARN ROGRAM FOR GIRLS, AND PROVIDE THE EXPERIENCE. 10,360,942, including g NICATE KEY MESSAG LS SCOUT BRAND AN TERIALS FOR USE B | ING: RESEARC AND TO DELT NATION'S PRE rants of \$ ES ABOUT GIR D DISSEMINAT | H, DEVELOP AND VER ADULT MIERE NONE) (Revenue \$ L_SCOUTING ES PUBLIC | |
| PROO EVA: LEAI LEAI | GRAM DEVELOPMENT AN LUATE GIRL SCOUTS P RNING OPPORTUNITIES DERSHIP DEVELOPMENT | D VOLUNTEER LEARN ROGRAM FOR GIRLS, AND PROVIDE THE EXPERIENCE. 10,360,942. including g NICATE KEY MESSAG LS SCOUT BRAND AN TERIALS FOR USE B in Schedule O.) | ING: RESEARCI AND TO DELLY NATION'S PREI | H, DEVELOP AND VER ADULT MIERE NONE) (Revenue \$ L SCOUTING ES PUBLIC COUNCILS. | |
| PROO EVA LEAI LEAI | GRAM DEVELOPMENT AN LUATE GIRL SCOUTS P RNING OPPORTUNITIES DERSHIP DEVELOPMENT | D VOLUNTEER LEARN ROGRAM FOR GIRLS, AND PROVIDE THE EXPERIENCE. <u>10,360,942.</u> including g <u>NICATE KEY MESSAG</u> LS SCOUT BRAND AN TERTALS FOR USE B in Schedule O.) ding grants of \$ 17 | ING: RESEARCI AND TO DELLY NATION'S PREI | H, DEVELOP AND VER ADULT MIERE NONE) (Revenue \$ L SCOUTING ES PUBLIC COUNCILS. | |

| Form 9 | 13-1624016 | | F | Page 3 |
|--------------|---|----------|-----------|---------------|
| Part | | | | <u>ugo e</u> |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | _ [| 1 | |
| | candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete | 3 | | <u> </u> |
| 4 | Schedule C, Part II | | | |
| 5 | Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) | 4 | <u>X</u> | |
| 5 | notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to | | | |
| Ŧ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete | | | |
| | Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part | | | |
| | X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," | İ | 1 | |
| | complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, | | | |
| 12 | Parts VI, VII, VIII, IX, or X as applicable Did the organization receive an audited financial statement for the year for which it is completing this return | 11 | X | <u></u> |
| 12 | that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | x | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | x |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | x | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | | | |
| | business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I | 14b | | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | | | |
| | organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | | ' | 1 |
| - <u>-</u> | to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | X_ |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 19 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 18 | | x |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 19 20 | | X |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | .21 | Х | X_ |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete | | | <u></u> |
| | Schedule J | 23 | Х | |
| 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 questions | | | |
| | 24b-24d and complete Schedule K. If "No," go to question 25 | 24a | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | X |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | ł |
| | to defease any tax-exempt bonds? | 24c | | X |
| _ | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | X |
| 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 | 25- | | |
| b | with a disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified | 25a | - | X |
| v | namen from a minerur and if "Mar I annualate Cahadula I. Dart I | 25b | | x |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | 200 | | <u>^</u> |
| | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or | · | | <u> </u> |
| _ | substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | x |
| JSA 8E102 | 1 000 | Form | 990 | (2008) |

JSA 8E1021 1.000

6

| Form 9 | 390 (2008) 13-1624016 | | I | Page 4 |
|--------|---|------|--|--------|
| Par | V Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | NAC | 19 19 19 19 19 19 19 19 19 19 19 19 19 1 | |
| a | Have a direct business relationship with the organization (other than as an officer, director, trustee, or | | | |
| | employee), or an indirect business relationship through ownership of more than 35% in another entity | | | |
| | (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, | | | |
| | Part IV | 28a | · | х |
| ь | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," | | | |
| | complete Schedule L, Part IV | 28b | | х |
| С | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a | | | |
| | professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | x |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | | x |
| 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 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 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 | x | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete | | | |
| | Schedule R, Part V, line 2 | 35 | | х |
| 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 | | x |
| 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 | | | |
| | <u> </u> | 37 | | x |
| | | Form | 990 | (2008) |

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| - | | |
|--------------|---|--------------|
| | 990 (2008) 13-1624016 | Page 5 |
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | |
| 1a b c | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | Yes No |
| | gaming (gambling) winnings to prize winners? | 1c X 2b X |
| 3a b | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a X 3b X |
| | 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)? | <u>4a x</u> |
| | If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | 5a X |
| - | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5b X |
| b C | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5c |
| 6a b | Did the organization solicit any contributions that were not tax deductible? | 6a X 6b |
| 7 | Organizations that may receive deductible contributions under section 170(c). | |
| 'a | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? | 7a X |
| 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 file Form 8282? | 7c X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | |
| | benefit contract? | 7e X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f <u>x</u> |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | 7h |
| | required? | |
| 8 | Section 501(C)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring | |
| | organization, have excess business holdings at any time during the year? | 8 |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | |
| a | 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 |
| 10 | Section 501(c)(7) organizations. Enter: | |
| á | Initiation fees and capital contributions included on Part VIII, line 12 | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | |
| 11 | 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.) | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12a |

| Form 9 | 90 (2008 | 13-1624016 | _(_ | | <u> </u> | | F | Page 6 |
|----------|----------------|--|-----------|-----------|----------|-----------------------|------------------------------|--------------------|
| Part | | Governance, Management, and Disclosure (Sections A, B, and C request informative required by the Internal Revenue Code.) | ation a | bout | t pol | icies | not | |
| Sect | ion A. | Governing Body and Management | | | · . | | | |
| | | | | | ſ | | Yes | No |
| | | ch "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describ | e the | | | | | |
| | | stances, process, or changes in Schedule O. See instructions. | T | | | аны. 1997 г. т. т. | | and a second |
| 1a | | he number of voting members of the governing body | <u>1a</u> | | 30 | f | | |
| b | | he number of voting members that are independent | 1b | | 30 | - X | | |
| 2 | | officer, director, trustee, or key employee have a family relationship or a business relation | | h | | 74 1.15 | | |
| | | er officer, director, trustee, or key employee? | | | | 2 | | X |
| 3 | | organization delegate control over management duties customarily performed by or under | | | | | | |
| | - | sion of officers, directors or trustees, or key employees to a management company or other | - | | | 3 | | Х |
| 4 | | organization make any significant changes to its organizational documents since the prior Form 990 wa | | | , y | 4 | | X |
| 5 | | organization become aware during the year of a material diversion of the organization's ass | | | | 5 | | Х |
| 6 | | ne organization have members or stockholders? | | | | 6 | | Х |
| 7a | | ne organization have members, stockholders, or other persons who may elect one or more i | nembe | rs | | | | |
| | • | joverning body? | | ••• | • • | 7 a | | X |
| b | | v decisions of the governing body subject to approval by members, stockholders, or other pe | | | | 7b | 100 V 2 898 | X |
| 8 | | organizations contemporaneously document the meetings held or written actions undertain | ken du | ring | | | | 1917) 1917:2019 |
| | - | r by the following: | | | 1 | | | |
| - | | verning body? | | • • • | | 8a | X | |
| b | Each c | ommittee with authority to act on behalf of the governing body? | | | • • | 8b | X | |
| 9a | | ne organization have local chapters, branches, or affiliates? | | | | 9a | X | |
| b | | " does the organization have written policies and procedures governing the activities of suc | | iers, | | | | |
| | | s, and branches to ensure their operations are consistent with those of the organization? | | | | 9b | X | |
| 10 | | copy of the Form 990 provided to the organization's governing body before it was filed? Al | | | | | | |
| | | escribe in Schedule O the process, if any, the organization uses to review the Form 990 | | | | 10 | Х | |
| 11 | | e any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be | | | | | | |
| <u> </u> | | anization's mailing address? If "Yes," provide the names and addresses in Schedule O | <u></u> | <u></u> | • • | 11 | | X |
| Secu | <u>он Б. г</u> | Uncles | | | | | Yes | No |
| 12a | Does t | he organization have a written conflict of interest policy? If "No," go to line 13 | | | | 12a | x | |
| | | icers, directors or trustees, and key employees required to disclose annually interests that | ould ai | ve · | • • | | <u></u> | |
| | | conflicts? | 0 | | | 12b | х | |
| C | | he organization regularly and consistently monitor and enforce compliance with the policy? | lf "Yes. | | * * | | | - |
| | | e in Schedule O how this is done | , | | • | 12c | х | |
| 13 | | he organization have a written whistleblower policy? | | | ! | 13 | X | |
| 14 | | he organization have a written document retention and destruction policy? | | | | 14 | X | |
| .15 | | process for determining compensation of the following persons include a review and appr | | | | | | |
| | | ndent persons, comparability data, and contemporaneous substantiation of the deliberation | | | n: | | | 6 |
| а | | ganization's CEO, Executive Director, or top management official? | | | | 15a | X | 2 . 3· G |
| b | | officers or key employees of the organization? | | | | 15b | X | |
| | | be the process in Schedule O. (see instructions) | | ••• | ••• | Ъ. | | |
| 16a | Did the | organization invest in, contribute assets to, or participate in a joint venture or similar arran | gemen | t | | | | |
| | with a | axable entity during the year? | | | | 16a | 10.719.00 - 10 6 0.00 | X |
| b | lf "Yes | " has the organization adopted a written policy or procedure requiring the organization to e | | • | ••• | | | |
| | | icipation in joint venture arrangements under applicable federal tax law, and taken steps to | | | | Ê, | | |
| | the org | anization's exempt status with respect to such arrangements? | | | | 16b | 1 a.e. 1 Ole N. | and some a |
| Sect | | Disclosure | | | | | | |
| 17 | | e states with which a copy of this Form 990 is required to be filed > SEE STATEMENT 2 | 2 | | | | | |
| 18 | | 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and | | 501(| c)(3) | s only |) | |
| | availat | le for public inspection. Indicate how you make these available. Check all that apply. | | | | _ | | |
| | x | wn website Another's website X Upon request | | | | | | |
| 19 | Descri | be in Schedule O whether (and if so, how), the organization makes its governing documen | ts, conf | lict o | f inte | rest | | |
| | | and financial statements available to the public. | | | | | | |
| 20 | - | he name, physical address, and telephone number of the person who possesses the books | and re- | cords | s of th | ne | | |
| | | ration: ►FLORENCE_CORSELLO_420_FIFTH_AVENUE_NEW_YORK, NY_10018 | | <u> </u> | | | | _ |
| | | 212 852 8000 | | | | | - | |

Form 990 (2008)

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. Use Schedule J-2 if additional space is needed.

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

• 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 the organization did not compensate any officer, director, trustee, or key employee.

| (A) | (B) | (C) | | | | (D) | (E) | (F) | | |
|--|---------------------------------------|-----------------------------------|-----------------------|----------|--------------|---------------------------------|--------|--|-----------------|---------------|
| Name and Title | Average | Posit | tion (| chec | k all | that app | oly) | Reportable | Reportable | Estimated |
| | hours per | Individual trustee or director | | | | | Former | compensation | compensation | amount of |
| | week | 특석 | stit | Officer | Key employee | l S G | ă | from | from related | other |
| | | l cg cg | tio . | 4 | đ | ye st | 9 | the | organizations | compensation |
| | | 9 = | na | ł | loy i | e S | | organization | (W-2/1099-MISC) | from the |
| | | uste | E | | e | pe | 1 | (W-2/1099-MISC) | | organization |
| | | l a | Institutional trustee | | | nsa | | | | and related |
| | 1 | } | 0.0 | | 1 | Highest compensated employee | 1 | | | organizations |
| | | | | | 1 | [| | | | |
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| SEE SCHEDULE J-2 | · · · · · · · · · · · · · · · · · · · | | - | | | <u> </u> | | | | |
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Form 990 (2008)

| - | m 990 (2008) art VII Section A. Officers, Directors, Tru | ustees, Ke | ey Em | plo | yee | es, | and ł | lig | 13-1624016 hest Compensat | ed Employ | yees (co | Page 8 ontinued) |
|----------------------|---|------------------------|--------------------------------------|-----------------------|--------------|--------------|---------------------------------|----------------|--|---|------------------------|--|
| | (A) Name and title | (B) Average | (C) Position (check all that appl | | | | | | (D) Reportable | (E) Reportable | able | (F) Estimated |
| | | hours per week | or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compens from rela organiza (W-2/1099 | ation ated tions | amount of other compensation from the organization and related organizations |
| | | | | | | | | | | | | |
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| | | | | | | | | : | | | | |
| 1h | Total | - | | | | | | | 2 170 676 | · · · · · | NONT | C15 202 |
| 1 <u>5</u> 2 3 | Total number of individuals (including those organization ► 70 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu | cer, direct | or or | tru | iste | e, | key e | emp | \$100,000 in re | t compens | sated | 615,303. ation from the Yes No 3 X |
| 4 | For any individual listed on line 1a, is the the organization and related organizations individual | e sum of greater th | repor nan \$ | tabl 150 | le c),00 | com)0? | pensa /f "Y | atio 'es, ' | n and other com <i>complete</i> Scheo | pensation ule J for | from such | 4 X |
| 5 | Did any person listed on line 1a receiv services rendered to the organization? If "Yes," | e or accr | ue c | omp | bens | satio | on fro | om | any unrelated of | organization | n for | 5 · X |
| Se | ction B. Independent Contractors | | | | | | | | | | | |
| 1 | Complete this table for your five highest compensation from the organization. | compensa | ted in | idep | oeno | den | t con | trac | tors that receive | d more th | an \$10 | 0,000 of |
| | (A) Name and business add | ress | | | | | | | (B) Description of se | rvices | c | (C) compensation |
| _SI | EE STATEMENT 3 | | | | | | | - | · · · · · · · · · · · · · · · · · · · | | | |
| <u> </u> | | | - | | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| 2 | Total number of independent contractors (compensation from the organization > | including t 50 | hose | in ' | 1) \ | who | o rece | eive | d more than \$10 | 0,000 in | | |
| JSA | | | - | | | | | | | | | Form 990 (2008) |

| | 990 (2 | | | | | | Page 9 |
|---|-------------|---|---------------------------------------|----------------------------|--|---|--|
| Par | 't VII | Statement of enue | | | 13-1624016 | | |
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| grants nounts | 1a b | Federated campaigns 1a Membership dues 1b | <u> </u> | | | | |
| ıs, gifts, milar ar | c d | Fundraising events 1c Related organizations 1d Government grants (contributions) 1e | 1,568,071. | | | | |
| Contributions, gifts, grants and other similar amounts | e f | All other contributions, gifts, grants, and similar amounts not included above | 4,466,692. | | | | |
| | g h | Noncash contributions included in lines 1a-1f. \$ | <u></u> . ► | 6,067,926. | | | |
| venue | 2a | MEETING AND LEARNING EVENTS | Business Code 721000 | 5,174,256. | 3,643,798. | 1,530,458. | |
| Service Revenue | b c | MEMBERSHIP DUES | 624100 | 32,518,456. | | | 32,518,456. |
| Program Se | d e | | · · | - · · · · · | | | |
| Prog | f g | All other program service revenue L Total. Add lines 2a-2f | <u></u> ▶ | 37,692,712. | | | |
| | 3 4 | Investment income (including dividends, intere- other similar amounts) | ····► | 2,829,134. NONE | · · · · · · · · · · · · · · · · · · · | | 2,829,134. |
| | 5 6a | Royalties (i) Real Gross Rents (ii) Real | | 8,122,461. | | | 8,122,461. |
| | b c d | Less: rental expenses | · · · · · · · · · · · · · · · · · · · | NONE | | | Shido Aliya de Colonia Shido Aliya da Shakara Marya Colondo Matalara |
| | та 7а | Gross amount from sales of assets other than inventory 53,116,009. | (ii) Other | | | | |
| | b | Less: cost or other basis and sales expenses <u>59,853,735.</u> Gain or (loss) <u>-6,737,726.</u> | ····. | | | | |
| | ł | Net gain or (loss) | | -6,737,726. | | | -6,737,726. |
| Other Revenue | | events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | | | | | |
| Other I | b c | Less: direct expenses | | NONE | | | |
| | 9a b | Gross income from gaming activities. See Part IV, line 19 a Less: direct expenses b | 1 | | | | |
| | с 10а | Net income or (loss) from gaming activities . Gross sales of inventory, less | | NONE | | | |
| i | b | returns and allowances | 1 | | | | |
| | c | Net income or (loss) from sales of inventory Miscellaneous Revenue | | 21,246,705. | | | 21,246,705. |
| | 11а в | ADVERTISING/SPONSORSHIP SOFTWARE MAINTENANCE | 541800 541900 | <u>104,498.</u> 25,666. | | 104,498. | 25,666. |
| | c d | INSURANCE RECOVERY All other revenue | 524298 900099 | 9,930. 52,2 <u>17</u> . | 1 | | <u>9,930.</u> 52,217. |
| | е 12 | Total. Add lines 11a-11d | 7d, 8c, | 192,311. | | | |
| | <u> </u> | _9c, 10c, and 11e | · · · · · · · · · · · · · · · · · · · | 69,413,523. | 3,643,798 | | 58,066,843. Form 990 (2008) |

Part IX Statement of Functional Expenses

13-162401

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|-----------------|---|---|------------------------------------|---|--|
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the U.S. See Part IV, line 21 | 4,056,631. | 4,056,631. | 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | NONE | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | U.S. See Part IV, lines 15 and 16 | NONE | | | |
| 4 | Benefits paid to or for members . STMT. 4 | 460,748. | 460,748. | and a family of the second second second second second second second second second second second second second | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 2,422,431. | 1,759,053. | 451,655. | 211,723. |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | NONE | | | |
| 7 | Other salaries and wages | 24,134,528. | 22,134,504. | 1,671,922. | 328,102. |
| 8 | Pension plan contributions (include section 401 | | | | |
| | (k) and section 403(b) employer contributions) | 2,738,605. | 2,467,336. | | |
| 9 | Other employee benefits | 5,774,896. | 5,166,496. | | |
| 10 | Payroll taxes | 2,205,937. | 1,929,520. | 239,775. | 36,642. |
| 11 | Fees for services (non-employees): | | | | |
| | Management | 129,996. | | 129,996. | |
| | Legal | 914,741. | | 914,741. | |
| | Accounting | 462,318. | | 462,318. | |
| | Lobbying | 192,000. | | 192,000. | |
| | Professional fundraising services. See Part IV, line 17 | NONE | | | |
| | Investment management fees | 489,498. | 11 000 000 | 489,498. | 06.070 |
| 9 12 | Other | <u>11,844,406.</u> <u>1,206,723.</u> | <u>11,688,092.</u> 1,173,436. | <u>59,436.</u> 15,187. | <u>96,878.</u> |
| 13 | Advertising and promotion | 6,162,924. | 5,915,786. | | |
| 14 | Information technology | 3,547,694. | 3,338,306. | 1 | |
| 15 | Royalties | NONE | | 157,704. | 71,004. |
| 16 | Occupancy | 6,128,653. | 5,772,055. | 132,351. | 224,247. |
| 17 | Travel | 3,692,933. | | | 63,939. |
| 18 | Payments of travel or entertainment expenses | | <u>0/12</u> 0/10/1 | 2001.001 | |
| | for any federal, state, or local public officials | NONE | e in the second | | |
| 19 | Conferences, conventions, and meetings | 3,526,885. | 3,401,486. | 17,038. | 108,361. |
| 20 | Interest | NONE | | | ······································ |
| <mark>21</mark> | Payments to affiliates | 1,553,308. | 1,553,308. | | |
| 22 | Depreciation, depletion, and amortization | 2,693,433. | | 455,723. | 88,490. |
| 23 | Insurance | 305,506. | 191,135. | 114,371. | |
| 24 | Other expenses. Itemize expenses not | | | 教育管理学家教生 | |
| | covered above. (Expenses grouped together | | | | |
| | and labeled miscellaneous may not exceed | | | 第二人前のこれの第二人 | |
| | 5% of total expenses shown on line 25 below.) | | 的形成部分的影響 | 14月2日時日日本使行 | |
| а | MISCELLANEOUS | 1,713,196. | 1,662,052. | 43,202. | 7,942. |
| b | · · · · · · · · · · · · · · · · · · · | | | | |
| .C | | | | | <u> </u> |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | <u> </u> |
| | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 86,357,990. | 78,239,621. | 6,493,236. | 1,625,133. |
| 26 | Joint Costs. Check here | | | | |
| | SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a | | - | | |
| | combined educational campaign and fundraising | | |] | · . |
| JSA | solicitation | I | I | | Eom 990 (2008) |

Form 990 (2008)

Part X

13~1624016

Page 11

| | | | (A) Beginning of year | | (B) End of year | |
|--|--|--|--------------------------|---------------|---|--|
| | 1 | Cash - non-interest-bearing | 42,562. | 1 | 52,834. | |
| | 2 | Savings and temporary cash investments | 13,599,494. | 2 | 5,633,473. | |
| I | 3 | Pledges and grants receivable, net | | 3 | 2,704,181. | |
| | 4 | Accounts receivable, net | 7,553,211. | 4 | 7,126,376. | |
| | 5 | Receivables from current and former officers, directors, trustees, key | | | <u>,,120,570.</u> | |
| | - | employees, or other related parties. Complete Part II of Schedule L | | 5 | | |
| | 6 | Receivables from other disgualified persons (as defined under section | | | | |
| | Ū | 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II | | | | |
| | | of Schedule L | | 6 | entitieenten 1945 - VII (n. 2014) - 11 (n. 1 1 | |
| s | 7 | Notes and loans receivable, net | | 7 | | |
| Assets | 8 | Inventories for sales or use | 9,437,869. | 8 | 7,827,496. | |
| As | 9 | Prepaid expenses and deferred charges | 3,462,008. | | 1,071,531. | |
| | 10a | Land, buildings, and equipment: cost basis 10a 76, 308, 287. | | | | |
| | | Less: accumulated depreciation. Complete | | | | |
| | | Part VI of Schedule D | | 10c | | |
| | 11 | Investments - publicly traded securities. | 93,121,894. | 11 | 87,245,290. | |
| | 12 | Investments - other securities. See Part IV, line 11 | 22,413,466. | 1.1 | 22,027,070. | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | | |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets. See Part IV, line 11, | 2,864,604. | 15 | 2,570,278. | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 16 | 159,663,224. | |
| | 17 | Accounts payable and accrued expenses | 13,924,917. | 17 | 8,149,303. | |
| | 18 [·] | Grants payable | | 18 | | |
| | 19 | Deferred revenue | 4,406,322. | 19 | 4,635,738. | |
| | 20 | Tax-exempt bond liabilities | | 20 | | |
| s | 21 | Escrow account liability. Complete Part IV of Schedule D | | 21 | | |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, key employees, | | Carlos Carlos | | |
| abi | | highest compensated employees, and disqualified persons. Complete Part II | | | | |
| E | | of Schedule L | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | · · · · · · · · · · · · · · · · · · · | |
| | 24 | Unsecured notes and loans payable | | 24 | · · · · · · · · · · · · · · · · · · · | |
| | 25 | Other liabilities. Complete Part X of Schedule D | 1,019,485. | 25 | 28,007,807. | |
| | 26 | Total liabilities. Add lines 17 through 25 | 19,350,724. | 26 | 40,792,848. | |
| Se | | Organizations that follow SFAS 117, check here \blacktriangleright <u>X</u> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| nces | 27 | Unrestricted net assets | 127,802,064. | 27 | 86,378,450. | |
| Bala | 28 | Temporarily restricted net assets | 18,761,811. | 28 | 14,870,790. | |
| ц ц | 29 | Permanently restricted net assets | 16,076,642. | 29 | 17,621,136. | |
| Fund | | Organizations that do not follow SFAS 117, check here > and | | | | |
| ٥٢ | | complete lines 30 through 34. | | | | |
| ts | 30 | Capital stock or trust principal, or current funds | | 30 | and an an another second | |
| Assets | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | | |
| tΑ | 32 | Retained earnings, endowment, accumulated income, or other funds | ſ | 32 | | |
| Net | 33 | Total net assets or fund balances | 162,640,517. | 33 | 118,870,376. | |
| | 34 | Total liabilities and net assets/fund balances | 181,991,241. | 34 | 159,663,224. | |
| Pa | rt XI | Financial Statements and Reporting | | | | |
| | | | | | Yes No | |
| 1 | | ounting method used to prepare the Form 990: Cash X Accrual Oth | | | | |
| 2a | | e the organization's financial statements compiled or reviewed by an independent accourt | | | | |
| b | | e the organization's financial statements audited by an independent accountant? | | • • • | · · · 2b X | |
| · C | | es" to lines 2a or 2b, does the organization have a committee that assumes responsibility | - | | | |
| ~ | | t, review, or compilation of its financial statements and selection of an independent acco | | | · · · 2c X | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | | | |
| | the Single Audit Act and OMB Circular A-133? | | | | | |
| b | 1f "Y | es," did the organization undergo the required audit or audits? | <u></u> | | | |
| | | • | | | Form 990 (2008) | |

| SCHE | DU | LE | A |
|-------|-----|----|---------|
| (Form | 990 | or | 990-EZ) |

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. See separate instructions. Inspection Internal Revenue Service Name of the organization Employer identification number GIRL SCOUTS OF THE UNITED STATES OF AMERICA 13-1624016 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) Part The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 9 X receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III - Other Type I h Type II С Type III - Functionally Integrated đ а By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified е persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting f organization, check this box . Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes and (iii) below, the governing body of 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) Provide the following information about the organizations the organization supports. h (i) Name of supported (v) Did you notify (vi) Is the (ii) ElN (iii) Type of organization (iv) Is the organization (vii) Amount of in col. (i) listed in your organization in col. organization (described on lines 1-9 the organization in support above or IRC section col. (i) of your governing document? (i) organized in the (see instructions)) support? US2Yes No Yes No Yes No Total

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

Schedule A (Form 990 or 990-EZ) 2008

OMB No. 1545-0047

| Sche | dule A (Form 990 or 990-EZ) 2 | | | 1.3 | -1624016 | (| Page 2 |
|---------|---|--|-------------------|---|----------------|--|---------------|
| Pa | | ganizations D | escribed in S | | | 170(b)(1)(A)(vi | |
| | (Complete only if you che | | | | - | | • |
| Sec | tion A. Public Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| | Office examples contributions and | | | | | | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | <u> </u> | | | |
| 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 | | · | <u> </u> | | \ | |
| 4 | Total. Add lines 1-3 | | | | | | |
| 5 | The portion of total contributions by each | | 22.00-016-000 | | 6.999 and - 29 | | |
| | person (other than a governmental unit or | | | 2009/9/10 3168 | | | |
| | publicly supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | 1602/04/24/24 | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| | tion B. Total Support | Another Annalysis and a second s | | [2] Sole (Sector) Sole is inscribed where Property in the Coll Property of the Coll Proper | | a bagan and where i address the same and set | · · · |
| | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | 4 | | | | |
| | rents, royalties and income from similar sources | | · · · | | | | |
| | | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is | | | | | | |
| | regularly carried on | `` | | | | | ····· |
| 10 | Other inneme. Do not include anin er | | | | | | |
| 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, etc. (| (See instructions.) | | <i></i> . | | 12 | |
| 13 | First five years. If the Form 990 is for the | - | • | - | | | . [|
| <u></u> | organization, check this box and stop here | | | <u></u> | | • • • • • • • • • • • | <u> </u> |
| | tion C. Computation of Public Sup | | | - 44 : 1 - (0) | | 44 | % |
| 14 | Public support percentage for 2008 (| line 6, column (1 | i) divided by lin | e 11, column (f)) | | 15 | <u>%</u> |
| 15 | Public support percentage from 2007 33 1/3% support test - 2008. If the c | | | | | | |
| Toa | | - | | | | | |
| ь | and stop here. The organization qual 33 1/3% support test - 2007. If the o | | | | | | |
| U | box and stop here. The organization | | | | | | |
| 179 | 10%-facts-and-circumstances test - | | | | | | |
| | is 10% or more, and if the organizatio | - | | | | | |
| | in Part IV how the organization meets | | | | | | |
| | organization | | | | | | |
| b | 10%-facts-and-circumstances test - | | | | | | line |
| | 15 is 10% or more, and if the organiz | - | | | | | |
| | Explain in Part IV how the organizatio | | | | | | licly |
| | supported organization | - | | | | | ► 🗌 |
| 18 | Private foundation. If the organizatio | | | | | |) |
| | instructions | | | | | | |
| | , | ······································ | | · · · · · · · · · · · · · · · · · · · | | Schedule A (Form 99 | |

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| Schee | lule A (Form 990 or 990-EZ) 2 | | | 13- | -1624016 | e ⁿ | Page 3 |
|------------|---|---------------------------------------|----------------------|---------------------------------------|-------------------|--------------------|--------------------|
| | t III Support Schedule for Orga (Complete only if you checke | | | ion 509(a)(2) | -1024010 | × | |
| Sect | tion A. Public Support | | | · | | | |
| | lendar year (or fiscal year beginning in) 🕨 | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and | ··· · | | | | | |
| | membership fees received. (Do not include | | | | | | |
| | any "unusual grants.") | 48,020,555. | 44,680,237. | 44,371,110. | 39,993,526. | 40,248,756. | 217,314,184. |
| 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 | 45,727,328. | 43,485,203. | 41,029,687. | 45,652,162. | 41,521,943. | 217,416,323. |
| 3 | Gross receipts from activities that are not an | | | | - | | |
| | unrelated trade or business under section 513 | | | · · · · · · · · · · · · · · · · · · · | | | |
| 4 | Tax revenues levied for the organization's | | | | | | |
| | benefit and either paid to or expended on | | | | | | |
| | its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1-5 | 93,747,883. | 88,165,440 | 85,400,797. | 85,645,688. | 81,770,699. | 434,730,507. |
| 7 a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | | | |
| a | Amounts included on lines 2 and 3 received from other than disqualified | | | | | 1 | |
| | persons that exceed the greater of 1% of | | | | | | |
| | year or \$5,000 · · · · · · · · · · · · · · · · · · | | | | | | |
| | Add lines 7a and 7b. | | | | | | |
| 8 | Public support (Subtract line 7c from | | | terination and a constrainty | | | |
| <u>.</u> | line 6.) | | | | | | 434,730,507. |
| | tion B. Total Support | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| | Alendar year (or fiscal year beginning in) | | | | | | |
| 9 10 a | Amounts from line 6 Gross income from interest, dividends, | 93,747,883. | 88,165,440. | 85,400,797. | 85,645,688. | 81,770,699. | 434,730,507. |
| 10a | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | 0 242 250 | 0 012 204 | 10 010 017 | 13,825,121. | 12,554,249. | 59,448,421. |
| h | sources | 9,343,350. | 9,813,384. | 13,912,317. | 15/025/121. | 12, JJ4, 249. | |
| . • | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | 9,343,350. | 9,813,384. | 13,912,317. | 13,825,121. | 12,554,249. | 59,448,421. |
| 11 | Net income from unrelated business | 5,545,550. | 5,015,504. | 13, 512, 517. | 13,023,121. | 12, 331, 213. | |
| •• | activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly | | | | | | |
| 12 | carried on | | | | - | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part IV.) | 402,860. | 427,538. | 460,461. | 531,580. | 120,115. | 1,942,554. |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | • • • |
| | and 12.) | | | | | NS (964) TEX (97) | 496,121,482. |
| 14 | First five years. If the Form 990 is for | the organizatio | n's first, second, | third, fourth, or | fifth tax year a | s a section 501(| c)(3) |
| | organization, check this box and stop here | | | | | | ► |
| Sec | tion C. Computation of Public Sup | oport Percent | age | | | | |
| 15 | Public support percentage for 2008 (line 8 | , column (f) divid | ed by line 13, colur | nn (f)) | | 15 | 87.63% |
| 16 | Public support percentage from 2007 Sch | edule A, Part IV-A | , line 27g | <u></u> | <u> </u> | 16 | 87.87% |
| Sec | tion D. Computation of Investme | nt Income Per | centage | | | | |
| 17 | Investment income percentage for 2008 (H | | | | | 17 | 11.98% |
| 18 | Investment income percentage from 2007 | Schedule A, Part | IV-A, line 27h | | | 18 | 12.13% |
| 19a | 33 1/3% support tests - 2008. If the org | ganization did no | t check the box | on line 14, and li | ine 15 is more th | nan 33 1/3%, and | line |
| | 17 is not more than 33 1/3 %, check this bo | | | | | | ► <u>x</u> |
| b | 33 1/3% support tests - 2007. If the orga | anization did not | check a box on lir | ne 14 or line 19a, | and line 16 is m | ore than 33 1/3 % | , and |
| | line 18 is not more than 33 1/3 %, check th | | | | | | · · · · – |
| 20 | Private foundation. If the organization did | not check a box | on line 14, 19a, o | r 19b, check this t | | | |
| 221 1 0 | | | | • | | Schedule A (Form 9 | 90 or 990-EZ) 2008 |

| - | | |
|-------|-------------|---|
| JSA 🗍 | | |
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| | orm 990 or 990-EZ) 2 | n Complete this ! ! | | <u>-1624016</u> | Pi |
|------------------|--|--|----------------------|------------------|-----------------------------|
| Part IV | Supplemental Information Part II, line 17a or 17b; or | n. Complete this part to Part III line 12 Provide : | o provide the expl | anation required | by Part II, line 10; |
| | | Tartin, nine 12. Frovide e | any other additional | mormation. (See | manucuonay |
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| | | | • • | Sch | edule A (Form 990 or 990-EZ |
| 2 1.000 7 C O | 0.6W 700 T | 1700 0 0 | 01/6044 | | 10 |
| 7601 | 06W 700J | V08-8.3 | 0165344 | | 18 |

| SCHEDULE C | Political Campaign | and Lobbyii | ng Activities (| OMB No. 1545-0047 | | |
|---|---|---|---|---|--|--|
| (Form 990 or 990-EZ) | For Organizations Exempt From Inco | Drganizations Exempt From Income Tax Under section 501(c) and section 527 | | | | |
| | ► To be completed by o | rganizations descr | ibed below. | | | |
| Department of the Treasury Internal Revenue Service | Attach to Form | n 990 or Form 990 | -EZ. | Open to Public Inspection | | |
| Section 501(c)(3) org Section 501(c) (other Section 527 organization Section 527 organization Section 501(cy)(3) org Section 501(c)(3) org If the organization answer Section 501(c)(4), (5) Name of organization GIRL SCOUTS OF 50 Part I-A To be compared to the section 501(c) (3) org | ered "Yes," to Form 990, Part IV, line 3, or Forn ganizations: Complete Parts I-A and B. Do not com it than section 501(c)(3)) organizations: Complete titions: Complete Part I-A only. ered "Yes," to Form 990, Part IV, line 4, or Forn ganizations that have filed Form 5768 (election ganizations that have NOT filed Form 5768 (elect | plete Part I-C. Parts I-A and C below n 990-EZ, Part VI, line under section 501(h)) tion under section 50° ax), then | v. Do not complete Part I-B. e 47 (Lobbying Activities), then I: Complete Part II-A. Do not com 1(h)): Complete Part II-B. Do not Employer identifie 13–16; | plete Part II-B. complete Part II-A. sation number 24016 | | |
| | tion of the organization's direct and indirect | nolitical campaion | activities in Part IV | | | |
| | res | | | | | |
| | | | | | | |
| Dort I P To be co | mpleted by all organizations exempt | under coction 50 | 1(c)(3) | | | |
| | instructions for Schedule C for details. | under Section 30 | n(c)(J). | | | |
| | of any excise tax incurred by the organizat | on under section 4 | 955 | | | |
| 2 Enter the amount | of any excise tax incurred by organization | managers under se | ection 4955 ▶ \$ | | | |
| - | incurred a section 4955 tax, did it file Forn | | | | | |
| 4a Was a correction n b If "Yes," describe i | nade? | * * * * * * * * * * | ••••••••••• | · · · Yes · No | | |
| | mpleted by all organizations exempt | under section 5 | 01(c), except section 501 | (c)(3). | | |
| | nstructions for Schedule C for details. | | · | · | | |
| | directly expended by the filing organization | | | | | |
| activities | | to other organiza | ► \$ | | | |
| | of the filing organization's funds contributed | | | | | |
| • | indirect exempt function expenditures. Ad | | l enter here and | · · · · · · · · · · · · · · · · · · · | | |
| on Form 1120-PO | | | ▶\$ | | | |
| | nization file Form 1120-POL for this year? . | | | Yes No | | |
| were made. Enter contributions rece | addresses and employer identification number the amount paid and indicate if the amount ived and promptly and directly delivered to a committee (PAC). If additional space is ne | ount was paid from a separate politica | n the filing organization's f I organization, such as a ser | unds or were political | | |
| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 | | |
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| For Privacy Act and Paneny | ork Reduction Act Notice, see the instructions for Fo | | Schadula | C (Form 990 or 990-EZ) 2008 | | |
| JSA 8E1264 1.000 | | | Schedule | 5 (1 5111 556 61 550*EZJ 2000 | | |

| Sch | edule C (Form 990 or 990-EZ) 2008 | 13-1 | 624016 | Page 2 |
|-----|---|--|-----------------------|---|
| Pa | | izations exempt under section 501(c)(3) (h)). See the instructions for Schedule C for | | |
| A | Check ► if the filing organization | belongs to an affiliated group. | | ··· ··· |
| В | Check ► if the filing organization | checked box A and "limited control" provis | ions apply. | |
| | Limits on Lobb | ying Expenditures | (a) Filing | (b) Affiliated |
| | | eans amounts paid or incurred.) | organization's totals | group totals |
| 1 a | Total lobbying expenditures to influence | public opinion (grass roots lobbying) | | |
| b | Total lobbying expenditures to influence | a legislative body (direct lobbying) | 192,000. | |
| с | Total lobbying expenditures (add lines 1 | a and 1b) | | |
| d | | | | |
| е | | l lines 1c and 1d) | 86,357,990. | |
| f | Lobbying nontaxable amount. Enter the | | | |
| | columns. | | 1,000,000. | |
| | If the amount on line 1e, column (a) or (b) is: | The tobbying nontaxable amount is: | | |
| | Not over \$500,000 | 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. | | 12000年代である。 11月1日 - 11月1日 - 11月1日 11月1日 - 11月1日 - 11月1日 |
| | Over \$17,000,000 | \$1,000,000. | | |
| g | Grassroots nontaxable amount (enter 25 | % of line 1f) | 250,000. | · · · · · · · · · · · · · · · · · · · |
| h | | line g is more than line a | | |
| i | | line f is more than line c | | |
| j | If there is an amount other than zero on | either line 1h or line 1i, did the organization file | Form 4720 reporting | |
| | postion 1011 toy for this year? | | | Yes X No |

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 of the instructions.)

| | Lobbying Expen | ditures During 4-Ye | ar Averaging/Period | | |
|--|--|---------------------|---------------------|------------------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) Total |
| 2 a Lobbying non-taxable amount | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| b Lobbying ceiling amount (150% line 2a, column(e)) | na na man da articular (na man Bartana antesa da mana antesa da man Antesa da mana antesa da man | | | | 6,000,000. |
| c Total lobbying expenditures | 231,000. | 247,500. | 196,000. | 192,000. | 866,500. |
| 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 | NONE | NONE | NONE | NONE | NONE |

Schedule C (Form 990 or 990-EZ) 2008

| Sche | dule C (Fo | rm 990 or 990-EZ) 2 13-1624016 | (| · · | | | Page 3 |
|----------|--------------------|--|--------|-------------|--|-----------------|---------------|
| | t II-B | To be completed by organizations exempt under section 501(c)(3) that have | | | l Form | | <u> </u> |
| | | 5768 (election under section 501(h)). See the instructions for Schedule C for o | | | T | (1.) | |
| | | | | a) | | (b) | |
| | | | Yes | No | | Amount | |
| 1 | During | the year, did the filing organization attempt to influence foreign, national, state or local | | | | | |
| | - | on, including any attempt to influence public opinion on a legislative matter or | | | | | 御碑 |
| - | referen Volunte | dum, through the use of: | | | | | |
| a b | Paid st | aff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | |
| c | | advertisements? | | - | an in the second second second second second second second second second second second second second second se | <u>A MARKAN</u> | 14.111186608 |
| đ | Mailing | s to members, legislators, or the public? | | | | | |
| e | | tions, or published or broadcast statements? | | | ļ | | |
| f | | to other organizations for lobbying purposes? | | | | | |
| g h | | contact with legislators, their staffs, government officials, or a legislative body? demonstrations, seminars, conventions, speeches, lectures, or any other means? | | | | | |
| i | | ctivities? If "Yes," describe in Part IV | | · · · · | · · · · · | | <u> </u> |
| j | | es 1c through 1i | | 徽 内州 | | | <u></u> |
| 2 a | Did the | activities in line 1 cause the organization to be not described in section 501(c)(3)? | | i Aispit. | | | |
| b | | enter the amount of any tax incurred under section 4912 | | | | | |
| c | | enter the amount of any tax incurred by organization managers under section 4912 | | | | | rost o min |
| d Dar | t III-A | ing organization incurred a section 4912 tax, did it file Form 4720 for this year? To be completed by all organizations exempt under section 501(c)(4), se | | 50 | | <u></u> | |
| 1 41 | L 181-2-L | section 501(c)(6). See the instructions for Schedule C for details. | CLIO | 1 30 | цс <u>д</u> э, | 0 | |
| | | | | | | Ye | s No |
| 1 | | ubstantially all (90% or more) dues received nondeductible by members? | | | | 1 | 1 |
| 2 | | organization make only in-house lobbying expenditures of \$2,000 or less? | | | • • • • } | 2 | |
| 3 Par | t III-B | organization agree to carryover lobbying and political expenditures from the prior year? To be completed by all organizations exempt under section 501(c)(4), se | | | | 3 0r | , I |
| r co | <u>с на В</u> | section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "N | | | | | |
| | | question 3 is answered "Yes." See Schedule C instructions for details. | | | | | |
| 1 | | ssessments and similar amounts from members | | | 1 | | |
| 2 | | 162(e) non-deductible lobbying and political expenditures (do not include amount for the second seco | unts | of | | | |
| а | Current | l expenses for which the section 527(f) tax was paid). | | | 2a | | |
| b | | er from last year | • • • | | 2b | | |
| c | Total | · · · · · · · · · · · · · · · · · · · | | | 2c | | |
| 3 | Aggreg | ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du | es . | | 3 | | |
| 4 | | es were sent and the amount on line 2c exceeds the amount on line 3, what portion | | | Ch C | | |
| | | does the organization agree to carryover to the reasonable estimate of nondeductible le itical expenditure next year? | obbyi | ng | 4 | | |
| 5 | - | amount of lobbying and political expenditures (line 2c total minus 3 and 4) | · · · | ••• | 5 | | |
| Par | | Supplemental Information | | | | | |
| Com | plete th | s part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C | , line | 5 an | d Part II | -B, line | 1i. |
| | | te this part for any additional information. | | | | · | |
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| Schedule C (I | Form 990 or 990-EZ) 2008 | 13-1624016 | Page 4 |
|---------------|--------------------------------------|--------------|--------------------------|
| Part IV | Supplemental Information (continued) | | |
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| | | Schedule C (| Form 990 or 990-EZ) 2008 |

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| Supplemental Financial Statements Supplemental Financial Stat | SCL | | | | | $\langle \gamma \rangle$ | OMB No. 1545-0047 |
|---|-------|-----------------------|--|---|----------------------|--|-------------------------|
| Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Total number of the answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Total number of the answered "Yes," to Form 990, Part IV, line 6, 13–1624016 Total number of the answered "Yes," to Form 990, Part IV, line 6, 13–1624016 Total number at end of year (a) Draw advect funds (b) Funds and other accounts. Complete if the organization mawred "Yes," to Form 990, Part IV, line 6, (b) Funds and other accounts. Complete if (c) Draw advect funds (d) Funds and other accounts. (d) Funds and other accounts (d) Sunds are the organization inform year) (e) Draw advect funds (d) Funds and other accounts (d) Funds and the provide bandle? (d) Funds and the provide bandle? (d) Funds and the funds bandle? (d) Funds and the funds bandle? (d) Funds and the funds bandle? (d) Funds and the funds bandle? (f) Formsoration factor funds (f) Formsoration factor for public use (e), encreation or advect or other accounts (f) Formsoration factor for public use (e), encreation or pleasure (f) Freaservation of and for public use (e), | | | Suppleme | ntal Financial St | tatements | - | |
| Internet revenue seven answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Inspection Mane of the organization instantiating Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "res" to Form 990, Part IV, line 6. Ill 3-1624016 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate route at end of year (a) Donor advised funds (b) Funds and other accounts 4 Aggregate route at end of year (b) Funds and other accounts (b) Funds and other accounts 5 Did the organization inform all donors and donor advisors in writing that the assalts held in donor advised funds (b) Ro 1 Total number of charitable propess and not for the bonefit of donor advisor or other impermissible private benefit? (b) Ro 2 Part II Conservation Teamsements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization contribution in the form of a conservation easements 2 Complete ins 2a-2 if the organization held a qualified conservation contribution in the form of a conservation easements. | (1.01 | m 330) | | | | | |
| Name of the organization Emotyper elementation number CPRIP_SCOOPS_OP_TIBL_DUTPED_STATES_OF_AMERICA 13-1624016 CPRIP_SCOOPS_OP_TIBL_DUTPED_STATES_OF_AMERICA 13-1624016 CPRIP_SCOOPS_OP_TIBL_DUTPED_STATES_OF_AMERICA (a) Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered Yes' to Form 990, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and either accounts 2 Aggregate grants from (during year) (a) Donor advised funds (b) Funds and either accounts 3 Aggregate grants from (during year) (c) State accounts (c) Funds and either accounts 5 Did the organization inform all donors and donor advisors in writing that the assist held in donor advised funds are the organization inform all grantese, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the dorganization inform all grantese, 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 a | • | | | | | | |
| Perform Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate contributions to (during year) (c) (c) (c) 3 Aggregate contributions to (during year) (c) (c) (c) (c) 4 Aggregate value at ond of year (c) (c | | | · · · · · · · · · · · · · · · · · · · | i | <u> </u> | Employer identifica | |
| Perform Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate contributions to (during year) (c) (c) (c) 3 Aggregate contributions to (during year) (c) (c) (c) (c) 4 Aggregate value at ond of year (c) (c | GTR | L SCOUTS OF | THE UNITED STATES OF A | MERICA | | 13-16240 |)16 |
| the organization answered "Yes" to Form 990, Part IV, line 6. (a) Denor advised funds (b) Funds and other accounts (a) Aggregate contributions to (during year) | | | | | milar Funds or | | |
| 1 Total number at end of year | | | | | • | | 1 |
| 2 Aggregate contributions to (during year) | | | | (a) Donor advised | funds | (b) Funds and | other accounts |
| 2 Aggregate contributions to (during year) | 1 | Total number at e | nd of vear | | | | |
| 3 Aggregate grants from (during year) | 2 | | | | | | |
| Aggregate value at end of year | 3 | | | | | | |
| funds are the organization's property, subject to the organization's exclusive legal control? | 4 | | | | | | |
| G 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 other impermissible private benefit? Partol 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 cartified historic structure 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. Total acreage restricted by conservation easements. Total acreage restricted by conservation easements included in (a) | 5 | Did the organization | on inform all donors and donor a | dvisors in writing that the | assets held in dor | nor advised | |
| used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? yes No Partul 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 an historically importantly land area Protection of natural habitat Preservation of an historically importantly land area Protestrotion of open space 2 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. Image: Held at the End of the Year a Total acreage rostricted by conservation easements Za Image: Held at the End of the Year d Number of conservation easements included in (c) acquired after 8/17/06 Zd Image: Held at the organization during the taxable year > | | funds are the orga | anization's property, subject to th | e organization's exclusive | legal control? | | Yes No |
| impermissible private benefit? Yes No PartID Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 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 Protection of natural habitat Preservation of certified historic structure Preservation of certified historic structure Preservation of open space 2 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 a Total acreage restricted by conservation easements on a certified historic structure included in (a) | 6 | | | | | | |
| Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 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 Protection of natural habitat Preservation of certified historic structure Complete lines 2a-21 di the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2 Total anereage restricted by conservation easements 2 Number of conservation easements in a certified historic structure included in (a) 2 2 0 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year > 4 Number of states where property subject to conservation easement is located > 2 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? 6 Statif or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year > \$ 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during theyear > \$ 9 In Pa | | • | • • | | | | [] |
| 1 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 Protection of natural habitat Preservation of open space 2 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. 2 Total number of conservation easements 2a b Total number of conservation easements on a certified historic structure included in (a) 2b 2 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ 3 Number of states where property subject to conservation easements located ▶ 4 Number of expenses incurred in molitoring, inspecting, and enforcing easements during the year ▶ \$ c Does the organization have a written policy regarding the periodic monitoring easements during the year ▶ \$ 3 Does cho organization neasement reported on line 2(2) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Preservation easement sing Colocitons of Art, Historical Treasures, or Other Similar Assets. 6 Statif or volunteer hours devoted to monitoring, inspecting, and enforcing easements in financial statements that describes the organization lected, as permi | | | | | <u></u> | | |
| Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of open space 2 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. a Total number of conservation easements | Par | | | | | orm 990, Part IV | , line 7. |
| Protection of natural habitat Preservation of certified historic structure 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. a Total number of conservation easements . 2a b Total acreage restricted by conservation easements . 2a c Number of conservation easements on a certified historic structure included in (a) . 2c d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ 4 Number of states where property subject to conservation easements is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcing easements during the year ▶ 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ 9 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 linancial statements that describes Part III Organization easement 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 tot of the footnote to its financial statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibit | 1 | | | | | | ` |
| 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. Idel at the End of the Year Total acreage restricted by conservation easements | | 1 1. | | eation or pleasure) | | | |
| 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. Total number of conservation easements | | | | L | Preservation of | certified historic | structure |
| on the last day of the tax year. Held at the End of the Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ 9 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 eldesd, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar Assets. 6 If the organization elected, as permitted under SFAS 116, to report in its | 2 | | · · · | - 1167 | | | |
| a Total number of conservation easements | 2 | | | almed conservation contri | bution in the form | of a conservation | easement |
| b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No 9 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 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. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or | | on the last day of | the tax year. | | | Held at th | e End of the Year |
| b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No 9 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 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. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or | а | Total number of o | onservation essements | | | 2a | · |
| c Number of conservation easements on a certified historic structure included in (a) | | | • | | ł | | |
| d Number of conservation easements included in (c) acquired after 8/17/06 | - | | | | | | |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ | | | | | | | |
| the taxable year ▶ | 3 | | - | | | ted by the organiz | ation during |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? 9 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 organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial 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 the similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 6 If the organization received or held 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: 7 If the organization received or held works of art, historical treasures, or other similar assets for financi | | | | | · · · | | Ŭ |
| enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? 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. Com plete 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, 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 | 4 | Number of states | where property subject to conse | rvation easement is locate | d 🕨 | | |
| 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: c) Revenues included in Form 990, Part X c) Revenues included in Form 990, Part X c) Re | 5 | Does the organization | ation have a written policy regard | ing the periodic monitorin | g, inspection, viol | lations, and | |
| 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ | | | | | | | |
| Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: | | | | | | | |
| 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? | | | | | | | |
| 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. Ia 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, 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 X (ii) Assets included in Form 990, Part X (iii) Assets included | 8 | Does each conse | rvation easement reported on lin | e 2(d) above satisfy the re | equirements of sec | tion | |
| balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part X (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: | ~ | 170(h)(4)(B)(i) and | d 170(h)(4)(B)(ù)? | | | | |
| the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X (ii) Assets included in Form 990, Part X (ii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part X (iv) For equired to be reported under SFAS 116 relating to these items: | Э | | ÷ • | | | • | |
| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part X (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: | | | | | inization's financia | ai statements that | describes |
| Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part X (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: | Pa | t III Organization s | tions Maintaining Collection | s of Art. Historical Trea | sures, or Other | Similar Assets | |
| b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 | | Complete | e if the organization answered | I "Yes" to Form 990, Pa | irt IV, Iine 8. | | · · |
| b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 | 1a | If the organization | elected, as permitted under SE | AS 116 not to report in it | s revenue statem | ent and balance s | heet works of |
| b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 | 14 | art, historical trea | sures, or other similar assets he | ld for public exhibition, ed | ucation, or resea | rch in furtherance | of public service, |
| 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 | Ŀ | | | | | | |
| 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 (iii) 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: | ŋ | | | | | | |
| (i) Revenues included in Form 990, Part VIII, line 1 | | | | | aon, or research i | ······································ | uono oci vioc, |
| (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: | | | | | | | |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: | | | | | | | |
| following amounts required to be reported under SFAS 116 relating to these items: | 2 | | | | | | |
| | | following amounts | required to be reported under S | FAS 116 relating to these | e items: | | |
| a Revenues included in Form 990, Part VIII, line 1 | а | Revenues include | d in Form 990, Part VIII, line 1 . | • | | | |
| b Assets included in Form 990, Part X | b | Assets included in | Form 990, Part X | | | 🕨 \$ | |
| For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2008 | For F | rivacy Act and Paperw | ork Reduction Act Notice, see the Instru | ctions for Form 990. | | Sch | edule D (Form 990) 2008 |

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| Schee | ule D (Form 990) 2008 | | | 1: | 3-1624016 | Page 2 |
|-------|--|------------------|---|------------------------------------|---|---------------------------------------|
| Par | t III Organizations Mainta | ining Collec | tions of Art, Histo | | | ar Assets (continued) |
| | | | - | <u> </u> | | |
| 3 | Using the organization's access | on and other i | records, check any o | of the following th | at are a significa | nt use of its collection |
| | items (check all that apply): | | | | | |
| а | Public exhibition | | d | Loan or exc | hange programs | |
| b | Scholarly research | | e | Other | | |
| C | Preservation for future | generations | | | | |
| 4 | Provide a description of the orga | anization's coll | ections and explain | how they further t | he organization's | s exempt purpose in |
| | Part XIV. | | | | | |
| 5 | During the year, did the organize | | | | | |
| | assets to be sold to raise funds | | | | | |
| Par | | | | | on answered "Y | es" to Form 990, |
| | Part IV, line 9, or repo | rted an amo | unt on Form 990, | Part X, line 21. | | |
| | | | | | | |
| 1a | Is the organization an agent, tru | | | • | ns or other asse | ts not |
| | included on Form 990, Part X?. | | | | | Yes X |
| b | If "Yes," explain the arrangemen | t in Part XIV a | nd complete the foll | owing table: | | |
| | | | | _ | | Amount |
| | Beginning balance | | | | 1c | |
| α | Additions during the year | | | | 1d | |
| e | Distributions during the year | | | | | ····· |
| | Ending balance | | | | 1f | |
| | Did the organization include an If "Yes," explain the arrangement | | ini 990, Part A, Ine | Z19 | • • • • • • • • • • | Yes No |
| Par | | | rganization anews | red "Vec" to For | m 000 Part IV | line 10 |
| rai | Endowment Funds, C | (a) Curren | | | | ee years back (e) Four years back |
| 1a | Beginning of year balance | · · · · · · | SPORT CLIME ALL REPORTS | | | |
| h | Contributions | | の住宅にお助けてたいないがない | | | |
| č | Investment earnings or losses . | 1,10 | <u>6,000. 8 8 10 8</u> | | - 11 - 11 - 14 - 18 - 18 - 18 - 18 - 18 | |
| ď | Grants or scholarships | | 2,000. 1,000. | | | |
| e | Other expenditures for facilities | | 1,000. | | | |
| | and programs | | 6,000. | | 다. 전 1월 1993년 1997년 1 1997년 1997년 199 1997년 1997년 199 | |
| f | Administrative expenses | | 0,000. | | | |
| g | End of year balance | | 1 000 | | | |
| 2 | Provide the estimated percentage | 100/00 | | | n of the state way in the second state of the | |
| а | Board designated or quasi-endo | | | | | |
| í b | Permanent endowment 16 | | | | | · |
| С | Term endowment > 8.00 | | | | | |
| 3a | Are there endowment funds not | in the posses | sion of the organization | tion that are held | and administere | d for the |
| | organization by: | | | | | Yes No |
| | (i) unrelated organizations | | | | | |
| | (ii) related organizations | | | | | |
| b | If "Yes" to 3a(ii), are the related | - | | | | 3b |
| 4 | Describe in Part XIV the intende | | | | | · · · · · · · · · · · · · · · · · · · |
| Par | t VI Investments - Land, B | uildings, an | d Equipment. See | Form 990, Par | t X, line 10. | |
| | Description of investment | | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | on (d) Book value |
| 1a | Land | | NONE | 377,05 | 9. | 377,059. |
| b | Buildings | [| NONE | | - Address and the second state of the second state | |
| С | Leasehold improvements | [| NONE | | | |
| ď | Equipment | •••• | NÓNE | | | |
| e | Other | | | | | |
| Tota | I. Add lines 1a-1e. (Column (d) si | nould equal Fo | orm 990, Part X, colu | ımn (B), line 10(c). |) | . 23,404,695. |

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| | Investments - Other Securities. See Fo | | |
|-------------------------------------|--|--|--|
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| Financial der | ivatives and other financial products | | |
| Closely-held | equity interests | | |
| Other SEE | STATEMENT 5 | | |
| | | | <u> </u> |
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| | (b) should equal Form 990, Part X, col. (B) line 12.) | 22,027,070. | |
| Part VIII | Investments - Program Related. See F | | |
| | (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
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| | | | |
| Total (Calumn | (b) should equal Form 990, Part X, col. (B) line 13.) | | |
| Part IX | Other Assets. See Form 990, Part X, Ii | ne 15 | |
| | | Description | (b) Book value |
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| Total. (Column | (b) should equal Form 990, Part X, col. (B) line 15.) | | · · · · · · · · · · · · · · · · · · · |
| Total. (Column Part X | (b) should equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X | | ····· |
| | (b) should equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X (a) Description of liability | ., line 25. (b) Amount | ······································ |
| | Other Liabilities. See Form 990, Part X (a) Description of liability | , line 25. | |
| Part X Federal incor | Other Liabilities. See Form 990, Part X (a) Description of liability | (, line 25. (b) Amount | |
| Part X Federal incor FUNDS HI | Other Liabilities. See Form 990, Part X (a) Description of liability ne taxes | , line 25. (b) Amount NONI | |
| Part X Federal incor FUNDS HI | Other Liabilities. See Form 990, Part X (a) Description of liability ne taxes CLD IN TRUST | t, line 25. (b) Amount <u>NONI</u> 915, 933 | |
| Part X Federal incor FUNDS HI | Other Liabilities. See Form 990, Part X (a) Description of liability ne taxes CLD IN TRUST | t, line 25. (b) Amount <u>NONI</u> 915, 933 | |
| Part X Federal incor FUNDS HI | Other Liabilities. See Form 990, Part X (a) Description of liability ne taxes CLD IN TRUST | t, line 25. (b) Amount <u>NONI</u> 915, 933 | |
| Part X Federal incor FUNDS HI | Other Liabilities. See Form 990, Part X (a) Description of liability ne taxes CLD IN TRUST | t, line 25. (b) Amount <u>NONI</u> 915, 933 | |
| Part X Federal incor FUNDS HI | Other Liabilities. See Form 990, Part X (a) Description of liability ne taxes CLD IN TRUST | t, line 25. (b) Amount <u>NONI</u> 915, 933 | |
| Part X Federal incor FUNDS HI | Other Liabilities. See Form 990, Part X (a) Description of liability ne taxes CLD IN TRUST | t, line 25. (b) Amount <u>NONI</u> 915, 933 | |
| Part X Federal incor FUNDS HI | Other Liabilities. See Form 990, Part X (a) Description of liability ne taxes CLD IN TRUST | t, line 25. (b) Amount <u>NONI</u> 915, 933 | |

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

| 5 Donated services and use of facilities 5 6 Investment expenses 6 7 Prior period adjustments 7 8 Other (Describe in Part XIV) 8 -29,9 9 Total adjustments (net). Add lines 4-8 9 -26,8 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 -43,7 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 30,3 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 4 30,3 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 2,602,791. 2 Add lines 2a through 2d 2 -27,5 3 Subtract line 2e from line 1 2 -27,5 3 Subtract line 2e from line 1 3 57,9 4 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part VIII, line 7b 4 4 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 69,4 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 5 1 74,1 | Page 4 |
|---|----------------|
| 1 Total revenue (Form 990, Part VIII, column (A), line 12) 1 69, 4 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 86, 3 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 16, 9 4 2.7 6 4 2.6 5 Donated services and use of facilities 5 5 6 Investment expenses 6 4 7 7 7 8 Other (Describe in Part XIV) 8 -229, 9 9 Total adjustments (net). Add lines 4-8 9 -26, 8 10 -43, 7 7 10 -43, 7 Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 30, 3 1 Total revenue, gains, and other support per audited financial statements 1 30, 3 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 1 30, 3 2 Add lines 2a through 2d 2 602, 791. 2 3 Donated services and use of facilities 2 1 3 57, 9 4 <th></th> | |
| 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 86, 3 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 16, 9 4 2, 6 3 16, 9 5 Donated services and use of facilities 5 6 Donated services and use of facilities 6 7 8 29, 9 9 Total adjustments 8 29, 9 9 Total adjustments (net). Add lines 4-8 9 26, 8 10 -43, 7 7 7 7 7 7 7 7 7 7 7 8 Decreation of Revenue per Audited Financial Statements With Revenue per Return 1 30, 3 7 7 1 30, 3 3 3 8 Deconciliation of Revenue per Audited Financial Statements 1 30, 3 7 7 1 30, 3 3 8 Deconciliation of Revenue per Audited Financial Statements 1 30, 3 9 Dotated services and other support per audited financial statements 1 30, 3 | 12 500 |
| 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 16,9 4 Net unrealized gains (losses) on investments 4 2,6 5 Donated services and use of facilities 5 6 4 6 Net unrealized gains (losses) on investments 6 4 2,6 6 Net unrealized gains (losses) on investments 6 4 2,6 7 8 Other (Describe in Part XIV) 8 29,9 9 Total adjustments (net). Add lines 4-8 7 7 8 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 -43,7 9 -26,8 10 -43,7 30,3 11 Total revenue, gains, and other support per audited financial statements 1 30,3 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 2,602,791. 1 3 Donated services and use of facilities 2 2 2,602,791. 2 4 Other (Describe in Part XIV) 2 2 2,602,791. 3 3 57,9 4 Adolines | |
| 4 Net unrealized gains (losses) on investments 4 2, 6 5 Donated services and use of facilities 6 4 6 Investment expenses 7 7 8 -29, 9 9 Total adjustments (net). Add lines 4-8 9 -26, 8 10 -43, 7 7 10 -43, 7 7 7 7 7 7 7 7 7 10 -43, 7 9 Total adjustments (net). Add lines 4-8 9 -26, 8 10 -43, 7 10 -43, 7 7 7 30, 3 3 9 Total revenue, gains, and other support per audited financial statements 10 -43, 7 1 Total revenue, gains, and other support per audited financial statements 1 30, 3 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2b 194,000. 2 2 602,791. 2b 194,000. 2 Add lines 2a through 2d 2c -30,355,224. 2c 3 Strough 2d 3 57,9 | |
| 5 Donated services and use of facilities 5 6 Investment expenses 6 7 Prior period adjustments 7 8 Other (Describe in Part XIV) 8 -29,9 9 Total adjustments (net). Add lines 4-8 9 -26,8 10 -43,7 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 30,3 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 1 30,3 2 Amounts included on line 1 facilities 2 -27,5 3 Subtract line 2e from line 1 2 -27,5 4 Add lines 2a through 2d 3 57,9 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 3 57,9 4 Amounts included on Form 990, Part VIII, line 7b 4a 4c 11, 4 4 Total revenue, Add lines 3 and 4c. (This should equal Form 990, Part I, line 7b 4a 4c 11, 4 5 69, 4 1 74, 1 74, 1 74, 1 <td></td> | |
| 6 Investment expenses 6 4 7 7 7 8 Other (Describe in Part XIV) 8 -29,9 9 Total adjustments (net). Add lines 4.8 9 9 -26,8 10 _43,7 10 _43,7 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 10 _43,7 1 Total revenue, gains, and other support per audited financial statements 1 30,3 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 1 30,3 2 Net unrealized gains on investments 2 2 2,602,791. b Donated services and use of facilities 2 2 -30,355,224. 2 Other (Describe in Part XIV) 2 2 -27,5 3 Subtract line 2e from line 1 3 57,9 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4 4 11,464,217. 4 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 69,4 2 Part XIII Reconciliation of Expenses per Audited F | 02,791. |
| 7 Prior period adjustments 7 8 Other (Describe in Part XIV) 8 29,9 9 Total adjustments (net). Add lines 4-8 9 26,8 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 43,7 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 30,3 1 Total revenue, gains, and other support per audited financial statements 2 2,602,791. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 1 30,3 a Net unrealized gains on investments 2 2,602,791. 2 b Donated services and use of facilities 2 194,000. 2 -27,5 3 Subtract line 2e from line 1 3 57,9 4 4 11,464,217. 4 11,4 4 Investment expenses not included on Form 990, Part VIII, line 7b 4 4 11,4 5 69,4 9 -22,5 3 Subtract lines 3 and 4c. (This should equal Form 990, Part I, line 12) 4 11,4 1 Total expenses and losses per Audited Financial | |
| 8 Other (Describe in Part XIV) 8 29,9 9 Total adjustments (net). Add lines 4-8. 9 26,8 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9. 10 43,7 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 30,3 1 Total revenue, gains, and other support per audited financial statements 2 4 30,3 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 2,602,791. 3 3 Donated services and use of facilities 2 2 -30,355,224. 4 4 Other (Describe in Part XIV) 2 2 -27,5 3 57,9 4 Add lines 2 a through 2d 2 -27,5 3 57,9 4 Amounts included on Form 990, Part VIII, line 7b 4 4 11,464,217. 4 11,464,217. 5 69,4 4 11,464,217. 4 11,464,217. 4 11,4 5 69,4 4 11,464,217. 5 69,4 9 4 11,464,2 | <u>89,498.</u> |
| 9 Total adjustments (net). Add lines 4-8 9 26,8 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 43,7 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 30,3 1 Total revenue, gains, and other support per audited financial statements 1 30,3 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 1 30,3 a Net unrealized gains on investments 2 2,602,791. 2 b Donated services and use of facilities 2 194,000. 2 -26,8 c Recoveries of prior year grants 2 2 -30,355,224. 2 -27,5 d Other (Describe in Part XIV) 2d 2d 2e -27,5 a Subtract line 2e from line 1 3 57,9 4 4a 4a 4a 4a 11,464,217. 4c 11,4 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 11,464,217. 4c 11,4 5 69,4 Amounts included on line 1 but not on F | 10 0.01 |
| 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9. 10 -43,7 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 30,3 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 2,602,791. 2 Net unrealized gains on investments 2 1 30,3 4 Obtact services and use of facilities 2 1 30,3 5 Donated services and use of facilities 2 1 24,000. 2 C -27,5 2 1 3 57,9 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 3 57,9 4 Amounts included on Form 990, Part VIII, line 7b 4a 4a 11,464,217. 4c 11,4 5 Gotter (Describe in Part XIV) 4c 11,4 69,4 4c 11,4 6 Other (Describe in Part XIV) 4d 11,464,217. 5 69,4 7 Add lines 4a and 4b 5 69,4 4c <t< td=""><td></td></t<> | |
| art Xii Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 30,3 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 2,602,791. a Net unrealized gains on investments 2 2,602,791. b Donated services and use of facilities 2 -30,355,224. c Recoveries of prior year grants 2 -30,355,224. d Other (Describe in Part XIV) 2d 2e e Add lines 2a through 2d 3 57,9 3 Subtract line 2e from line 1 | |
| 1 Total revenue, gains, and other support per audited financial statements 1 30,3 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 2,602,791. 2 Net unrealized gains on investments 2 2,602,791. 2 Donated services and use of facilities 2 2,602,791. 2 Donated services and use of facilities 2 -30,355,224. 2 Other (Describe in Part XIV) 2 2 -27,5 3 Subtract line 2 a through 2d 3 57,9 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4 4 a Investment expenses not included on Form 990, Part VIII, line 7b 4 4 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 4 4 6 Onter (Describe in Part XIV) 4 4 4 6 Other (Describe in Part XIV) 4 4 4 6 Other (Describe in Part XIV) 4 4 4 4 7 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 69,4 | <u>70,142,</u> |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a 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 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 4 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 1 Total expenses and losses per audited financial statements 2 194,000. 2 194,000. 2 194,000. 4 11,464,217. 5 69,4 | 00 070 |
| a Net unrealized gains on investments 2a 2,602,791. b Donated services and use of facilities 2b 194,000. c Recoveries of prior year grants 2c -30,355,224. d Other (Describe in Part XIV) 2d 2e e Add lines 2a through 2d 2d 2e 3 Subtract line 2e from line 1 3 57,9 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a 11,464,217. b Other (Describe in Part XIV) 4a 4c 11,4 b Other (Describe in Part XIV) 4b 11,464,217. 4c b Other (Describe in Part XIV) 4c 11,4 4c 11,4 c Add lines 4a and 4b 4c 11,4 4c 11,4 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 69,4 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 74,1 1 Total expenses and losses per audited financial statements 1 74,1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 194,000. a Donated services and use of facilities 2b 2c 2a | 90,813. |
| b Donated services and use of facilities 2b 194,000. c Recoveries of prior year grants 2c -30,355,224. d Other (Describe in Part XIV) 2d 2d e Add lines 2a through 2d 3 57,9 3 Subtract line 2e from line 1 3 57,9 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a 4a b Other (Describe in Part XIV) 4b 11,464,217. c Add lines 4a and 4b 4c 11,4 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 69,4 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 74,1 1 Total expenses and losses per audited financial statements 1 74,1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 194,000. a Donated services and use of facilities 2a 194,000. b Prior year adjustments 2a 194,000. c Losses reported on Form 990, Part IX, line 25 2c 1 | |
| c Recoveries of prior year grants 2c -30, 355, 224. d Other (Describe in Part XIV) 2d 2d e Add lines 2a through 2d 2e -27, 5 3 Subtract line 2e from line 1 3 57, 9 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV) 4b 11, 464, 217. c Add lines 4a and 4b 4c 11, 4 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 69, 4 art XIII Reconciliation of Expenses per Audited Financial Statements 1 74, 1 1 Total expenses and losses per audited financial statements 1 74, 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 194,000. 2b 2 Losses reported on Form 990, Part IX, line 25 2c 1 74, 1 | |
| d Other (Describe in Part XIV) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 3 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV) 4b c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 69,4 art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a a Donated services and use of facilities 2a b Prior year adjustments 2a c Losses reported on Form 990, Part IX, line 25 2a | |
| eAdd lines 2a through 2d2e-27,53Subtract line 2e from line 1357,94Amounts included on Form 990, Part VIII, line 12, but not on line 1:4a4aaInvestment expenses not included on Form 990, Part VIII, line 7b4a4abOther (Describe in Part XIV)4b11,464,217.cAdd lines 4a and 4b4c11,45Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)569,4art XIIIReconciliation of Expenses per Audited Financial Statements174,12Amounts included on line 1 but not on Form 990, Part IX, line 25:2aa194,000.2bb2c1 | |
| 3 Subtract line 2e from line 1 3 57,9 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a b Other (Describe in Part XIV) 4b 11,464,217. c Add lines 4a and 4b 4c 11,4 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 69,4 art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 74,1 1 Total expenses and losses per audited financial statements 1 74,1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 194,000. b Prior year adjustments 2b 2a 194,000. c Losses reported on Form 990, Part IX, line 25 2c a 194,000. | F0 400 |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 6 Art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 | |
| aInvestment expenses not included on Form 990, Part VIII, line 7b4abOther (Describe in Part XIV)4bcAdd lines 4a and 4b4c5Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)569,42art XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return1Total expenses and losses per audited financial statements2Amounts included on line 1 but not on Form 990, Part IX, line 25:aDonated services and use of facilitiesbPrior year adjustmentscLosses reported on Form 990, Part IX, line 25 | 49,306. |
| bOther (Describe in Part XIV)4b11,464,217.cAdd lines 4a and 4b4c11,45Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)569,42art XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return174,11Total expenses and losses per audited financial statements174,12Amounts included on line 1 but not on Form 990, Part IX, line 25:2a194,000.bPrior year adjustments2b2ccLosses reported on Form 990, Part IX, line 252c | |
| cAdd lines 4a and 4b4c11,45Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)569,42art XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return1Total expenses and losses per audited financial statements174,12Amounts included on line 1 but not on Form 990, Part IX, line 25:2a194,000.bPrior year adjustments2b2c1cLosses reported on Form 990, Part IX, line 252c1 | |
| 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 69,4 2art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 74,1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 194,000. a Donated services and use of facilities 2b 1 b Prior year adjustments 2b 1 c Losses reported on Form 990, Part IX, line 25 2c 1 | CA 017 |
| art XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return1Total expenses and losses per audited financial statements174,12Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 252a194,000.22b11 | |
| 1 Total expenses and losses per audited financial statements 1 74,1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 194,000. a Donated services and use of facilities 2b 1 b Prior year adjustments 2b 1 c Losses reported on Form 990, Part IX, line 25 2c 1 | 13, 323. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 | 61 015 |
| a Donated services and use of facilities2a194,000.b Prior year adjustments2bc Losses reported on Form 990, Part IX, line 252c | 01,013. |
| b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 | |
| c Losses reported on Form 990, Part IX, line 25 | |
| | |
| d Other (Describe in Part XIV) 2d | , |
| | 94,000. |
| | <u>67,015.</u> |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 0//010. |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a 489, 498. | |
| b Other (Describe in Part XIV) | |
| | 90,975. |
| · · · · · · · · · · · · · · · · · · · | 57,990. |
| Part XIV Supplemental Information | |
| omplete 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 | |
| nd 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. | |
| EE PAGE 5 | |
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| Schedule D (For | |

| Schedule D (Form 990) 2008 | | 13-1624016 | Page 5 |
|----------------------------|--|---------------------------|------------|
| Part XIV Supplement | ormation (continued) | | |
| _ENDOWMENT_FUNDS | | | |
| | | | |
| FORM 990, SCHEDULE | D, PART V, LINE 4 | | |
| | | | |
| THE INTENDED USE OF | THE ORCENTZETION'S FND | OWMENT FUNDS IS TO DEVELO | Q |
| | | | ± <i>I</i> |
| _SUPPORT, AND EXTEN | D THE GIRL SCOUT MOVEMENT | <u> </u> | |
| | | | |
| PECONCELLATION OF (| CHANGE IN NET ASSETS | | |
| | <u>/////////////////////////////////////</u> | | |
| FORM 990, SCHEDULE | D, PART XI, LINE 8 | | |
| | | | |
| _ PENSION_RELATED_EXI | PENSES OTHER THAN | | |
| | | | |
| NET PERIODIC PENSIC | <u>N COST</u> | -30,164,449 | |
| | . <u>.</u> | | |
| | | -190,775 | |
| | | | |
| | · | | |
| PORTION OF INVENTOR | RY CASH/CREDIT SALES THAT | <u> </u> | |
| WERE REPORTED IN AU | JDITED FINANCIAL STATEMEN | NTS | |
| | | | |
| AS MISCELLANEOUS RE | <u>SVENUE</u> | 437,260 | |
| | | | |
| TOTAL OTHER | | -29,917,964 | |
| | | - ' | |
| | | | |
| RECONCILIATION OF H | <u>REVENUE (1)</u> | · · · · | |
| | | | |
| | | | |
| · · · · | | | |
| PENSION RELATED EXI | PENSES OTHER THAN NET | | |
| PERIODIC PENSION CO |)ST | -30,164,449 | |
| | | | |
| | | • | |
| CHANGE IN VALUE OF | DEFERRED GIFTS | -190,775 | |
| | | | |

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| Schedule D (Form 990) 2008 | 13-1624016 | Page 5 |
|--|---|---------|
| Part XIV Supplement formation (continued) | | |
| | | |
| TOTAL OTHER | -30,355,224 | |
| | · · · · · · · · · · · · · · · · · · · | |
| | · | |
| RECONCILIATION OF REVENUE (2) | | |
| FORM 990, SCHEDULE D, PART XII, LINE 4B | ···· ································· | |
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| · · · · · · · · · · · · · · · · · · · | | |
| _ ADMINISTRATIVE, MERCHANDISING, WAREHOUSING, ETC. | | |
| EXPENSES OF GIRL SCOUT MERCHANDISE THAT ARE | | |
| REPORTED AS AN OFFSET OF THE MERCHANDISE REVENUE | | |
| IN THE AUDITED FINANCIAL STATEMENTS | 12 405 012 | |
| | | |
| | | |
| JULIETTE GORDON LOW BIRTHPLACE SALES AND OTHER | | |
| INCOME THAT ARE NETTED AGAINST EXPENSES IN THE | | |
| AUDITED FINANCIAL STATEMENTS | 268,125 | |
| | | |
| | | |
| PORTION OF INVENTORY CASH/CREDIT SALES THAT | | |
| WERE REPORTED IN AUDITED FINANCIAL STATEMENTS | | |
| AS MISCELLANEOUS REVENUE | 437,260 | |
| | | |
| | | |
| ELIMINATION OF ENDOWMENT INCOME | -771,660 | , |
| | | |
| TOTAL OTHER | 11,464,217 | |
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| | orm 990) 2008 🦯 🦯 | | 13-1624016 | Page 5 |
|---------------------|-----------------------|------------------------------|------------------|--------|
| Part XIV | Supplementa | ormation (continued) | (| |
| | | | | |
| _RECONC1 | ILIATION OF EX | (PENSES | | |
| FORM GO | | D, PART XIII, PART 4B | | |
| <u>_ r Ortri 93</u> | O' SCHEDORE | , FARI AIII, FARI 40 | | |
| | | | | |
| | | | | |
| _ADMINIS | STRATIVE, MERG | CHANDISING, WAREHOUSING, ETC | | |
| FYDENCE | CS OF GIRL SC | OUT_MERCHANDISE_THAT_ARE | | |
| <u> </u> | <u>15 OF GIND SC</u> | | | |
| _ REPORTE | <u>ED AS AN OFFSI</u> | ET OF THE MERCHANDISE REVENU | J <u>E</u> | |
| | | | | |
| <u>_IN_THE</u> | AUDITED_FINAL | NCIAL STATEMENTS | 12,405,012 | |
| | | | | |
| | | | | |
| JULIET1 | TE GORDON LOW | BIRTHPLACE SALES AND OTHER | | |
| | | | | |
| INCOME | THAT ARE NET | TED_AGAINST_EXPENSES_IN_THE | | |
| _AUDITEI | <u> FINANCIAL S</u> | FATEMENTS | 268,125 | |
| | | | | |
| | | | | |
| ET. TMINI | ATTON OF ENDOR | MENT EXPENSES | -771,660 | |
| | | | <i>LL</i> | |
| | | | | |
| | · | _ | 11 001 477 | |
| TOTAL (| | | 11,901,477 | |
| | OTHER EXPENSE: | | <u></u> <u>_</u> | |
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| SCHEDULE I (Form 990) Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S. Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990. | | | | | <u>ОМВ No. 1545-0047</u> 2008 Ореп to Public Inspection | | |
|--|--|-------------------------------------|--------------------------|---|--|---|--|
| ame of the organization | | | | | | Employer identificati | on number |
| IRL SCOUTS OF THE UN Part General Informatio | ITED STATES OF | | ···· · · · · · · · · · | · · · · | | 13-1624016 | |
| Does the organization main the selection criteria used to Describe in Part IV the organization | itain records to substar o award the grants or as | itiate the amount c ssistance? | | | | | X Yes No |
| art II Grants and Other / Form 990, Part IV, Use Part IV and Sch | Assistance to Gover line 21, for any recip nedule l-1 (Form 990) | ient that receive | ed more than \$5,00 | 0. Check this box i | f no one recipient r | eceived more than | \$5,000. |
| (a) Name and address of organization or government | | | (d) Amount of cash grant | and the second difference in the second second second second second second second second second second second s | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| EE SCHEDULE I-1 | | | 5 | | | | |
| TE SCHEDOLE I-I | | · · _ · · · · · · · · · · · · · · · | | | | · · · · · · · · · · · · · · · · · · · | |
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| Enter total number of sectio | | | | | , | | 120 |
| Enter total number of other r Privacy Act and Paperwork | | | | <u></u> . | | <u></u> | <u>NONE</u> lule I (Form 990) 200 |

Schedule I (Form 990) 2008 13-1624016 Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Use Schedule I-1 (Form 990) if additional space is needed. (a) Type of grant or assistance (b) Number of (d) Amount of (e) Method of valuation (book, (c) Amount of (f) Description of non-cash assistance recipients cash grant non-cash assistance FMV, appraisal, other) Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Part IV GRANTS PAID FORM 990, SCHEDULE I, PART 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 OUR POLICIES AND PROCEDURES.

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| Name of the organization | | | | | | Employer identificat | uon number |
|---|--------------------|---------------------------------------|--------------------------|--------------------------------------|---|---|---------------------------------------|
| GIRL SCOUTS OF THE UNITED STAT | | | | | | 13-1624016 | 5 |
| Part I Continuation of Grants and | <u>Other Assis</u> | tance to Gover | nments and Orga | <u>nizations in the U.</u> | | <u>n 990), Part II.)</u> | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| GIRL SCOUTS OF CONNECTICUT, INC. | | | | | | | |
| 340 WASHINGTON STREET | 06-0646756 | 501 (C) (3) | 37,973. | · | | | PROGRAM FULFILLMEN |
| GIRL SCOUTS OF MAINE, INC. | | | | | | | |
| 138 GANNETT DRIVE, 280 | 01-0269802 | 501 (C) (3) | 17,125. | | | · | PROGRAM FULFILLMENT |
| GIRL SCOUTS OF CENTRAL AND WESTERN MASSACHU | | | | | | | |
| 40 HARKNESS AVENUE | 04-2103856 | 501 (C) (3) | 10,861. | | | · | PROGRAM FULFILLMENT |
| GIRL SCOUTS OF EASTERN MASSACHUSETTS, INC. | | | | | | | |
| 95 BERKELEY STREET BOSTON, MA 02116-6229 | 04-2703281 | 501 (C) (3) | 27,453. | | | | PROGRAM FULFILLMENT |
| GIRL SCOUTS OF THE GREEN AND WHITE MOUNTAIN | | | | | | | |
| 1 COMMERCE DRIVE BEDFORD, NH 03110-6835 | 02-0243160 | 501 (C) (3) | 41,403. | | | | PROGRAM FULFILLMEN |
| GIRL SCOUTS OF CENTRAL & SOUTHERN NEW JERSE | | | | | | | |
| 40 BRACE ROAD CHERRY HILL, NJ 08034-2621 | 22-1928958 | 501 (C) (3) | 24,167. | | | | PROGRAM FULFILLMEN |
| GIRL SCOUTS OF THE JERSEY SHORE, INC. | | | | | | | |
| 242 ADELPHIA ROAD | 21-0731966 | 501_(C)(3) | 10,277. | | | | PROGRAM FULFILLMENT |
| GIRL SCOUTS HEART OF NEW JERSEY, INC. | | | | | | | |
| 120 VALLEY ROAD MONTCLAIR, NJ 07042-2399 | 22-1638950 | 501 (C) (3) | 45,498. | | | | PROGRAM FULFILLMEN |
| GIRL SCOUTS OF NORTHERN NEW JERSEY, INC. | | | | | | | |
| 95 NEWARK POMPTON TURNPIKE | 22-1512252 | 501 (C) (3) | 19,300. | | | | PROGRAM FULFILLMENT |
| GIRL SCOUTS OF NORTHEASTERN NEW YORK, INC. | | | | | | | |
| 8 MOUNTAIN VIEW AVENUE | 14-1438466 | 501 (C) (3) | 16,094. | | | | PROGRAM FULFILLMEN |
| GIRL SCOUTS HEART OF THE HUDSON, INC. | | | | | | | |
| 2 GREAT OAK LANE | 13-2985898 | 501 (C) (3) | 111,047. | | | | PROGRAM FULFILLMEN |
| GIRL SCOUT COUNCIL OF GREATER NEW YORK, INC. | | | | | | | |
| 43 WEST 23RD STREET NEW YORK, NY 10010-4283 | 13-1624014 | 501 (C) (3) | 11,862. | | | | PROGRAM FULFILLMENT |
| GIRL SCOUTS OF NASSAU COUNTY, INC, | | - | | | | | |
| 110 RING ROAD WEST | 11-2041443 | 501 (C) (3) | 15,965, | | | | PROGRAM FULFILLMEN |
| GIRL SCOUTS OF NYPENN PATHWAYS, INC. | | | | | | | |
| 8170 THOMPSON ROAD CICERO, NY 13039 | 16-0844808 | 501 (C) (3) | 6,521. | | | | PROGRAM FULFILLMEN |
| GIRL SCOUTS OF SUFFOLK COUNTY, INC. | | | | | | | |
| 442 MORELAND ROAD COMMACK, NY 11725-5708 | 11-2164434 | 501 (C) (3) | 53,700. | | | | PROGRAM FULFILLMENT |
| 2 Enter total number of Section 501(c)(3) | and governm | | | | | | - 120 |

3 Enter total number of other organizations

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

Schedule I-1 (Form 990) 2008

NONE

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047 N X

▶ Attach to Form 990 to list additional information for

| ernal Revenue Service. | · | · · · · · · · · · · · · · · · · · · · | | ····· | | | Inspection |
|---|--------------|---------------------------------------|--------------------------|---------------------------------------|---|---|---------------------------------------|
| me of the organization | | | • | | | Employer identifica | tion number |
| IRL SCOUTS OF THE UNITED STATES OF AMERIC. | | | | · · · · · · · · · · · · · · · · · · · | <u> </u> | 13-1624016 | |
| art I Continuation of Grants and | Other Assist | <u>tance to Goveri</u> | nments and Orga | nizations in the U. | | <u>n 990), Part II.)</u> | <u></u> |
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| RL SCOUTS OF WESTERN NEW YORK, INC. | 16-0743096 | 501 (C)(3) | 5,111. | | | | PROGRAM FULFILLMENT |
| RL SCOUTS OF RHODE ISLAND, INCORPORATED | 05-0300724 | 501 (C)(3) | 15.482. | | | | PROGRAM FULFILLMENT |
| RIBE GIRL SCOUT COUNCIL, INC. | 66-0200470 | 501 (C) (3) | 17,844. | | | | PROGRAM FULFILLMENT |
| RI SCOUTS OF THE CHESAPEAKE BAY COUNCIL. | 51-0064337 | 501 (C) (3) | 10.249. | | | | |
| RL SCOUT COUNCIL OF THE MATION?S CAPITAL | | | | , | | 1942 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - | PROGRAM FULFILLMEN |
| D1 CONNECTICUT AVENUE, NW, STE. M-2 RL SCOUTS OF KENTUCKIANA, INC. | 54-0732966 | 501 (C) (3) | 170,741. | | <u> </u> | | PROGRAM FULFILLMEN |
| L5 LEXINGTON ROAD LOUISVILLE, KY 40206 RL SCOUTS OF KENTUCKY'S WILDERNESS ROAD C | 61-0444698 | 501 (C) (3) | 50,780. | | | | PROGRAM FULFILLMEN |
| 77 EXECUTIVE DRIVE RL SCOUTS OF CENTRAL MARYLAND, INC. | 61-0608104 | 501 (C) (3) | 10,995. | | · · · · · · · · · · · · · · · · · · · | | PROGRAM FULFILLMEN |
| D6 SETON DRIVE BALTIMORE, MD 21215-3247 RL SCOUTS OF NORTH EAST OHIO | 52-0780207 | 501 (C) (3) | 22,389. | | | | PROGRAM FULFILLMEN |
| S GIRL SCOUT WAY MACEDONIA, OH 44056-2156 L SCOUTS OF OHIO'S HEARTLAND COUNCIL, IN | | 501 (C) (3) | 16,749. | | | | PROGRAM FULFILLMENT |
| 0 WATERMARK DRIVE | 31-4379475 | 501 (C) (3) | 28,525. | | · · · · · · · · · · · · · · · · · · · | <u></u> | PROGRAM FULFILLMENT |
| RL SCOUTS OF WESTERN OHIO 30 CORNELL ROAD CINCINNATI, OH 45242-1804 | 31-0679091 | 501 (C) (3) | 22,518. | · · · · · · | | | PROGRAM FULFILLMEN |
| AL SCOUTS OF EASTERN PENNSYLVANIA, INC. | 23-1352309 | 501 (C) (3) | 10,505. | | | | PROGRAM FULFILLMENT |
| AL SCOUTS WESTERN PENNSYLVANIA ISABELLA STREET, SUITE 207 | 25-1126094 | 501 (C) (3) | 69,991. | | | | PROGRAM FULFILLMEN |
| RL SCOUT COMMONWEALTH COUNCIL OF VIRGINIA 10 HANOVER GREEN DRIVE | 54-0534506 | 501 (C) (3) | 22,792. | | | ····· | PROGRAM FULFILLMEN |
| AL SCOUTS OF VIRGINIA SKYLINE COUNCIL, IN 53 PETERS CREEK ROAD NW | 54-0737207 | 501 (C) (3) | 14,916. | | | | PROGRAM FULFILLMEN |

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Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)



Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

| Part I Continuation of Grants and | | | 2 D | | (f) Method of valuation | (-) | |
|---|------------|---------------------------------------|--------------------------|---------------------------------------|---|---|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| GIRL SCOUT COUNCIL OF COLONIAL COAST | | | | | | | |
| 912 CEDAR ROAD CHESAPEAKE, VA 23322-7002 | 54-1158412 | 501 (C) (3) | 12,047. | | | | PROGRAM FULFILIMEN |
| GIRL SCOUTS OF SOUTHERN ALABAMA, INC. | - | | | | | | |
| 3483 SPRINGHILL AVENUE | 63-0421430 | 501 (C) (3) | 15,113. | | | | PROGRAM FULFILLMEN |
| GIRL SCOUTS OF CITRUS COUNCIL, INC. | - | | | | | | |
| 341 NORTH MILLS AVENUE | 59-0696293 | 501 (C) (3) | 37,320. | | · · · · | | PROGRAM FULFILLMEN |
| GIRL SCOUTS OF GATEWAY COUNCIL, INC. | _ | | | | | | |
| 1000 SHEARER STREET | 59-0637857 | 501 (C)(3) | 5,198. | | | | PROGRAM FULFILIMEN |
| GIRL SCOUTS OF GULFCOAST FLORIDA, INC. | - | | | | | | |
| 4780 CATTLEMEN ROAD SARASOTA, FL 34233 | 59-0760212 | 501 (C)(3) | 61,293. | | | | PROGRAM FULFILLMEN |
| GIRL SCOUT COUNCIL OF TROPICAL FLORIDA, INC. | 4 | · · | | | | | |
| 11347 SW 160 STREET MIAMI, FL 33157-2703 | 59-0651087 | 501 (C) (3) | 113,950. | | | | PROGRAM FULFILLMEN |
| GIRL SCOUTS OF WEST CENTRAL FLORIDA, INC. | | | | | | | |
| 5002 WEST LEMON STREET TAMPA, FL 33609-1104 | 59-0624454 | 501 (C) (3) | 76,219. | | | | PROGRAM FULFILLMEN |
| GIRL SCOUTS OF SOUTHEAST FLORIDA, INC. | | | е. - | | | | |
| 1224 WEST INDIANTOWN ROAD | 59-0657327 | 501 (C)(3) | 35,167. | | | ······ | PROGRAM FULFILLMEN |
| GIRL SCOUT COUNCIL OF THE FLORIDA PANHANDLE | | | | | | | |
| 250 PINEWOOD DRIVE | 59-0760209 | 501 (C) (3) | 10,890. | · | | | PROGRAM FULFILLMENT |
| GIRL SCOUTS OF HISTORIC GEORGIA, INC. | - | | | | | | |
| 6869 COLUMBUS ROAD LIZELLA, GA 31052-1710 | 58-0566191 | 501 (C) (3) | 9,522. | | | · · · · · · · · · · · · · · · · · · · | PROGRAM FULFILLMENT |
| GIRL SCOUTS OF GREATER ATLANTA, INC. | - | | | | | | |
| 5601 NORTH ALLEN ROAD MABLETON, GA 30126 | 58-0566190 | 501 (C) (3) | 34,730. | · · · · · · · · · · · · · · · · · · · | | | PROGRAM FULFILLMENT |
| GIRL SCOUTS OF LOUISIANA-PINES TO THE GULF | | | | | | | |
| 1720 KALISTE SALOOM ROAD, STE. C-1 | 72-0488660 | 501 (C) (3) | 14,839. | | | | PROGRAM FULFILLMENT |
| GIRL SCOUTS LOUISIANA EAST, INC. | - | | | | | | |
| 841 SOUTH CLEARVIEW PARKWAY | 72-0453615 | 501 (C) (3) | 7,964. | · · · · · · · · · · · · · · · · · · · | | ,,,,,, | PROGRAM FULFILLMENT |
| GIRL SCOUT COUNCIL OF MIDDLE MISSISSIPPI | { | | | | | | |
| 1471 WEST COUNTY LINE ROAD | 64-0308410 | 501 (C) (3) | 50,785. | | | | PROGRAM FULFILLMENT |
| GIRL SCOUT COUNCIL OF THE CATAWBA VALLEY AR | - | | | | | | |
| 530 4TH STREET, SW HICKORY, NC 28602-2823 | 56-0529942 | 501 (C) (3) | 16,632. | | | | PROGRAM FULFILLMENT |

3 Enter total number of other organizations

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

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)



Department of the Treasury Internal Revenue Service Name of the organization Employer identification number GIRL SCOUTS OF THE UNITED STATES OF AMERICA 13-1624016 Part Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule | (Form 990), Part II.) (f) Method of valuation (a) Name and address of organization (b) EIN (c) IRC Code section (d) Amount of cash grant (e) Amount of non-cash (g) Description of (h) Purpose of orant (book, FMV, appraisal, other) or government If applicable assistance non-cash assistance or assistance GIRL SCOUTS, HORNETS? NEST COUNCIL 90.986. 7007 IDLEWILD ROAD CHARLOTTE, NC 28212-5751 56-0563842 501 (C) (3) PROGRAM FULFILLMENT GIRL SCOUTS, TARHEEL TRIAD COUNCIL, INC. 8818 WEST MARKET STREET COLFAX, NC 27235 56-0543237 501 (C) (3) 11.276. PROGRAM FULFILLMENT GIRL SCOUTS-NORTH CAROLINA COASTAL PINES, I 6901 PINECREST ROAD RALEIGH, NC 27613-4538 56-0791500 501 (C) (3) 26,787. PROGRAM FULFILLMENT GIRL SCOUTS OF EASTERN SOUTH CAROLINA, INC. 2412 PISGAH ROAD FLORENCE, SC 29501-7115 31,539. 57-0341216 501 (C)(3) PROGRAM FULFILLMENT GIRL SCOUTS OF SOUTH CAROLINA-MOUNTAINS TO 501 (C)(3) 10.592. FIVE INDEPENDENCE POINTE, SUITE 120 57-0314433 PROGRAM FULFILLMENT GIRL SCOUTS OF THE APPALACHIAN COUNCIL, INC 26,907 1100 WOODLAND AVENUE 62-0530472 501 (C)(3) PRÖGRAM FULFILLMENT GIRL SCOUTS OF MIDDLE TENNESSEE, INC. 62-0589380 501 (C) (3) 5,284 4522 GRANNY WHITE PIKE PROGRAM FULFILLMENT GIRL SCOUTS HEART OF THE SOUTH 2715 KIRBY PARKWAY, SUITE 1 62-0502197 501 (C)(3) 15,853 PROGRAM FULFILLMENT GIRL SCOUTS OF CENTRAL ILLINOIS, INC. 41.176. 3020 BAKER DRIVE SPRINGFIELD, IL 62703-5918 37-0681529 501 (C) (3) PROGRAM FULFILLMENT GIRL SCOUTS OF GREATER CHICAGO AND NORTHWES 222 SOUTH RIVERSIDE PLAZA #2120 36-3871241 501 (C) (3) 45.723. PROGRAM FULFILLMENT GIRL SCOUTS OF CENTRAL INDIANA, INC. 1800 NORTH MERIDIAN STREET 35-0876381 501 (C) (3) 101,773. PROGRAM FULFILLMENT GIRL SCOUTS OF MICHIGAN SHORE TO SHORE 501 (C) (3) 16.031. PROGRAM FULFILLMENT 3275 WALKER AVENUE NW 38-1366924 GIRL SCOUTS HEART OF MICHIGAN 38-1581300 501 (C) (3) 19.829. 601 WEST MAPLE STREET PROGRAM FULFILLMENT GIRL SCOUTS OF SOUTHEASTERN MICHIGAN 38-1359207 501 (C) (3) 50,426. PROGRAM FULFILLMENT 3011 WEST GRAND BOULEVARD, STE. 500 GIRL SCOUTS OF WISCONSIN - BADGERLAND COUNC 46.178. 2710 SKI LANE MADISON, WI 53713-3267 39-0806331 501 (C) (3) PROGRAM FULFILLMENT 2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

Attach to Form 990 to list additional information for Part II and Part III. Schedule I (Form 990)



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

GIRL SCOUTS OF THE UNITED STATES OF AMERICA 13-1624016 Part Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule | (Form 990). Part II.) (f) Method of valuation (a) Name and address of organization (b) EIN (c) IRC Code section (d) Amount of cash grant (e) Amount of non-cash (g) Description of (h) Purpose of grant (book, FMV, appraisal, other) or government if applicable assistance non-cash assistance or assistance GIRL SCOUTS OF MINNESOTA AND WISCONSIN LAKE 41-0877820 501 (C) (3) 18,689 400 2ND AVENUE SOUTH PROGRAM FULFILLMENT GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVE 400 SOUTH ROBERT STREET 41-0693910 501 (C) (3) 40,426. PROGRAM FULFILLMENT GIRL SCOUTS - DAKOTA HORIZONS, INC. 501 (C) (3) 46-0250744 27.841 1101 SOUTH MARION ROAD PROGRAM FULFILLMENT GIRL SCOUTS OF MANITOU COUNCIL, INC. 6,679 5212 WINDWARD COURT 39-0920672 501 (C) (3) PROGRAM FULFILLMENT GIRL SCOUTS OF WISCONSIN SOUTHEAST 17,595 501 (C) (3) 131 SOUTH 69 STREET 39-0892833 PROGRAM FULFILLMENT GIRL SCOUTS OF THE NORTHWESTERN GREAT LAKES 501 (C) (3) 10,339 2430 FINGER ROAD GREEN BAY, WI 54302-4210 39-1016314 PROGRAM FULFILLMENT GIRL SCOUTS - DIAMONDS OF ARKANSAS, OKLAHOM 615 WEST 29 STREET 71-0309373 501 (C) (3) 6,532. PROGRAM FULFILLMENT GIRL SCOUTS OF COLORADO 400 SOUTH BROADWAY DENVER, CO 80209-0407 84-0410630 501 (C) (3) 35,577. PROGRAM FULFILLMENT GIRL SCOUTS OF EASTERN IOWA AND WESTERN ILL 2011 2ND AVENUE ROCK ISLAND, IL 61201-8831 42-1008848 501 (C) (3) 6,381 PROGRAM FULFILLMENT GIRL SCOUTS OF GREATER IOWA 5,331 10715 HICKMAN ROAD 42-0698218 501 (C) (3) PROGRAM FULFILLMENT GIRL SCOUTS OF KANSAS HEARTLAND, INC. 501 (C) (3) 41,027 360 LEXINGTON ROAD WICHITA, KS 67218-1700 48-0556718 PROGRAM FULFILLMENT GIRL SCOUTS OF THE MISSOURI HEARTLAND, INC. 29,885 210 S. INGRAM MILL ROAD 44-0594943 501 (C) (3) PROGRAM FULFILLMENT GIRL SCOUTS OF NORTHEAST KANSAS AND NORTHWE 24,966. 43-0892926 501 (C) (3) PROGRAM FULFILLMENT 8383 BLUE PARKWAY DRIVE GIRL SCOUTS OF EASTERN MISSOURI, INC. 2300 BALL DRIVE ST. LOUIS, MO 63146 43-0662471 501 (C) (3) 84,555 PROGRAM FULFILLMENT GIRL SCOUTS - SPIRIT OF NEBRASKA 2121 SOUTH 44TH STREET OMAHA, NE 68105-2809 47-0432299 6.919 501 (C) (3) PROGRAM FULFILLMENT 2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047 2008

Open to Public

Inspection

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)

| Department of the Treasur | ¥ |
|---------------------------|---|
| Internal Revenue Service | 1 |

Name of the organization Employer identification number GIRL SCOUTS OF THE UNITED STATES OF AMERICA 13-1624016 Part Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) (a) Name and address of organization (c) IRC Code section (b) EIN (d) Amount of cash grant (e) Amount of non-cash (g) Description of (h) Purpose of grant or government if applicable assistance non-cash assistance or assistance GIRL SCOUTS OF NEW MEXICO TRAILS, INC. 4000 JEFFERSON PLAZA, NORTHEAST 85-6011246 501 (C) (3) 24,113, PROGRAM FULFILLMENT GIRL SCOUTS - WESTERN_OKLAHOMA, INC. 501 (C) (3) 121 NORTHEAST 50TH STREET 73-0677849 100,994 PROGRAM FULFILLMENT GIRL SCOUTS OF EASTERN OKLAHOMA, INC. 2432 EAST 51ST STREET TULSA, OK 74105-6002 73-0579240 501 (C) (3) 31,272, PROGRAM FULFILLMENT GIRL SCOUTS OF CENTRAL TEXAS, INC. 12012 PARK 35 CIRCLE AUSTIN, TX 78753 74-1109644 501 (C) (3) 102,452. PROGRAM FULFILLMENT GIRL SCOUTS OF THE DESERT SOUTHWEST - SOUTH 9700 GIRL SCOUT WAY EL PASO, TX 79924-3828 74-1189693 · 501 (C) (3) 51,384. PROGRAM FULFILLMENT GIRL SCOUTS OF THE TEXAS OKLAHOMA PLAINS 4901 BRIARHAVEN ROAD 75-0818162 501 (C) (3) 40.238. PROGRAM FULFILLMENT GIRL SCOUTS OF SAN JACINTO COUNCIL 501 (C)(3) 53,302, 3110 SOUTHWEST FREEWAY 74-6001254 PROGRAM FULFILLMENT GIRL SCOUTS OF GREATER SOUTH TEXAS 74-1256499 501 (C)(3) 13,091 PROGRAM FULFILLMENT 202 EAST MADISON AVENUE GIRL SCOUTS OF NORTHEAST_TEXAS 6001 SUMMERSIDE DRIVE DALLAS, TX 75252 75-1101571 [501 (C) (3) 9,636. PROGRAM FULFILLMENT GIRL SCOUTS SUSITNA COUNCIL 3911 TURNAGAIN BOULEVARD EAST 92-6000179 501 (C)(3) 28,925 PROGRAM FULFILLMENT GIRL SCOUTS-ARIZONA CACTUS-PINE COUNCIL, IN 501 (C) (3) 119 E CORONADO RD PHOENIX, AZ 85004-1512 86-0133397 37,615. PROGRAM FULFILLMENT SAHUARO GIRL SCOUT COUNCIL, INC. 501 (C) (3) 28,483. 4300 EAST BROADWAY BOULEVARD 86-0098917 PROGRAM FULFILLMENT GIRL SCOUTS OF GREATER LOS ANGELES 801 SOUTH GRAND AVENUE, SUITE 300 95-1644033 501 (C) (3) 45,999. PROGRAM FULFILLMENT GIRL SCOUTS OF CENTRAL CALIFORNIA SOUTH 7.682. 501 (C)(3) PROGRAM FULFILLMENT 4910 EAST ASHLAN AVENUE - SUITE 105 95-1766795 GIRL SCOUTS OF SAN GORGONIO COUNCIL 1751 PLUM LANE REDLANDS, CA 92374-4533 95-1967727 501 (C) (3) 95,025. PROGRAM FULFILLMENT

2 Enter total number of Section 501(c)(3) and government organizations

Enter total number of other organizations 3

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

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Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

▶ Attach to Form 990 to list additional information for



| Internal Revenue Service Name of the organization | ******************* | ······ | | ········· | | Employer identifica | Inspection tion number |
|---|---------------------|------------------------------------|--------------------------|--------------------------------------|---|--|---------------------------------------|
| GIRL SCOUTS OF THE UNITED STATES OF AMERICA | | | | | | 13-1624016 | |
| Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form | | | | | | | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| GIRL SCOUTS, SAN DIEGO-IMPERIAL COUNCIL, IN | | | | | | | |
| 1231 UPAS STREET SAN DIEGO, CA 92103-5199 | 95-1644585 | 501 (C) (3) | 85,644. | | | | PROGRAM FULFILLMEN |
| GIRL SCOUTS HEART OF CENTRAL CALIFORNIA | | | | | | | |
| 3005 GOLD CANAL DRIVE | 94-1582429 | 501 (C) (3) | 41,136. | | | | PROGRAM FULFILLMEN |
| GIRL SCOUTS OF CALIFORNIA'S CENTRAL COAST | | | | | | | |
| 801 SOUTH VICTORIA AVENUE, SUITE 202 | 94-1567162 | 501 (C) (3) | 18,164. | | | | PROGRAM FULFILLMEN |
| GIRL SCOUTS OF NORTHERN CALIFORNIA | | | , | | | | |
| 7700 EDGEWATER DRIVE #340 | 94-1551410 | 501 (C) (3) | 62,195. | | | | PROGRAM FULFILLMEN |
| GIRL SCOUTS OF HAWAI'I | | | | | | | |
| 420 WYLLIE STREET HONOLULU, HI 96817-1729 | 99-0073488 | 501 (C) (3) | 9,507. | | | | PROGRAM FULFILLMEN |
| GIRL SCOUTS OF SILVER SAGE COUNCIL, INC. | | | | | | | |
| 1410 ETHERIDGE LANE BOISE, ID 83704-8407 | 82-0259644 | 501 (C) (3) | 12,972. | | | | PROGRAM FULFILLMEN |
| GIRL SCOUTS OF MONTANA AND WYOMING | | | | | | | |
| 735 GRAND AVENUE BILLINGS, MT 59102 | 81-6001486 | 501 (C) (3) | 26,271, | | | | PROGRAM FULFILLMEN |
| GIRL SCOUTS OF THE SIERRA NEVADA | | | | | | | |
| 605 WASHINGTON STREET RENO, NV 89503-4328 | 88-0060580 | 501 (C) (3) | 38.453. | | | | PROGRAM FULFILLMEN |
| GIRL SCOUTS OF OREGON AND SOUTHWEST WASHING | 00 0000000 | | | | | · · · · · · · · · · · · · · · · · · · | |
| 9620 SW BARBUR BOULEVARD PORTLAND, OR 97219 | 93-0399051 | 501 (C) (3) | 21,041. | , | | | PROGRAM FULFILLMEN |
| GIRL SCOUTS OF UTAH | 50 0005002 | | | | | | |
| 445 E 4500 STREET | 87-0221612 | 501 (C) (3) | 41,464. | | | | PROGRAM FULFILLMEN |
| GIRL SCOUTS OF EASTERN WASHINGTON & NORTHER | 07-0221012 | | | | | | INGOLVET FOLLEFISMEN |
| | 91-0570844 | 501 (C) (3) | 15,241, | | 1 | | PROGRAM FULFILLMEN |
| 1404 NORTH ASH STREET | 91-05/0844 | 1501 (0) (5) | 19,241. | | | | EKOGRAM FULFILLMEN. |
| GIRL SCOUTS OF WESTERN WASHINGTON 601 VALLEY STREET SEATTLE, WA 98109-4229 | 91-6060940 | 501 (C) (3) | 65.749. | | | | PROGRAM FULFILLMEN |
| | 21-0000340 | 1001 (01 (01 | 00,145. | | -, | ····· | ELOOIGH CONCIDENT |
| GIRL SCOUTS OF RIVER BLUFFS 4 GINGER CREEK PKWY GLEN CARBON, IL 62034 | 37-0811488 | 501 (C) (3) | 12.719. | | | | PROGRAM FULFILLMEN |
| | <u></u> | 101 101 101 | 14,113, | | | | THOOLOGI CODETHINGRY |
| GIRL SCOUTS OF ROCK RIVER VALLEY | 26-0169044 | 501 (0) (2) | 9,228. | | | | |
| 2101 AUBURN STREET ROCKFORD, IL 61103-4451 | 36-2167844 | 501, (C) (3) | 9,228. | | ······ | · · · · | PROGRAM FULFILLMENT |
| GIRL SCOUT COUNCIL - FRONTIER | 00 0000070 | 501 (0) (0) | 45,980. | | | | DDOGDAN DUI BILL MAN |
| 2941 HARRIS AVE LAS VEGAS, NV 89101 | 88-0060273 | 501 (C) (3) | 40,980. | | | | PROGRAM FULFILLMEN |

Enter total number of Section 501(c)(3) and government organizations 2

3 Enter total number of other organizations

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

Schedule I-1 (Form 990) 2008

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| SCHEE | DULE | I-1 |
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| (Form | 990) | |

Continuation Sheet for Schedule I (Form 990)

Attach to Form 000 to list additional information for



| Department of the Treasury Internal Revenue Service | | | d Part III, Schedule | l (Form 990) | | . 2 | Open to Public Inspection |
|--|--------------|---------------------------------------|--------------------------|--|---|---|---------------------------------------|
| Name of the organization | | | | | | Employer identifica | tion number |
| GIRL SCOUTS OF THE UNITED STATES OF AMERIC | | | | | | 13-1624016 | |
| Part I Continuation of Grants and | Other Assist | tance to Goveri | nments and Orga | nizations in the U. | | <u>m 990), Part II.)</u> | ···· |
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| GIRL SCOUT COUNCIL - GREEN HILLS | 36-2510154 | 501 (C)(3) | 14,114. | | | | PROGRAM FULFILLMEN |
| GIRL SCOUT OF RAINTREE COUNCIL 223 NW 2ND STREET EVANSVILLE, IN 47708 | 35-0876380 | 501 (C) (3) | 10,763. | | | | PROGRAM FULFILLMEN |
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3 Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

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JSA 8E1317 3.000

| Continuation of Grants and O | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|--|---|
| (a) Type of grant or assistance | (b) Number of recipents | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistan |
| | | } | | | |
| | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | | цаль _{на ст} ало с с с с с с с с с с с с с с с с с с с |
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JSA 8E1318 3.000

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|---|---|--|--|---------------------------------------|-----------------------------|--|--|--|--|--|
| SCH | EDULE J | ation | OMB No. 1545-0047 | | | | | | | |
| (For | m 990) | For certain O | ficers, Directors, Trustees, Key Emp | loyees, and Highest | 2008 | | | | | |
| Compensated Employees Operation Department of the Treasury ► Attach to Form 990. To be completed by organizations Operation | | | | | | | | | | |
| Internal Revenue Service that answered "Yes" to Form 990, Part IV, line 23. | | | | | | | | | | |
| | of the organization | | | | ntification number | | | | | |
| Part | | F THE UNITED STATE: ns Regarding Compensa | | 13-16 | 24016 | | | | | |
| i en i | Questio | ns regarding compensa | | | Yes No | | | | | |
| 1a | Check the ap | propriate box(es) if the orga | ization provided any of the follow | ving to or for a person listed in F | March 1997 To the second | | | | | |
| | | | Part III to provide any relevant i | | $P_{i}(M) \equiv A_{i}^{2}$ | | | | | |
| | First-cla | iss or charter travel | Housing allowand | ce or residence for personal use | e Baral | | | | | |
| | | or companions | | siness use of personal residence | • | | | | | |
| | | emnification and gross-up pa | ments Health or social o | club dues or initiation fees | | | | | | |
| | Discretio | onary spending account | Personal services | s (e.g., maid, chauffeur, chef) | | | | | | |
| | | | | | | | | | | |
| b | | _ | ollow a written policy regarding p | - | | | | | | |
| 2 | | | above? If "No," complete Part III to prior to reimbursing or allowing | | <u>1b</u> | | | | | |
| 2 | | | Executive Director, regarding the | | 2 | | | | | |
| | omooro, aree | | Executive Director, regarding the | Rems checked at the tas | | | | | | |
| 3 | Indicate which | h, if any, of the following the | rganization uses to establish the | compensation of the | | | | | | |
| | | CEO/Executive Director: C | | • | | | | | | |
| | | nsation committee | Written employm | ent contract | | | | | | |
| | x Indepen | ident compensation consulta | nt X Compensation su | Irvey or study | | | | | | |
| | Form 99 | 90 of other organizations | X Approval by the t | poard or compensation commit | tee | | | | | |
| | | | | • | | | | | | |
| 4 | | | orm 990, Part VII. Section A, line | | | | | | | |
| a h | | | f control payment? | | | | | | | |
| b C | | | supplemental nonqualified retirem a equity-based compensation arrar | | | | | | | |
| U | | | is and provide the applicable amo | | 4c X | | | | | |
| | | j et | | | | | | | | |
| | Only 501(c)(3 | 3) and 501(c)(4) organizatio | s must complete lines 5-8. | | | | | | | |
| 5 | For persons I | listed in Form 990, Part VII, | ection A, line 1a, did the organiza | ation pay or accrue any | | | | | | |
| | | n contingent on the revenues | | | | | | | | |
| а | The organizat | ion? | | | <u>5a X</u> | | | | | |
| ·b | Any related o | rganization? | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | | e 5a or 5b, describe in Part II | | | | | | | | |
| 6 | | | ection A, line 1a, did the organization of | ation pay or accrue any | | | | | | |
| a | - | n contingent on the net earn ion? | - | | 6a X | | | | | |
| | Any related o | reanization? | | •••••• | 6a X 6b X | | | | | |
| ~ | If "Yes" to line | e 6a or 6b, describe in Part II | | ••••••••••••••• | | | | | | |
| 7 | | | ection A, line 1a, did the organiz | ation provide any non-fixed | | | | | | |
| | payments not described in lines 5 and 6? If "Yes," describe in Part III | | | | | | | | | |
| 8 | Were any am | ounts reported in Form 990 | Part VII, paid or accrued pursuar | nt to a contract that was | · · · · 7 X | | | | | |
| | - | • | cribed in Regs. section 53.4958 | | | | | | | |
| | in Part III | <u></u> | <u> <u></u></u> | <u> </u> | 8 X | | | | | |
| For F | rivacy Act and | d Paperwork Reduction Act | Notice, see the Instructions for | Form 990. | Schedule J (Form 990) 2008 | | | | | |

Schedule J (Form 990) 2008

13-1624016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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-MIS | C compensation | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation | |
|---------------------------------------|------|--------------------------|--|---|----------------|----------------|----------------------|---|--|
| | | (i) Base compensation | (ii) Bonus & Incentive compensation | (iii) Other reportable compensation | compensation . | benefits | (B)(I)-(D) | reported in prior Form 990 or Form 990-EZ | |
| | (i) | 352,649. | NONE | 82,703. | 47,553. | 15,505, | 498,410. | 415,679 | |
| M. KATHRYN CLONINGER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NON | |
| | (1) | <u>287,339.</u> | <u>NONE</u> | <u>73,937.</u> | 57,972. | <u>12,510.</u> | 431,758. | <u>319,662</u> | |
| FLORENCE N. CORSELLO | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NON | |
| | (1) | 226,999. | NONE | 37,198. | 37,055. | 10,366, | 311,618. | 234,955 | |
| NORMA I. BARQUET | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NON | |
| | (1) | 196,106. | NONE | 13,459. | 29,010. | 10,404. | 248,979. | NON | |
| DELPHIA Y. DUCKENS | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NON | |
| | (i) | <u> </u> | NONE | 21,305. | <u>39,878.</u> | 18,107. | 250,711. | NON | |
| CLAIRE FERRARIN | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NON | |
| | (1) | 194,062. | 30,873. | 21,382. | 30,491. | 20,599. | 297,407. | 200,925 | |
| BARRY HOROWITZ | (ii) | NONE | <u>NONE</u> | NONE | NONE | NONE | <u>N</u> ONE | NON | |
| | (i) | 200,094. | NONE | 22,326. | 69,702. | 18,508 | 310,630, | 207,367 | |
| JACLYN E. LIBOWITZ | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NON | |
| · · · · | (i) | 219,173. | NONE | 11,582. | 29,347. | 4,374. | 264,476. | 202,514 | |
| DEBORAH J. LONG | (11) | NONE | NONE | NONE | NONE | NONE | NONE | NON | |
| | (i) | 148,313. | NONE | 13,932. | 17,699. | 19,947. | 199,891. | NON | |
| ALMESHA PEGUES | (1) | NONE | NONE | NONE | NONE | NONE | NONE | NON | |
| | (i) | 185,579. | 10,000. | 6,203. | NONE | 7,848. | 209,630. | NON | |
| LAUREL J. RICHIE | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NON | |
| | (i) | 199,916. | <u>NONE</u> | 15,969. | 19,776. | 20,468. | 256,129. | NON | |
| MARGIE M. WANG | (ii) | <u>`</u> NONE | NONE | NONE | NONE | NONE | NONE | NON | |
| | (i) | 192,050. | NONE | 39,086. | 31,458. | 10,115. | 272,709. | 207,070 | |
| AURIE A. WESTLEY | (1) | NONE | NONE | NONE | NONE | NONE | NONE | NON | |
| · · · · · · · · · · · · · · · · · · · | (i) | 172,615. | NONE | 32,405. | <u>19,037.</u> | 17,574. | 241,631. | <u>NO</u> / | |
| AICHAEL WATSON | (11) | NONE | NONE | NONE | NONE | NONE | NONE | NON | |
| | (1) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (i) | | | | | | | | |
| | (i) | | | | | | | | |
| | (1) | · | | | | | | | |

Schedule J (Form 990) 2008

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Page **2**

| 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 conformational information. COMPENSATION_INFORMATION_(1) | · · · |
|--|-----------------------------------|
| FORM 990, SCHEDULE J, PART I, LINE 4B SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN | |
| SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN | • • • • • • • • • • • • • • • • • |
| | |
| | |
| | |
| <u>F. CORSELLO - \$35,201</u> | |
| COMPENSATION INFORMATION (2) | |
| FORM 990, SCHEDULE J, PART I, LINE 5A | |
| COMPENSATION FOR THE VICE PRESIDENT AND GENERAL MANAGER OF GIRL SCOUTS | |
| MERCHANDISE INCLUDES INCENTIVE COMPENSATION RELATED TO SALES AND NET | |
| INCOME PERFORMANCE. | |
| COMPENSATION INFORMATION (3) | |
| FORM 990, SCHEDULE J, PART II, SECTION A, COLUMN F | |
| ON PRIOR YEAR FORM 990, COMPENSATION WAS REPORTED FOR SEVEN INDIVIDUALS | |

Schedule J (Form 990) 2008

| Schedule J (Form 990) 2008 | 13-1624016 | Page 3 |
|--|--|----------------------------|
| Part III Supplemental Information Complete this part to provide the information, exp for any additional information. | planation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 | . Also complete this part |
| FOR THE PERIOD OF 01/01/2008 THROUGH | 09/30/2008 AS THAT WAS PART OF THE | |
| ORGANIZATION'S FISCAL YEAR, ENDING 0 | 9/30/2008 | |
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| | | Schedule J (Form 990) 2008 |

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Continuation Sheet for Form 990

OMB No. 1545-0047

Open to Public

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Department of the Treasury Internal Revenue Service Name of the Organization

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection Employer Identification number

13-1624016

GIRL SCOUTS OF THE UNITED STATES OF AMERICA Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part I Employees

| (A) | (B) | 1 | | (0 | >) | | | (D) | (E) | |
|---|---------------|-----------------------------------|-------------------------------|----------|--------------|------------------------------|-----------|--|--|--|
| Name and Title | Average hours | Posit | sition (check all that apply) | | Reportable | Reportable | Estimated | | | |
| - | per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| M. KATHRYN CLONINGER | | | | | | | ŀ | | | |
| CEO | 45. | ļ | | X | | <u> </u> | <u> </u> | 435,352. | NONE | 63,058. |
| CONNIE_LINDSEY | | ĺ | | | | | | | | |
| OFFICER - BOARD OF DIRECTORS | 10. | X | | | | ļ | | NONE | NONE | NONE |
| DAVIA_TEMIN | | | | | | • | 1 | | | |
| OFFICER - BOARD OF DIRECTORS | 10. | X | | | | | <u> </u> | NONE | NONE | NONE |
| LINDA_PFOREMAN | | | | | | | | · . | | |
| OFFICER - BOARD OF DIRECTORS | 10. | X | | | | <u> </u> | | NONE | NONE | NONE |
| ANGEL_RODRIGUEZ | | | | | | | | | | |
| OFFICER - BOARD OF DIRECTORS | 10. | X | | | <u> </u> | | | NONE | NONE | NONE |
| LINDA_MAZON-GUTIERREZ | | 1 | | | | | ŀ | | | |
| OFFICER - BOARD OF DIRECTORS | 10. | X | | | <u> </u> | ļ | - | NONE | NONE | NONI |
| JOAN WAGNON | | | | | | | | | | |
| OFFICER - BOARD OF DIRECTORS | 10. | <u>X</u> | | | - | | | NONE | NONE | NONE |
| SYLVIA_ACEVEDO | - | | | l | | | | - | | |
| BOARD MEMBER | 5. | X | | | | | | NONE | NONE | NONI |
| BARBARA_ADACHI | _ | | • | | | | | | | |
| BOARD MEMBER | 5 | X | | <u> </u> | <u> </u> | | · . | NONE | NONE | NONI |
| CATHERINE_COUGHLIN | _ | 1 | | | ļ | | | | | |
| BOARD MEMBER | 5 | X | | <u> </u> | - | | | NONE | NONE | NONI |
| HARRIETT_EDELMAN | _ | | | | | | | | | |
| BOARD MEMBER | 5. | X | | · · | | <u> </u> | <u> </u> | NONE | NONE | NONI |
| ROCKY EGUSQUIZA | | | 1 | | | · · | | | NONE | |
| BOARD MEMBER | 5. | X | | - | - | | - | NONE | NONE | NONI |
| ELLEN_FOX | | | | | | | | | NON | |
| BOARD MEMBER | 5. | X | | | | - | | NONE | NONE | NON |
| LISA_GULLERMIN_GABLE BOARD_MEMBER | 5. | x | | | | | | NONE | NONE | NON |
| | <u> </u> | <u> </u> | | | | | | | NONE | NON |
| NAN C. HILLIS BOARD MEMBER | 5. | x | | | | | | NONE | NONE | NON |
| MICHELLE_HOLIDAY | J. J. | | | | | | | NONE | NOINE | |
| BOARD MEMBER | 5. | x | | | | | | NONE | NONE | NON |
| JOHN HOM | <u>J.</u> | | | <u> </u> | | 1 | + | NONE | NONE | INOIN. |
| BOARD MEMBER | 5. | x | | } | | | | NONE | NONE | NON |
| MARIE_C. JOHNS | ····· | | | | <u> </u> | · | + | NONE | | INOIN |
| BOARD MEMBER | 5. | x | | | 1 | | | NONE | NONE | NONI |
| INGRID_SAUDERS_JONES | | 1 | · ··· | | | | - | | | TION . |
| BOARD MEMBER | 5. | x | | | | | | NONE | NONE | NON |
| KAREN_MALONEY | <u></u> | | - | | | | | MONE | | NON. |
| BOARD MEMBER | 5. | x | 1 | | | 1 | | NONE | NONE | NON |
| SHARON H. MATTHEWS | <u>_</u> | | | 1 | + | | 1 | INONE | | |
| BOARD MEMBER | 5. | x | | | | | | NONE | NONE | NON |
| For Privacy Act and Paperwork Reduction | | | 1 | 1 | | for F | | | | J-2 (Form 990) 2008 |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

(F)

Estimated

amount of

other

compensation

from the organization

and related organizations

NONE

NONE

Department of the Treasury Internal Revenue Service Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

2008 Open to Public Inspection

Employer Identification number

Name of the Organization

GIRL SCOUTS OF THE UNITED STATES OF AMERICA 13-1624016 Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part I Employees (A) (C) (D) (B) (E) Name and Title Position (check all that apply) Average hours Reportable Reportable per week compensation compensation Officer Former Individual trustee or director Institutional trustee Key employee Highest compensated from from related employee organizations the organization (W-2/1099-MISC) (W-2/1099-MISC) ROBERT_MORRIS_ BOARD MEMBER 5. Х NONE NONE DEBRA NAKATOMI 5. BOARD MEMBER Х NONE NONE SUSAN_PETERS

| VIKSI PRVOR S. NONE NONE NONE NONE NONE BOARD MEMBER 5. X NONE NONE NONE NONE GARD MEMBER 5. X NONE <th>BOARD MEMBER</th> <th>5.</th> <th>x</th> <th></th> <th></th> <th></th> <th>NONE</th> <th>NONE</th> <th>NONE</th> | BOARD MEMBER | 5. | x | | | | NONE | NONE | NONE |
|--|---|-----------------|--------|----------|-------|----------|-----------|--------------|-----------------|
| PATRICIA_BOWE_ROMINES 5. X NONE NONE NONE BOARD_MEMBER 5. X NONE 361.276 <td>VIKKI_PRYOR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | VIKKI_PRYOR | | | | | | | | |
| BOARD MEMBER5.XNONENONENONEBOARD MEMBER5.XNONENONENONESARA SCHWARTZ5.XNONENONENONEBOARD MEMBER5.XNONENONENONEBOARD MEMBER5.X361.276NONENONEBOARD MEMBER5.X222,420NONE88,210NORMA T. BARQUET45.X264,197NONE47,421DELPHIA Y. DUCKENSSENTOR VICE PRESIDENT45.X209,565NONE39,414AMRSH MOROWITZYX209,565NONE51,09034,144AMRSH MOROWITZYX201,782 <td< td=""><td>BOARD MEMBER</td><td>5.</td><td>x</td><td></td><td></td><td></td><td>NONE</td><td>NONE</td><td>NONE</td></td<> | BOARD MEMBER | 5. | x | | | | NONE | NONE | NONE |
| NHEA_SCHWARTZ_ NONE NONE NONE NONE BOARD MEMBER 5. X NONE NONE NONE GALL M TALBOTT 5. X NONE NONE NONE GALL M TALBOTT 5. X 361.276 NONE NONE GPO/SENICR VICE PRESIDENT 45. X 222.420 NONE 80.210 <t< td=""><td>PATRICIA_BOWE_ROMINES</td><td></td><td></td><td></td><td></td><td>,</td><td></td><td>-</td><td></td></t<> | PATRICIA_BOWE_ROMINES | | | | | , | | - | |
| BOARD MEMBER5.XNONENONENONENONESARA SCUWEBEL5.XNONENONENONEBOARD MEMBER5.XNONENONENONEBOARD MEMBER5.XNONENONENONESUSAN_L. TAYLORBOARD MEMBER5.XNONENONESUSAN_L. TAYLORBOARD MEMBER5.XNONENONENONESUSAN_L. TAYLORBOARD MEMBER5.XNONENONENONEBOARD MEMBER5.XNONENONENONENONEBOARD MEMBER5.XNONENONENONENONEBOARD MEMBER5.XNONENONENONENONEBOARD MEMBER5.XNONENONENONENONEFLORENCE N. CORSELLOCORSELLOCORSELLOCORSELLOCORSELLOCORSELLOCHIEF OF STAFF45.X222, 420.NONE88, 210.NORMA I. BARQUET45.X264, 197.NONE47, 421.PELPHIA_Y. DUCKENSSENIOR VICE PRESIDENT45.X209, 565.NONE39, 414.BARSY_HOROWITZ45.X209, 565.NONE39, 414.VP & GENERAL MANAGER45.X201, 782.NONE7, 848.VICE PRESIDENT45.X201, 782.NONE7, 848.VICE PRESIDENT45.X201, 782.NONE40, 244.VICE PRESIDENT45.X </td <td>BOARD MEMBER</td> <td>5.</td> <td>x</td> <td>-</td> <td></td> <td></td> <td>NONE</td> <td>NONE</td> <td>NONE</td> | BOARD MEMBER | 5. | x | - | | | NONE | NONE | NONE |
| BOARD MEMBER5.XNONENONENONENONESARA SCUWEBEL5.XNONENONENONEBOARD MEMBER5.XNONENONENONEBOARD MEMBER5.XNONENONENONESUSAN_L. TAYLORBOARD MEMBER5.XNONENONESUSAN_L. TAYLORBOARD MEMBER5.XNONENONENONESUSAN_L. TAYLORBOARD MEMBER5.XNONENONENONEBOARD MEMBER5.XNONENONENONENONEBOARD MEMBER5.XNONENONENONENONEBOARD MEMBER5.XNONENONENONENONEBOARD MEMBER5.XNONENONENONENONEFLORENCE N. CORSELLOCORSELLOCORSELLOCORSELLOCORSELLOCORSELLOCHIEF OF STAFF45.X222, 420.NONE88, 210.NORMA I. BARQUET45.X264, 197.NONE47, 421.PELPHIA_Y. DUCKENSSENIOR VICE PRESIDENT45.X209, 565.NONE39, 414.BARSY_HOROWITZ45.X209, 565.NONE39, 414.VP & GENERAL MANAGER45.X201, 782.NONE7, 848.VICE PRESIDENT45.X201, 782.NONE7, 848.VICE PRESIDENT45.X201, 782.NONE40, 244.VICE PRESIDENT45.X </td <td>RHEA_SCHWARTZ</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | RHEA_SCHWARTZ | | | | | | | | |
| BOARD MEMBER5.XNONENONENONEBOARD MEMBER5.XNONENONENONESUSAN_LTAYLOR5.XNONENONENONEBOARD MEMBER5.XNONENONENONEBOARD MEMBER5.XNONENONENONEBOARD MEMBER5.XNONENONENONEBOARD MEMBER5.XNONENONENONEBOARD MEMBER5.XNONENONENONEGAIL M TALBOTT5.XNONENONENONEBOARD MEMBER5.XNONENONENONEFLORENCE N. CORSELLOCFO/SENIOR VICE PRESIDENT45.X361.276.NONECHIEF OF STAFF45.X222,420.NONE88,210.NORMA I. BARQUET45.X209,565.NONE47,421.EXEC. VICE PRESIDENT45.X209,565.NONE39,414.BARRY HOROWITZ45.X201,782.NONE7,848.MARGIE M. WANG45.X201,782.NONE7,848.MARGIE M. WANG45.X230,755.NONE40,244.CLAIRE FERRARIN45.X230,755.NONE33,721.ALMESPA - PEGUES45.X230,755.NONE37,646.DIRECTOR45.X162,245.NONE37,646. | | 5. | x | | | | NONE | NONE | NONE |
| BOARD MEMBER5.XNONENONENONEBOARD MEMBER5.XNONENONENONESUSAN_LTAYLOR5.XNONENONENONEBOARD MEMBER5.XNONENONENONEBOARD MEMBER5.XNONENONENONEBOARD MEMBER5.XNONENONENONEBOARD MEMBER5.XNONENONENONEBOARD MEMBER5.XNONENONENONEGAIL M TALBOTT5.XNONENONENONEBOARD MEMBER5.XNONENONENONEFLORENCE N. CORSELLOCFO/SENIOR VICE PRESIDENT45.X361.276.NONECHIEF OF STAFF45.X222,420.NONE88,210.NORMA I. BARQUET45.X209,565.NONE47,421.EXEC. VICE PRESIDENT45.X209,565.NONE39,414.BARRY HOROWITZ45.X201,782.NONE7,848.MARGIE M. WANG45.X201,782.NONE7,848.MARGIE M. WANG45.X230,755.NONE40,244.CLAIRE FERRARIN45.X230,755.NONE33,721.ALMESPA - PEGUES45.X230,755.NONE37,646.DIRECTOR45.X162,245.NONE37,646. | SARA_SCHWEBEL | | | | | | | | |
| BOARD MEMBER5.XNONENONENONESUSAN L. TAYLOR | | 5. | x | | | | NONE | NONE | NONE |
| SUSAN_LTAYLOR 5. X NONE NONE NONE BOARD MEMBER 5. X NONE NONE NONE MARISA_TABIZON_THOMPSON | EILEEN_SCOTT | | | | | | | | |
| BOARD MEMBER5.XNONENONENONENONEMARISA TABIZON THOMPSON5.XNONENONENONENONEGARD MEMBER5.XNONENONENONENONEGAIL M TALBOTT5.XNONENONENONENONEGAIL M TALBOTT5.XNONENONENONENONEGAIL M TALBOTT5.XNONENONENONENONEGARD MEMBER5.XNONENONENONENONEFLORENCE N. CORSELLOCro/SENIOR VICE PRESIDENT45.X361,276.NONE70,482.JACLYN E. LIBOWITZCHIEF OF STAFF45.X222,420.NONE88,210.NORMA I. BARQUET45.X264,197.NONE47,421.PENETA Y. DUCKENSSENIOR VICE PRESIDENT45.X209,565.NONE39,414.BARRY HOROWITZSENIOR VICE PRESIDENT45.X201,782.NONE7,848.VP & GENERAL MANAGER45.X201,782.NONE7,848.MARGIE M. WANGYICE PRESIDENT45.X192,726.NONE57,985.UICE PRESIDENT45.X230,755.NONE57,985.DEBORH J. LONGSENIOR VICE PRESIDENT45.X230,755.NONE33,721.ALMESHA PEGUESIIRECTOR45.X162,245.NONE37,646. | BOARD MEMBER | 5. | x | | | | NONE | NONE | NONE |
| MARISA_TABIZON_THOMPSON BOARD MEMBER5.XNONENONENONEGAIL_M_TALBOTT BOARD MEMBER5.XNONENONENONENONEBOARD MEMBER5.XNONENONENONENONEFLORENCE N. CORSELLO45.XX361,276.NONENONECFO/SENIOR VICE PRESIDENT45.XX361,276.NONE70,482.JACLYN E. LIBOWITZ45.X222,420.NONE88,210.NORM I. BARQUET45.X264,197.NONE47,421.DELPHIA Y. DUCKENS5X209,565.NONE39,414.BARRY HOROWITZ45.X209,565.NONE51,090.JAUREL J. RICHIE5X201,782.NONE7,848.MARGIE M. WANG45.X215,885.NONE40,244.CLAIRE FERRARIN45.X192,726.NONE57,985.VICE PRESIDENT45.X230,755.NONE57,985.DEBORAH J. LONG45.X162,245.NONE37,646. | SUSAN L. TAYLOR | | | | | | | | |
| BOARD MEMBER5.XNONENONENONENONENONEGAIL M TALBOTTBOARD MEMBER5.XNONENONENONENONEGARD MEMBER5.XNONENONENONENONENONEFLORENCE N. CORSELLOCRO/SENIOR VICE PRESIDENT45.X361,276.NONE70,482.JACLYN E. LIBOWITZT45.X222,420.NONE88,210.JORMA I. BARQUET45.X264,197.NONE47,421.EXEC. VICE PRESIDENT45.X209,565.NONE39,414.BARRY HOROWITZT45.X246,317.NONE51,090.JAUREL J. RICHIESENIOR VICE PRESIDENT45.X201,782.NONE7,848.MARGIE M. WANGYICE PRESIDENT45.X215,885.NONE40,244.CLAIRE FERRARINYICE PRESIDENT45.X192,726.NONE57,985.JUCE PRESIDENT45.X230,755.NONE33,721.ALMESHA PEGUESJIRECTOR45.X162,245.NONE37,646. | BOARD MEMBER | 5. | x | | | | NONE | NONE | NONE |
| GAIL M TALBOTT BOARD MEMBER5. XNONENONENONEFLORENCE N. CORSELLO CFO/SENIOR VICE PRESIDENT45.X X361,276.NONENONEJACLYN.E. LIBOWITZ JACLYN.E. LIBOWITZ DARLYN.E. LIBOWITZ CHIEF OF STAFF45.X X222,420.NONE88,210.NORMA I. BARQUET EXEC. VICE PRESIDENT45.X264,197.NONE47,421.FLPHIA Y. DUCKENS SENIOR VICE PRESIDENT45.X209,565.NONE39,414.BARRY HOROWITZ VP & GENERAL MANAGER45.X246,317.NONE51,090.LAUREL J. RICHIE SENIOR VICE PRESIDENT45.X201,782.NONE7,848.MARGIE M. WANG VICE PRESIDENT45.X192,726.NONE57,985.DEBORAH J. LONG SENIOR VICE PRESIDENT45.X230,755.NONE33,721.ALMESHA PEGUES DIRECTOR45.X162,245.NONE37,646. | MARISA_TABIZON_THOMPSON | | | | | | | | |
| BOARD MEMBER5.XNONENONENONEFLORENCE N. CORSELLO45.X361,276.NONE70,482.CCO/SENIOR VICE PRESIDENT45.X361,276.NONE70,482.JACLYN E. LIBOWITZ45.X222,420.NONE88,210.CHIEF OF STAFF45.X264,197.NONE47,421.DELPHIA Y. DUCKENS5X209,565.NONE39,414.BARRY HOROWITZ45.X246,317.NONE51,090.VP & GENERAL MANAGER45.X201,782.NONE51,090.LAUREL J. RICHIE5X201,782.NONE40,244.CLAIRE FERRARIN45.X215,885.NONE40,244.VICE PRESIDENT45.X230,755.NONE57,985.DEBORAH J. LONG51,090.45.X162,245.NONE57,646. | BOARD MEMBER | 5. | x | | | | NONE | NONE | NONE |
| FLORENCE N. CORSELLO45.XX361,276.NONECFO/SENIOR VICE PRESIDENT45.XX361,276.NONE70,482.JACLYN E. LIBOWITZ45.X222,420.NONE88,210.CHIEF OF STAFF45.X264,197.NONE88,210.NORMA I. BARQUET45.X264,197.NONE47,421.EXEC. VICE PRESIDENT45.X209,565.NONE39,414.BARRY HOROWITZ45.X246,317.NONE51,090.LAUREL J. RICHIE5ENIOR VICE PRESIDENT45.X201,782.NONE7,848.MARGIE M. WANG45.X215,885.NONE40,244.VICE PRESIDENT45.X192,726.NONE57,985.DEBORAH J. LONG57,985.X230,755.NONE33,721.ALMESHA PEGUES45.X162,245.NONE37,646. | GAIL M TALBOTT | | | | | | | | |
| CFO/SENIOR VICE PRESIDENT45.XX361,276.NONE70,482.JACLYN_ELIBOWITZ45.X222,420.NONE88,210.CHIEF OF STAFF45.X222,420.NONE88,210.NORMA_I. BARQUET45.X264,197.NONE47,421.EXEC. VICE PRESIDENT45.X209,565.NONE39,414.DELPHIA_Y. DUCKENS5X209,565.NONE39,414.BARRY HOROWITZ45.X209,565.NONE51,090.LAUREL_J. RICHIE5X201,782.NONE7,848.MARGIE_M. WANG45.X215,885.NONE40,244.VICE PRESIDENT45.X192,726.NONE57,985.DEBORAH_J. LONG45.X230,755.NONE33,721.ALMESHA_PEGUES45.X162,245.NONE37,646. | BOARD MEMBER | 5. | x | | | | NONE | NONE | NONE |
| JACLYN_ELIBOWITZCHIEF OF STAFF45.X222,420.NONE88,210.NORMA_I. BARQUETEXEC. VICE PRESIDENT45.X264,197.NONE47,421.DELPHIA_YDUCKENSSENIOR VICE PRESIDENT45.X209,565.NONE39,414.BARRY_HOROWITZVP & GENERAL MANAGER45.X246,317.NONE51,090.LAUREL JRICHIESENIOR VICE PRESIDENT45.X201,782.NONE7,848.MARGIE M. WANGVICE PRESIDENT45.X215,885.NONE40,244.CLAIRE_FERRARINVICE PRESIDENT45.X192,726.NONE57,985.DEBORAH JLONGSENIOR VICE PRESIDENT45.X230,755.NONE33,721.ALMESHA_PEGUESJIRECTOR45.X162,245.NONE37,646. | FLORENCE_NCORSELLO | | | | | { | | | |
| CHIEF OF STAFF45.X222,420.NONE88,210.NORMA I. BARQUET | CFO/SENIOR VICE PRESIDENT | 45. | | x | x | | 361,276. | NONE | 70,482. |
| NORMA_I.BARQUETA5.X264,197.NONE47,421.EXEC. VICE PRESIDENT45.X264,197.NONE47,421.DELPHIA_Y.DUCKENSSENIOR VICE PRESIDENT45.X209,565.NONE39,414.BARRY_HOROWITZVP & GENERAL MANAGER45.X246,317.NONE51,090.LAUREL J. RICHIESENIOR VICE PRESIDENT45.X201,782.NONE7,848.MARGIE M. WANGVICE PRESIDENT45.X215,885.NONE40,244.VICE PRESIDENT45.X192,726.NONE57,985.DEBORAH J. LONGSENIOR VICE PRESIDENT45.X230,755.NONE33,721.ALMESHA PEGUES45.X162,245.NONE37,646. | JACLYN_ELIBOWITZ | | | | | | | | |
| EXEC. VICE PRESIDENT45.X264,197.NONE47,421.DELPHIA_YDUCKENS | CHIEF OF STAFF | 45. | | x | | | 222, 420. | NONE | 88,210. |
| DELPHIA Y. DUCKENSX209,565.NONE39,414.SENIOR VICE PRESIDENT45.X246,317.NONE51,090.LAUREL J. RICHIEX246,317.NONE51,090.SENIOR VICE PRESIDENT45.X201,782.NONE7,848.MARGIE M. WANGYICE PRESIDENT45.X215,885.NONE40,244.VICE PRESIDENT45.X192,726.NONE57,985.DEBORAH J. LONGSENIOR VICE PRESIDENT45.X230,755.NONE33,721.ALMESHA PEGUES45.X162,245.NONE37,646. | NORMA I. BARQUET | | | | | | | | |
| SENIOR VICE PRESIDENT45.X209,565.NONE39,414.BARRY HOROWITZVP & GENERAL MANAGER45.X246,317.NONE51,090.LAUREL J. RICHIESENIOR VICE PRESIDENT45.X201,782.NONE7,848.MARGIE M. WANGVICE PRESIDENT45.X215,885.NONE40,244.VICE PRESIDENT45.X215,885.NONE40,244.CLAIRE FERRARINVICE PRESIDENT45.X192,726.NONE57,985.DEBORAH J. LONGSENIOR VICE PRESIDENT45.X230,755.NONE33,721.ALMESHA PEGUES45.X162,245.NONE37,646. | EXEC. VICE PRESIDENT | 45. | | | х | | 264,197. | NONE | 47,421. |
| BARRY HOROWITZ45.X246,317.NONE51,090.VP & GENERAL MANAGER45.X246,317.NONE51,090.LAUREL J. RICHIESENIOR VICE PRESIDENT45.X201,782.NONE7,848.MARGIE M. WANGVICE PRESIDENT45.X215,885.NONE40,244.VICE PRESIDENT45.X192,726.NONE57,985.VICE PRESIDENT45.X230,755.NONE33,721.ALMESHA PEGUES45.X162,245.NONE37,646. | DELPHIA Y. DUCKENS | | | | | | | | |
| VP & GENERAL MANAGER45.X246,317.NONE51,090.LAUREL J. RICHIE <td< td=""><td>SENIOR VICE PRESIDENT</td><td>45.</td><td></td><td></td><td>Х</td><td></td><td>209,565.</td><td>NONE</td><td>39,414.</td></td<> | SENIOR VICE PRESIDENT | 45. | | | Х | | 209,565. | NONE | 39,414. |
| LAUREL J. RICHIESENIOR VICE PRESIDENT45.X201,782.NONE7,848.MARGIE M. WANG45.X215,885.NONE40,244.VICE PRESIDENT45.X215,885.NONE40,244.CLAIRE FERRARIN45.X192,726.NONE57,985.VICE PRESIDENT45.X230,755.NONE33,721.ALMESHA PEGUES45.X162,245.NONE37,646. | BARRY HOROWITZ | | | | | | | | |
| SENIOR VICE PRESIDENT45.X201,782.NONE7,848.MARGIE_M. WANG45.X215,885.NONE40,244.VICE PRESIDENT45.X215,885.NONE40,244.CLAIRE_FERRARIN45.X192,726.NONE57,985.VICE PRESIDENT45.X230,755.NONE33,721.ALMESHA_PEGUES45.X162,245.NONE37,646. | VP & GENERAL MANAGER | 45. | | | Х | | 246,317. | NONE | 51,090. |
| MARGIE M. WANG45.X215,885.NONE40,244.VICE PRESIDENT45.X215,885.NONE40,244.CLAIRE FERRARIN45.X192,726.NONE57,985.VICE PRESIDENT45.X230,755.NONE33,721.DEBORAH J. LONG45.X162,245.NONE37,646. | LAUREL J. RICHIE | | | | | | | | |
| VICE PRESIDENT 45. X 215,885. NONE 40,244. CLAIRE_FERRARIN 45. X 192,726. NONE 57,985. VICE PRESIDENT 45. X 192,726. NONE 57,985. DEBORAH_JLONG 55. X 230,755. NONE 33,721. ALMESHA_PEGUES 45. X 162,245. NONE 37,646. | SENIOR VICE PRESIDENT | 45. | - | | х | | 201,782. | NONE | 7,848. |
| CLAIRE_FERRARIN45.X192,726.NONE57,985.VICE PRESIDENT45.X230,755.NONE33,721.DEBORAH_JLONG45.X230,755.NONE33,721.ALMESHA_PEGUES45.X162,245.NONE37,646. | MARGIE M. WANG | | | | | | | | |
| VICE PRESIDENT45.X192,726.NONE57,985.DEBORAH J. LONGSENIOR VICE PRESIDENT45.X230,755.NONE33,721.ALMESHA PEGUESJIRECTOR45.X162,245.NONE37,646. | VICE PRESIDENT | 45. | | | х | | 215,885. | NONE | 40,244. |
| DEBORAH J. LONGSENIOR VICE PRESIDENT45.X230,755.NONE33,721.ALMESHA PEGUESDIRECTOR45.X162,245.NONE37,646. | CLAIRE FERRARIN | | 1 | | | | | | |
| SENIOR VICE PRESIDENT 45. X 230,755. NONE 33,721. ALMESHA PEGUES 45. X 162,245. NONE 37,646. | VICE PRESIDENT | 45. | | | | x | 192,726. | NONE | 57,985, |
| ALMESHA_PEGUES 45. X 162,245. NONE 37,646. | DEBORAH_JLONG | | | | | | | | |
| DIRECTOR 45. X 162,245. NONE 37,646. | SENIOR VICE PRESIDENT | 45. | | | | x | 230,755. | NONE | 33,721. |
| | ALMESHA_PEGUES | | | | | | | | |
| | DIRECTOR | 45. | | | | х | 162,245. | NONE | 37,646. |
| | For Privacy Act and Paperwork Reduction A | Act Notice, see | the In | structio | ons f | for Forr | n 990. | Schedule J-2 | (Form 990) 2008 |

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JSA

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service Name of the Organization

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public Inspection

| Name of the Organization | | | | | | | | Employ | er Identification nur | mber |
|--|---------------------------------------|-----------------------------------|-----------------------|------------------|----------------|------------------------------|----------------|---|---|--|
| GIRL SCOUTS OF THE UNITED STAT | ES OF AMERI | ICA | | · | | | | | 13-1624016 | |
| Part I Continuation of Officers, Dire Employees | ectors, Trustee | es, Ko | ey I | Emį | ploy | /ees, | an | d Highest Com | pensated | |
| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
| Name and Title | Average hours per week | | — | (chec Officer | Key employee | that app Highes | ply) Former | Reportable compensation from the | Reportable compensation from related organizations | Estimated amount of other compensation |
| | | Individual trustee or director | Institutional trustee | | iployee | Highest compensated employee | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| LAURIE A. WESTLEY | | | | | - | | | | | |
| SENIOR VICE PRESIDENT | 45. | [| | <u> </u> | Ì | <u>X</u> | | 231,136. | NONE | 41,573 |
| MICHAEL WATSON SENIOR VICE PRESIDENT | 45. | - | | | | <u>x</u> | | _205,020. | NONE | 36,611 |
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 8E1294 1.000 76006W 700J

Schedule J-2 (Form 990) 2008

| Department of the Treasury Internal Revenue Service additional information for responses to specific questions for the Form 990 or to provide any additional information. | | | | | |
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| | Employer id | Inspection Inspection | | | |
| THE UNITED STATES OF AMERICA | 13-1 | 624016 | | | |
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| ERS, WHO ARE NOT EMPLOYEES OF GIRL SCOUTS OF THE | UNITED | | | | |
| TCA. ARE CONSIDERED VOLUNTEERS OF THE ORGANIZATIO | N. | | | | |
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| | Attach to Form 990. To be completed by organizations to provide any additional information for responses to specific questions for Form 990 or to provide any additional information. THE UNITED STATES OF AMERICA F VOLUNTEERS I, LINE 6 ERS, WHO ARE NOT EMPLOYEES OF GIRL SCOUTS OF THE IICA, ARE CONSIDERED VOLUNTEERS OF THE ORGANIZATIO | ▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. Emptoyer id 13-1 F UOLUNTEERS I, LINE 6 | | | |

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| Schedule O (Form 990) 2008 | Page 2 |
|--|--|
| Name of the organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA | Employer identification number 13-1624016 |
| | <u>, 10 1₉22-010</u> |
| OTHER PROGRAM SERVICES | |
| FORM 990, PART III, LINE 4D | |
| · · · · · · · · · · · · · · · · · · · | |
| INTERNATIONAL SERVICES: PROVIDES OPPORTUNITIES FOR GIRLS AND ADU | LTS_FROM |
| ACROSS BORDERS AND DIVERSE CULTURES TO LIVE, PLAN, AND WORK TOGE | THER FOR |
| A PERIOD OF TIME. | |
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| GIRL SCOUTS MERCHANDISE: PROVIDES PRODUCTS TO MEMBERS PARTICIPAT | ING IN |
| GIRL SCOUT PROGRAMS AND PROMOTES THE GIRL SCOUT BRAND AND MISSION | <u>N</u> |
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Schedule O (Form 990) 2008

| Schedule O (Form 990) 2008 | Page 2 |
|---|--------------------------------|
| Name of the organization | Employer identification number |
| GIRL SCOUTS OF THE UNITED STATES OF AMERICA | 13-1624016 |
| OFFICERS, EMPLOYEES, OR AGENTS OUTSIDE THE U.S. | |
| FORM 990, PART IV, LINE 14A | |
| | |
| | |
| THE ORGANIZATION SERVES OVERSEAS COMMITTEES THROUGHOUT THE WORL | D_THAT |
| _ SERVE MANY_MILITARY_AND_CIVILIAN_LOCATIONSTHE_ORGANIZATION_PA | YS_THESE |
| EMPLOYEES AS A MATTER OF CONVENIENCE AND IS REIMBURSED 100% BY | THE LOCAL |
| OVERSEAS COUNCILS. | |
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| | Page 2 |
|---|--------------------------------|
| Schedule O (Form 990) 2008 | Employer identification number |
| GIRL SCOUTS OF THE UNITED STATES OF AMERICA | 13-1624016 |
| | |
| POLICIES (1) | |
| FORM 990, PART VI, SECTION A, LINE 10 | |
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| OUR FORM 990 IS PROVIDED VIA THE BOARD INTRANET TO OUR | BOARD MEMBERS AND |
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| IS REVIEWED BY THE AUDIT COMMITTEE OF THE NATIONAL BOAR | <u>D</u> , |
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| Schedule O (Form 990) 2008 | | Page 2 |
| Name of the organization | Employer identification | number |
| GIRL SCOUTS OF THE UNITED STATES OF AMERICA | 13-1624016 | |
| POLICIES (2) | | |
| | | |
| FORM 990, PART VI, SECTION B, LINE 12C | | |
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| EACH EMPLOYEE AND BOARD MEMBER IS REQUIRED TO ANNUALLY COM | PLETE A | |
| DIGGLOSUPE DODA WINE PROVIDES OF OCTOOLOGY OF NW CONSTICUT | OF THEFT | |
| DISCLOSURE FORM THAT REQUIRES DISCLOSURE OF ANY CONFLICTS | OF_INTEREST. | |
| THE ORGANIZATION ENSURES EACH EMPLOYEE AND BOARD MEMBER HA | S COMPLETED THE | |
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| FORM AND MAINTAINS THE DOCUMENTATION. | | |
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Schedule O (Form 990) 2008

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|---|---------------------------------------|
| Schedule O (Form 990) 2008 Name of the organization | Page 2 Employer identification number |
| GIRL SCOUTS OF THE UNITED STATES OF AMERICA | 13-1624016 |
| | |
| POLICIES (3) | |
| FORM 990, PART VI, SECTION B, LINE 15B | ` |
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| THE ORGANIZATION FOLLOWS A CONSISTENT PROCESS TO DETE | RMINE SALARIES OF |
| | |
| THE CEO AND TOP MANAGEMENT WHICH INCLUDES: | |
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| | |
| 1. USING AN INDEPENDENT CONSULTING FIRM WHO PRESENTS | RECOMMENDATIONS_TO |
| THE CEO AND NATIONAL BOARD EXECUTIVE COMPENSATION COM | MITTEE, |
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| | |
| 2. GATHERING BENCHMARKS, MARKET ASSESSMENTS, AND SALA | RY RECOMMENDATIONS, |
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| 3. DELIBERATING AND DOCUMENTING FINDINGS TO VALIDATE | EXECUTIVE |
| COMPENSATION. | |
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| Schedule O (Form 990) 2008 | Page 2 |
| Name of the organization | Employer identification number |
| GIRL SCOUTS OF THE UNITED STATES OF AMERICA | 13-1624016 |
| GIAD BOODID OF THE ONTIED STATES OF APENICA | 1 10 1024010 |
| DISCLOSURES | |
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| FORM 990, PART VI, SECTION C | |
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| THE ORGANIZATION PROVIDES ITS GOVERNING DOCUMENTS, CONFLICT OF 1 | NTEBEST |
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| POLICY, AND FINANCIAL STATEMENTS UPON REQUEST. ADDITIONALLY, OUR | C AUDITED |
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| FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC VIA OU | <u>WEBSITE.</u> |
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Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► See separate instructions.

Inspection Employer identification number

2

OMB No. 1545-0047

Open to Public

8

13-1624016

Name of the organization

Department of the Treasury

Internal Revenue Service

SCHEDULE R

(Form 990)

GIRL SCOUTS OF THE UNITED STATES OF AMERICA

Part I Identification of Disregarded Entities

| (A) | (B) | (C) | (D) Total income | (E) | (F) |
|--|------------------|---|---------------------|---------------------------|-------------------------------------|
| Name, address, and EIN of disregarded entity | Primary activity | (C) Legal domicile (state or foreign country) | Total income | (E) End-of-year assets | (F) Direct controlling entity |
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Part II Identification of Related Tax-Exempt Organizations

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Exempt Code section | (E) Public charity status (if section 501(c)(3)) | (F) Direct controlling entity |
|---|-------------------------|---|---------------------------------------|--|-------------------------------------|
| WORLD FDN FOR GIRL GUIDES & GIRL SCOUTS 23-7147834 420 FIFTH AVENUE, 14TH FLOOR NEW YORK, NY 10018 | GIRL SCOUTING | NY | 501(C)(3) | 5 | GIRL SCOUTS |
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2008

Schedule R (Form 990) 2008

Part III

Identification of Related Organizations Taxable as a Partnership

| (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, investment, unrelated) | (F) Share of total income | (G) Share of end-of-year assets | (H Dispropo allocati | rilonate | amount in box 20 of m | | Code V-UBJ amount in box 20 of Schedule K-1 | | J) aral or aging mer? |
|--|--------------------------------|--|-------------------------------------|--|------------------------------|---------------------------------------|----------------------------|----------|-----------------------|-----|---|--|--------------------------------|
| | | country | | | | | Yes | No | | Yes | No | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Type of entity (C corp, S corp, or trust) | (F) Share of total income | (G) Share of end-of-year assets | (H) Percentage ownership |
|---|--------------------------------|--|-------------------------------------|--|---------------------------------------|---------------------------------------|--------------------------------|
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Schedule R (Form 990) 2008

| Schedule | R | (Form | 990 | 2009 |
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13-1624016

| Pa | rt V Transactions With Related Organizations | | |
|--|--|---------------------------------|------------------------|
| No | te. Complete line 1 if any entity is listed in Parts II, III, or IV. | | Ye |
| 1 | During the tax year did the organization engage in any of the following transactions with one or more related organizations listed | in Parts II–IV? | |
| а | Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | | 1a |
| b | Gift, grant, or capital contribution to other organization(s) | | 1b |
| С | Gift, grant, or capital contribution from other organization(s) | | <u>1c</u> |
| d | Loans or loan guarantees to or for other organization(s) | | 1d |
| е | Loans or loan guarantees by other organization(s) | | <u>1e</u> |
| f | Sale of assets to other organization(s) | | |
| g | Purchase of assets from other organization(s) | | |
| h | Exchange of assets | | 1h |
| I | Lease of facilities, equipment, or other assets to other organization(s) | •••••••••••• | <u>1i</u> |
| i | Lease of facilities, equipment, or other assets from other organization(s) | | 1j |
| k | Performance of services or membership or fundraising solicitations for other organization(s) | | |
| I | Performance of services or membership or fundraising solicitations by other organization(s) | | |
| m | Sharing of facilities, equipment, mailing lists, or other assets | | <u>1m x</u> |
| n | Sharing of paid employees | | |
| 0 | Reimbursement paid to other organization for expenses | | 10 |
| р | Reimbursement paid by other organization for expenses | | 1 p |
| | | | |
| q | Other transfer of cash or property to other organization(s) | | |
| <u>r</u> | Other transfer of cash or property from other organization(s). | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered | | |
| | (A) Name of other organization(s) | (B) Transaction type (ar) | (C) Amount involved |
| (1) | | | |
| (2) | | | |
| <u>(</u> <u></u> | | | <u> </u> |
| (3) | | | |
| (4) | | | |
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Schedule R (Form 990) 2008

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Yes No

| Schedule R (Form 990) 20 |
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Part VI Unrelated Organizations Taxable as a Partnership

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 all partners section 501(c)(3) organizations? | | (E) Share of end-of-year assets | (F) Disproportionate allocations? | | (G) Code V-UBi amount in box 20 of Schedule K-1 (Form 1085) | (H) General or managing partner? | |
|---|-------------------------|--|---|----|--|---|----|---|---|----|
| | | | Yes | No | | Yes | No | (cona 1005) | Yes | No |
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FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

GIRL SCOUTING IS A NONFORMAL, EXPERIENTIAL, AND COOPERATIVE EDUCATION PROGRAM THAT PROMOTES GIRLS' PERSONAL GROWTH AND LEADERSHIP DEVELOPMENT. PARTNERING WITH CARING ADULTS, GIRLS DESIGN FUN AND CHALLENGING ACTIVITIES THAT EMPOWER THEM AND RAISE THEIR VOICES WITHIN A LOCAL, NATIONAL, AND GLOBAL SISTERHOOD.

FORM 990, PART VI, LINE 17 - STATES

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

| GIRL | SCOUTS | OF | THE | UNITED | STATES | OF | AMERICA |
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13-1624016

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|--|-------------------------|--------------|
| TMA RESOURCES 1919 GALLÓWS ROAD, SUITE 400 VIENNA, VA 22182 | TECHNICAL SERVICES | 1,230,762. |
| MINDTREE CONSULTING 15 INDEPENDENCE BOULEVARD, SUITE 410 WAYNE, NJ 07059 | TECHNICAL SERVICES | 1,067,706. |
| HOGAN & HARTSON, LLP 875 THIRD AVENUE NEW YORK, NY 10022 | LEGAL SERVICES | 904,527. |
| GRUPPO GALLEGOS 401 EAST OCEAN BOULEVARD, 6TH FLOOR LONG BEACH, CA 90802 | MKTING/COMMUNICATION | 621,979. |
| LOWE & PARTNERS WORLDWIDE, INC. 150 EAST 42ND STREET NEW YORK, NY 10017 | MKTING/COMMUNICATION | 581,720. |
| TOTAL COMPENSAT | 4,406,694. | |

4,406,694.

FORM 990, PART IX - BENEFITS PAID TO OR FOR MEMBERS

GIRL SCOUT ACTIVITY ACCIDENT INSURANCE -BASIC ACCIDENT PROTECTION FOR REGISTERED MEMBERS FOR APPROVED, SUPERVISED GIRL SCOUT ACTIVITIES

TOTALS

460,748.

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GIRL SCOUTS OF THE UNITED STATES OF AMERICA

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SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES **----**

| DESCRIPTION | BOOK VALUE | COST OR FMV |
|---|-------------|----------------|
| | | |
| SOMERSET CAPITAL MANAGEMENT | 2,530,966. | FMV |
| GOLDMAN SACHS PEP 2005 OFFSHORE FUND | 501,477. | FMV FMV |
| GOLDMAN SACHS PEP IX OFFSHORE FUND | 341,772. | FMV FMV |
| HARBOURVEST CAYMEN | 709,369. | FMV |
| HARBOURVEST BUYOUT | 473,411. | FMV |
| QUELLOS STRATEGIC PARTNERS LLC | 6,442,604. | FMV |
| BLACKSTONE HEDGE FUND STRATEGIC EQUITY | 169,656. | FMV FMV |
| BLACKSTONE CREDIT OPPORTUNITY | 2,170,266. | FMV |
| BLACKSTONE PARK AVENUE NON-TAXABLE | 5,264,915. | FMV FMV |
| BLACKROCK GRANITE PROPERTY FUND | 3,395,634. | FMV FMV |
| PREFFERED STOCK | 27,000. | FMV |
| TOTALS | 22,027,070. | |