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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2010**  
**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization GS1 US Inc		<b>D</b> Employer identification number 36-2746754
	Doing Business As		<b>E</b> Telephone number (609) 620-0200
	Number and street (or P O box if mail is not delivered to street address) 1009 LENOX DRIVE	Room/suite	<b>G</b> Gross receipts \$ 74,788,273
	City or town, state or country, and ZIP + 4 LAWRENCEVILLE, NJ 08648		
<b>F</b> Name and address of principal officer ROBERT CARPENTER 1009 LENOX DRIVE SUITE 202 LAWRENCEVILLE, NJ 08648		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number	
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: WWW.GS1US.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation 1971
			<b>M</b> State of legal domicile DE

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	17
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	249
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	15
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,080,923	37,388,751
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,080,657	3,635,239
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	136,081	0
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	35,136,347	41,023,990
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	3,119,510	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	7,437,001	18,300,213
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) $\rightarrow$ 0	0	0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	18,575,370	13,840,008
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	29,131,881	32,140,221
<b>19</b> Revenue less expenses Subtract line 18 from line 12	6,004,466	8,883,769	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	238,731,005	135,390,260
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	25,762,182	59,073,589
		212,968,823	76,316,671

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	***** Signature of officer	2011-10-28 Date			
	YESGNESWARAN KUMAR SVP, CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name KPMG LLP	Preparer's signature KPMG LLP	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name $\rightarrow$ KPMG LLP				Firm's EIN $\rightarrow$
	Firm's address $\rightarrow$ 345 Park Avenue New York, NY 101540102				Phone no $\rightarrow$ (212) 758-9700

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  Yes  No

**1** Briefly describe the organization's mission

SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
GS1 US INC DEVELOPS STANDARDS ENABLING THE EFFICIENT MANAGEMENT OF GLOBAL, MULTI-INDUSTRY SUPPLY CHAINS THAT UNIQUELY IDENTIFY PRODUCTS, SHIPPING UNITS, ASSETS, ALLOCATIONS AND SERVICES GS1 US, INC ALSO FACILITATES ELECTRONIC COMMERCE PROCESSES, INCLUDING ALL TRACKING AND TRACEABILITY THROUGH THE USE OF ITS STANDARDS

















**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
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**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
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**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses \$

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .		No
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? . . . . .		No
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  . . . . .		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  . . . . .		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>  . . . . .		No
<b>9</b>	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? <i>If "Yes," complete Schedule D, Part IV</i>  . . . . .		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  . . . . .		No
<b>11</b>	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>  . . . . .	Yes	
<b>b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>  . . . . .	Yes	
<b>c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>  . . . . .		No
<b>d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>  . . . . .	Yes	
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>  . . . . .	Yes	
<b>f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>  . . . . .	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>  . . . . .		No
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>  . . . . .	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	Yes	
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .  . . . . .	Yes	
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .  . . . . .		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .  . . . . .		No
<b>17</b>	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> . . . . .		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No
<b>20a</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .		No
<b>b</b>	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**Part IV Checklist of Required Schedules** *(continued)*

<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>		No
<b>22</b>	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	<b>23</b>	Yes	
<b>24a</b>	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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25 . . . . .</i>	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25a</b>		
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>		
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b>	Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<b>33</b>	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>	<b>34</b>	Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35</b>	Yes	
<b>a</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>			
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>		
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . .

Table with columns for question ID, question text, and Yes/No response boxes. Includes questions 1a-14b regarding Form 1096, W-2G, Form W-3, and other IRS filings.

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	<b>1a</b> 17		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
	<b>1b</b> 15		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Does the organization have members or stockholders? . . . . .		No
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		No
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	The governing body? . . . . .	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		No
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .		
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .		No
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>b</b>	Other officers or key employees of the organization . . . . .	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed <input type="checkbox"/> _____
<b>18</b>	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input type="checkbox"/> CRAIG WELLENS 1009 LENOX DRIVE SUITE 202 LAWRENCEVILLE, NJ 08648 (609) 620-4612



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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							5,362,541	2,157,145	3,201,932	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **44**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
COWORX STAFFING SERVICE PO BOX 36063 NEWARK, NJ 07188	STAFFING	458,809
INCITE CONSULTING 9 VINCENT PLACE ROWAYTON, CT 06853	CONSULTING	407,047
WILDMAN HARROLD ALLE 225 WEST WACKER DRIVE CHICAGO, IL 60606	LEGAL	377,796
KRAVIT HOVEL KRAWCZY 825 N JEFFERSON MILWAUKEE, WI 53202	LEGAL	376,094
MCKINSEY COMPANY PO BOX 7247-7255 PHILADELPHIA, PA 19170	CONSULTING	300,000

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

**Part VIII Statement of Revenue**

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b>					
	<b>b</b> Membership dues . . . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . . . <b>1c</b>					
	<b>d</b> Related organizations . . . . . <b>1d</b>					
	<b>e</b> Government grants (contributions) <b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▼		0			
	<b>Program Service Revenue</b>	<b>2a</b> MEMBERSHIP DUES	Business Code 541900	34,697,747	34,697,747	
<b>b</b> PROGRAM/CONFERENCE REVENUE		541900	2,474,724	2,474,724		
<b>c</b> CATALOGUE SALES		541900	216,280	216,280		
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . . ▼			37,388,751			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . . ▼		2,582,485		2,582,485
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▼		0			
	<b>5</b> Royalties . . . . . ▼		0			
	<b>6a</b> Gross Rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . . ▼					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	34,817,037			
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses	33,729,439		34,844	
		<b>c</b> Gain or (loss)	1,087,598		-34,844	
<b>d</b> Net gain or (loss) . . . . . ▼		1,052,754	-34,844	1,087,598		
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>						
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . . ▼		0			
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▼		0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
	<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ▼		0			
<b>11a</b> Miscellaneous Revenue	Business Code					
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue . . . . .					
	<b>e Total.</b> Add lines 11a-11d . . . . . ▼		0			
<b>12 Total revenue.</b> See Instructions . . . . . ▼		41,023,990	37,353,907	0	3,670,083	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
<b>4</b>	Benefits paid to or for members	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	3,845,847			
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b>	Other salaries and wages	11,826,211			
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	696,213			
<b>9</b>	Other employee benefits . . . . .	1,364,555			
<b>10</b>	Payroll taxes . . . . .	567,387			
<b>a</b>	Fees for services (non-employees)				
	Management . . . . .	0			
<b>b</b>	Legal . . . . .	425,069			
<b>c</b>	Accounting . . . . .	121,585			
<b>d</b>	Lobbying . . . . .	0			
<b>e</b>	Professional fundraising services See Part IV, line 17 . . . . .	0			
<b>f</b>	Investment management fees . . . . .	283,905			
<b>g</b>	Other . . . . .	1,443,288			
<b>12</b>	Advertising and promotion . . . . .	555,264			
<b>13</b>	Office expenses . . . . .	853,197			
<b>14</b>	Information technology . . . . .	1,175,172			
<b>15</b>	Royalties . . . . .	0			
<b>16</b>	Occupancy . . . . .	1,452,485			
<b>17</b>	Travel . . . . .	1,036,526			
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions, and meetings . . . . .	1,232,724			
<b>20</b>	Interest . . . . .	37,977			
<b>21</b>	Payments to affiliates . . . . .	4,256,349			
<b>22</b>	Depreciation, depletion, and amortization . . . . .	792,503			
<b>23</b>	Insurance . . . . .	130,251			
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
<b>a</b>	OTHER EXPENSES	43,713			
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	32,140,221			
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	355	<b>1</b>	805
	<b>2</b> Savings and temporary cash investments . . . . .	1,778,362	<b>2</b>	1,338,945
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	646,679	<b>4</b>	1,123,137
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,998,363	<b>9</b>	1,738,883
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	8,995,480		
	<b>10b</b> Less accumulated depreciation . . . . .	8,009,399		
		1,141,803	<b>10c</b>	986,081
	<b>11</b> Investments—publicly traded securities . . . . .	86,264,288	<b>11</b>	100,292,466
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	12,978,962	<b>12</b>	19,031,008
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 . . . . .	133,922,193	<b>15</b>	10,878,935	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	238,731,005	<b>16</b>	135,390,260	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	15,935,951	<b>17</b>	13,422,671
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	9,680,953	<b>19</b>	10,768,102
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	20,000,000
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	145,278	<b>25</b>	14,882,816
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	25,762,182	<b>26</b>	59,073,589
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	212,968,823	<b>27</b>	76,316,671
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	212,968,823	<b>33</b>	76,316,671	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	238,731,005	<b>34</b>	135,390,260	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	41,023,990
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	32,140,221
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	8,883,769
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	212,968,823
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-145,535,921
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	76,316,671

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	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?		No
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization GSI US Inc

Employer identification number 36-2746754

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), 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
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, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(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 the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment
- c** Term endowment

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		938,036	896,155	41,881
<b>d</b> Equipment . . . . .		1,267,462	815,654	451,808
<b>e</b> Other . . . . .		6,789,982	6,297,590	492,392
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				986,081



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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	

**Part XIV Supplemental Information**

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

Identifier	Return Reference	Explanation
SCHEDULE D	PART X	THE FOLLOWING STATEMENT IS THE FOOTNOTE IN THE CONSOLIDATED FINANCIAL STATEMENTS FOR UNCERTAIN TAX POSITION UNDER FIN 48 GS1 US, INC AND TWO OF ITS SUBSIDIARIES, 1SYNC, AND ROSETTANET, HAVE RECEIVED DETERMINATION LETTERS FROM THE INTERNAL REVENUE SERVICE INDICATING THAT THEY ARE EXEMPT FROM TAXATION UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AND ARE RECOGNIZED AS SECTION 501(C)(6) ORGANIZATIONS GS1 US RECOGNIZES INCOME TAX POSITIONS WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINABLE BASED ON THE MERITS OF THE POSITION MANAGEMENT HAS CONCLUDED THAT THERE ARE NO MATERIAL TAX LIABILITIES THAT NEED TO BE RECORDED

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization GS1 US Inc

Employer identification number 36-2746754

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Part V if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region or independent contractors, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for region/investments in region. Includes rows for North America and Central America and the Caribbean, and a Totals row at the bottom.





**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*  Yes  No



**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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

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

**▶ Attach to Form 990. ▶ See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

GS1 US Inc

**Employer identification number**

36-2746754

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>	Yes	
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel            | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                    | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account           | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment from the organization or a related organization?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
SCHEDULE J, PART I	LINES 4A & 4B	_LINE 4A FILING ORGANIZATION MICHAEL DI YESO RECEIVED A \$256,000.00 SEVERANCE PAYMENT. MIGUEL LOPERA RECEIVED A \$254,276.00 SEVERANCE PAYMENT AND \$5,829.00 OF NONTAXABLE BENEFITS IN ACCORDANCE WITH HIS SEVERANCE AGREEMENT. CLEMENT ERHARDT RECEIVED A \$277,566.00 SEVERANCE PAYMENT AND \$22,081.00 OF NONTAXABLE BENEFITS IN ACCORDANCE WITH HIS SEVERANCE AGREEMENT. _LINE 4B FILING ORGANIZATION BERNARD HOGAN \$26,454.00 SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN CONTRIBUTION. RELATED ORGANIZATION BERNARD HOGAN \$8,465 (1SYNC, INC ) AND \$353.00 (ROSETTANET, INC ) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN CONTRIBUTION.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization: GS1 US Inc

Employer identification number: 36-2746754

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GS1 CANADA	SEE SCHEDULE O	837,257	LOAN		No
(2) GS1 GLOBAL	SEE SCHEDULE O	1,314,462	CONSULTING		No
(3) GS1 GLOBAL	SEE SCHEDULE O	7,954,200	EXPENSE REIMBURSEMENT		No
(4) GS1 GLOBAL	SEE SCHEDULE O	10,021,837	MEMBERSHIP DUES		No

**Part V Supplemental Information**

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

Identifier	Return Reference	Explanation
PART IV - BUSINESS TRANSACTION INVOLVING INTERESTED PERSONS	COLUMN (B) - RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION	GS1 CANADA - ENTITY OF WHICH A CURRENT BOARD MEMBER, ARTHUR SMITH, IS CEO GS1 (GLOBAL) - ENTITY OF WHICH A GS1 US OFFICER AND BOARD MEMBER, MIGUEL LOPERA, SERVED AS A BOARD MEMBER

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

**Name of the organization**  
GS1 US Inc

**Employer identification number**  
36-2746754

Identifier	Return Reference	Explanation
PART III, LINE 1 - ORGANIZATION'S MISSION		THE PURPOSES OF GS1 US, INC ARE TO ENABLE INDUSTRIES TO OPERATE MORE EFFICIENTLY AND EFFECTIVELY, THEREBY SERVING THE INTERESTS OF MEMBERS AND CUSTOMERS BY DEVELOPING, RECOMMENDING, PROMOTING, OVERSEEING, AND SECURING ADMINISTRATION OF EFFECTIVE GLOBAL SUPPLY CHAIN MANAGEMENT STANDARDS AND TECHNIQUES

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE	SECTION B LINE 6 AND 7	GS1 US, INC HAS MEMBERS, HOWEVER MEMBERSHIP DOES NOT CONFER VOTING RIGHTS

Identifier	Return Reference	Explanation
PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE	SECTION C LINE 11B	THE RETURN IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE COMPANY AND IN CONSULTATION WITH GS1 US, INC STAFF MEMBERS. THE DRAFT PREPARED BY THE ACCOUNTING FIRM IS THEN REVIEWED BY THE COMPANY'S FINANCE DEPARTMENT AND CERTAIN MEMBERS OF THE SENIOR LEADERSHIP TEAM (CEO, CHIEF OF HUMAN RESOURCES, CFO, AND GENERAL COUNSEL). A COPY OF THE FORM IS PROVIDED TO THE BOARD OF GOVERNORS (DIRECTORS), FINANCE AND AUDIT COMMITTEE, AND HR AND COMPENSATION COMMITTEE FOR REVIEW PRIOR TO FILING.

Identifier	Return Reference	Explanation
PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE	SECTION B - POLICIES	<p>LINE 12c GS1 US, INC HAS A CODE OF ETHICS/CONFLICT OF INTEREST POLICY REQUIRING EXECUTIVES, MANAGERS, AND ALL OTHER EMPLOYEES TO REVIEW THE POLICY ANNUALLY AND COMPLETE A NOTIFICATION OF COMPLIANCE FORM EMPLOYEES ARE ASKED TO ACKNOWLEDGE THEIR COMPLIANCE WITH THE POLICY AND/OR DISCLOSE ANY POTENTIAL CONFLICTS EACH YEAR ANY DISCLOSED CONFLICTS OF INTERESTS ARE REVIEWED BY HUMAN RESOURCES AND ESCALATED AS APPROPRIATE DIRECTORS WERE NOT REQUIRED TO COMPLETE AN ANNUAL NOTIFICATION OF COMPLIANCE FORM DURING 2010 HOWEVER, GS1 US, INC IS NOW REVIEWING A CONFLICT OF INTEREST/CONFIDENTIALITY POLICY WITH THE BOARD LINE 15 THE METHODOLOGY AND PHILOSOPHY USED BY GS1 US, INC IN BENCHMARKING JOBS IN THE MARKET HAS BEEN IN PLACE SINCE 2004 IN ORDER TO SERVICE ITS MEMBERS, GS1 US, INC MUST BE ABLE TO RECRUIT EMPLOYEES WITH APPROPRIATE SKILLS AND BACKGROUND FROM COMPANIES THAT ARE SIMILAR IN SIZE AND SCOPE TO ITS MEMBER BASE FOR THE TOP EXECUTIVE POSITIONS, MARKET DATA FROM COMPANIES WITH AN AVERAGE SIZE OF \$500 MILLION TO 1 BILLION IN REVENUE IS THE BENCHMARK GROUP FROM TIME TO TIME, WHEN DATA DOES NOT EXIST IN THIS RANGE, WE MUST EXPAND THE SIZE OF THE BENCHMARK GROUP THIS COMPARISON GROUP OF COMPANIES CLOSELY REFLECTS GS1 US, INC 'S LABOR MARKET FOR EXECUTIVE TALENT AND RECOGNIZES THE PAY LIMITATIONS THAT ARE IMPOSED ON TAX-EXEMPT ORGANIZATIONS APPROXIMATELY EVERY TWO YEARS, GS1 US COMPLETES A FULL MARKET STUDY OF THE EXECUTIVE LEVEL POSITIONS THIS MARKET DATA IS PROVIDED BY THE INDEPENDENT CONSULTING FIRM OF TOWERS WATSON FROM THIS DATA, THE COMPENSATION DEPARTMENT CREATES SALARY RANGES, MERIT BUDGETS, AND BONUS TARGETS THIS DATA, ALONG WITH INDIVIDUAL EXECUTIVE COMPENSATION LEVELS, IS PROVIDED ANNUALLY TO THE COMPENSATION COMMITTEE OF THE BOARD AND THEN TO THE EXECUTIVE COMMITTEE FOR FINAL APPROVAL INDIVIDUALS INVOLVED IN THE COMPENSATION DETERMINATION PROCESS ARE INDEPENDENT WITH RESPECT TO EACH ARRANGEMENT AT ISSUE AND WILL RECUSE THEMSELVES FROM THE PROCESS IN THE EVENT A CONFLICT OF INTEREST ARISES (IE, COMPENSATION COMMITTEE MEMBERS DO NOT PARTICIPATE IN SETTING THEIR OWN SPECIFIC COMPENSATION ARRANGEMENTS) GS1 US, INC MAINTAINS RECORDS OF THE COMPENSATION DETERMINATION PROCESS, BOTH IN THE BOARD MINUTES AND HUMAN RESOURCES DEPARTMENT RECORDS</p>

Identifier	Return Reference	Explanation
PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE	SECTION C LINE 19	GS1 US, INC DOES NOT CURRENTLY MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
PART XI RECONCILIATION OF NET ASSETS	LINE 5 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	CANCELLATION OF LOAN TO 1SYNC (140,249,569) DUE TO 1SYNC (12,519,066) UNREALIZED GAINS 7,225,856 FOREIGN CURRENCY GAINS 6,858 _____ OTHER CHANGES IN NET ASSETS OR FUND BALANCES (145,535,921) =====

Identifier	Return Reference	Explanation
PART XII FINANCIAL STATEMENTS AND REPORTING	LINE 2	GS1 US, INC 'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM AS PART OF A CONSOLIDATED FINANCIAL STATEMENT THAT INCLUDES RELATED ENTITIES GS1 US, INC HAS AN AUDIT COMMITTEE THAT IS RESPONSIBLE FOR OVERSEEING THE AUDIT OF ITS FINANCIAL STATEMENTS AND FOR SELECTING AN INDEPENDENT ACCOUNTING FIRM

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MIGUEL LOPERA TITLE BOARD MEMBER (CEO UNTIL 5/09) HOURS

**Identifier**

**Return  
Reference**

**Explanation**

HOURS DEVOTED FOR RELATED  
ORGANIZATION

FORM 990 PART  
VII

NAME ALEXANDER (SANDY) DOUGLAS TITLE CHAIRMAN OF BOARD  
HOURS

**Identifier****Return Reference****Explanation**

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME KEVIN DOUGHERTY TITLE BOARD MEMBER HOURS

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ART DROGUE TITLE BOARD MEMBER HOURS

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN FIGUEROA TITLE BOARD MEMBER & VICE CHAIR HOURS

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL HAAS TITLE BOARD MEMBER HOURS

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARTY GARDNER TITLE BOARD MEMBER HOURS

**Identifier****Return Reference****Explanation**

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME TIM YATSKO TITLE BOARD MEMBER HOURS

**Identifier****Return Reference****Explanation**

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART V II

NAME JOSEPH PLEASANT TITLE BOARD MEMBER HOURS

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ARTHUR SMITH TITLE BOARD MEMBER HOURS

**Identifier**

**Return  
Reference**

**Explanation**

HOURS DEVOTED FOR RELATED  
ORGANIZATION

FORM 990 PART VII

NAME ROBERT CARPENTER TITLE CEO AND BOARD MEMBER  
HOURS 18

**Identifier**

**Return Reference**

**Explanation**

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME DAVE BORNMANN TITLE BOARD MEMBER HOURS

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LESLIE SARA SIN TITLE BOARD MEMBER HOURS

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARK SMUCKER TITLE BOARD MEMBER HOURS

**Identifier****Return Reference****Explanation**

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME PAM BAILEY TITLE BOARD MEMBER HOURS

**Identifier**

**Return Reference**

**Explanation**

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME PHILIPPE LAMBOTTE TITLE BOARD MEMBER HOURS

**Identifier**

**Return Reference**

**Explanation**

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME RAMESH MURPHY TITLE BOARD MEMBER HOURS

**Identifier**

**Return Reference**

**Explanation**

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME ED SHIRLEY TITLE BOARD MEMBER HOURS

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN HOGAN TITLE BOARD MEMBER HOURS

**Identifier**

**Return Reference**

**Explanation**

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME RODNEY MCMULLEN TITLE BOARD MEMBER HOURS

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LARRY PULLIAM TITLE BOARD MEMBER HOURS

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SANJAY SARMA TITLE BOARD MEMBER HOURS

**Identifier**

**Return Reference**

**Explanation**

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME YANNIS SKOUFALOS TITLE BOARD MEMBER HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME YEGNESWARAN KUMAR TITLE SVP AND CFO HOURS 18

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BERNARD HOGAN TITLE SVP, CTO HOURS 10

**Identifier**

**Return Reference**

**Explanation**

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME DENNIS HARRISON TITLE SVP, HEALTHCARE HOURS

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KATY THEROUX TITLE SVP, CHRO HOURS 18

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ALLISON RADECKI TITLE SVP, CIO HOURS 18

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SABINA SAKSENA TITLE SVP, CMO HOURS 12

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOSEPH SLOANE TITLE SR DIRECTOR INFRASTRUCTURE HOURS 23

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOSEPH ZENOBIO TITLE SVP, PRODUCT SOLUTION HOURS 20

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DONALD HICKS TITLE SEGMENT LEAD HOURS 6

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RUBEN CASTANO TITLE KEY ACCOUNT MANAGER HOURS 22

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SANJAY KIRTIKAR TITLE SR DIRECTOR TECH DELIVERY HOURS 24

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LAURA DISCIULLO TITLE VP, SOLUTION MARKETING HOURS

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME WILLIAM VOLTMER TITLE SVP, BUSINESS DEVELOPMENT HOURS 24

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME TAMARA KENNEY TITLE VP SOLUTIONS HOURS

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME STEPHANIE KRUM TITLE VICE PRESIDENT HR HOURS 18

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME NASIR QADEER TITLE SR DIRECTOR TECH ENGINEERING HOURS 24

**Identifier**

**Return Reference**

**Explanation**

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME DANIEL WILKINSON TITLE SEGMENT LEAD HOURS

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME TINA CARAVETTE TITLE VP, LEGAL HOURS 18

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL DI YESO TITLE FORMER COO AND PRESIDENT HOURS

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CLEMENT ERHARDT TITLE SVP, LEGAL - FORMER HOURS

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
GS1 US Inc

**Employer identification number**  
36-2746754

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) EPC GLOBAL US LLC 1009 LENOX DRIVE LAWRENCEVILLE, NJ 08648 13-4251995	PROMOTE EPC	DE	3,477,228	0	NA

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) 1SYNC INC 1009 LENOX DRIVE LAWRENCEVILLE, NJ 08648 22-3673982	TRADE ASSOC	DE	501(C)(6)	N/A	NA		
(2) ROSETTANET 1009 LENOX DRIVE LAWRENCEVILLE, NJ 08648 95-4673973	TRADE ASSOC	NJ	501(C)(6)	N/A	NA		

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
(1) TRANSORA LIMITED	DATA PROCESSI	UK	1SYNC INC	N/A	509,481	307,040	100 000 %

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

**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?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
  
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
  
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
  
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
  
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>	Yes	
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> 1SYNC	0	12,519,064	
<b>(2)</b> ROSETTANET	0	8,432,380	
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			



**Part VII Supplemental Information**

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

Identifier	Return Reference	Explanation
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**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 36-2746754  
**Name:** GS1 US Inc

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MIGUEL LOPERA BOARD MEMBER (CEO UNTIL 5/09)	1 0	X						787,926	0	5,829
ALEXANDER SANDY DOUGLAS CHAIRMAN OF BOARD	1 0	X						0	0	0
KEVIN DOUGHERTY BOARD MEMBER	1 0	X						0	0	0
ART DROGUE BOARD MEMBER	1 0	X						0	0	0
JOHN FIGUEROA BOARD MEMBER & VICE CHAIR	1 0	X						0	0	0
MICHAEL HAAS BOARD MEMBER	1 0	X						0	0	0
MARTY GARDNER BOARD MEMBER	1 0	X						0	0	0
TIM YATSKO BOARD MEMBER	1 0	X						0	0	0
JOSEPH PLEASANT BOARD MEMBER	1 0	X						0	0	0
ARTHUR SMITH BOARD MEMBER	1 0	X						0	0	0
ROBERT CARPENTER CEO AND BOARD MEMBER	22 0	X		X				402,811	329,573	515,138
DAVE BORNMANN BOARD MEMBER	1 0	X						0	0	0
LESLIE SARASIN BOARD MEMBER	1 0	X						0	0	0
MARK SMUCKER BOARD MEMBER	1 0	X						0	0	0
PAM BAILEY BOARD MEMBER	1 0	X						0	0	0
PHILIPPE LAMBOTTE BOARD MEMBER	1 0	X						0	0	0
RAMESH MURPHY BOARD MEMBER	1 0	X						0	0	0
ED SHIRLEY BOARD MEMBER	1 0	X						0		0
JOHN HOGAN BOARD MEMBER	1 0	X						0	0	0
RODNEY MCMULLEN BOARD MEMBER	1 0	X						0	0	0
LARRY PULLIAM BOARD MEMBER	1 0	X						0	0	0
SANJAY SARMA BOARD MEMBER	1 0	X						0	0	0
YANNIS SKOUFALOS BOARD MEMBER	1 0	X						0	0	0
YEGNESWARAN KUMAR SVP AND CFO	22 0			X				232,235	190,010	283,570
BERNARD HOGAN SVP, CTO	30 0				X			338,309	112,770	312,332

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DENNIS HARRISON SVP, HEALTHCARE	40 0				X			372,947	0	224,405
KATY THEROUX SVP, CHRO	22 0				X			219,096	179,259	255,253
ALLISON RADECKI SVP, CIO	22 0				X			208,985	170,988	153,692
SABINA SAKSENA SVP, CMO	28 0				X			237,864	101,942	176,401
JOSEPH SLONE SR DIRECTOR INFRASTRUCTURE	17 0				X			106,219	146,683	116,944
JOSEPH ZENOBIO SVP, PRODUCT SOLUTION	20 0				X			128,532	128,532	34,414
DONALD HICKS SEGMENT LEAD	34 0				X			194,258	34,281	107,669
RUBEN CASTANO KEY ACCOUNT MANAGER	18 0				X			84,044	102,722	76,578
SANJAY KIRTIKAR SR DIRECTOR TECH DELIVERY	16 0				X			73,919	115,616	103,209
LAURA DISCIULLO VP, SOLUTION MARKETING	40 0				X			159,164	0	74,427
WILLIAM VOLTMER SVP, BUSINESS DEVELOPMENT	16 0				X			130,247	195,371	224,571
TAMARA KENNEY VP SOLUTIONS	40 0					X		262,700	0	111,158
STEPHANIE KRUM VICE PRESIDENT HR	22 0					X		118,093	96,623	103,773
NASIR QADEER SR DIRECTOR TECH ENGINEERING	16 0					X		90,809	142,035	58,602
DANIEL WILKINSON SEGMENT LEAD	40 0					X		272,933	0	123,614
TINA CARAVETTE VP, LEGAL	22 0					X		135,348	110,740	118,272
MICHAEL DI YESO FORMER COO AND PRESIDENT	1 0						X	256,200	0	0
CLEMENT ERHARDT SVP, LEGAL - FORMER	0 0						X	549,902	0	22,081

**Software ID:**  
**Software Version:**  
**EIN:** 36-2746754  
**Name:** GS1 US Inc

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MICHAEL DI YESO	(i)	0	0	256,200	0	0	256,200	0
	(ii)	0	0	0	0	0	0	0
MIGUEL LOPERA	(i)	0	533,650	254,276	0	5,829	793,755	533,650
	(ii)	0	0	0	0	0	0	0
CLEMENT ERHARDT	(i)	37,045	235,291	277,566	0	22,081	571,983	272,336
	(ii)	0	0	0	0	0	0	0
YEGNESWARAN KUMAR	(i)	151,971	52,805	27,459	142,575	12,908	387,718	72,347
	(ii)	124,340	43,204	22,466	116,652	11,435	318,097	59,193
TAMARA KENNEY	(i)	200,569	61,501	630	94,282	16,876	373,858	61,501
	(ii)	0	0	0	0	0	0	0
BERNARD HOGAN	(i)	210,758	74,945	52,606	217,116	16,866	572,291	114,011
	(ii)	70,253	24,982	17,535	72,372	5,978	191,120	38,004
DENNIS HARRISON	(i)	236,780	83,664	52,503	207,745	16,660	597,352	123,309
	(ii)	0	0	0	0	0	0	0
KATY THEROUX	(i)	137,761	54,042	27,293	126,623	13,286	359,005	74,529
	(ii)	112,713	44,216	22,330	103,600	11,744	294,603	60,979
ALLISON RADECKI	(i)	137,986	48,849	22,150	72,139	11,803	292,927	65,053
	(ii)	112,898	39,967	18,123	59,023	10,727	240,738	53,225
SABINA SAKSENA	(i)	159,040	55,146	23,678	123,162	0	361,026	73,438
	(ii)	68,160	23,634	10,148	52,784	455	155,181	31,474
JOSEPH SLONE	(i)	80,925	25,032	262	39,522	7,931	153,672	25,032
	(ii)	111,754	34,568	361	54,578	14,913	216,174	34,568
STEPHANIE KRUM	(i)	90,061	27,751	281	51,153	5,341	174,587	27,751
	(ii)	73,687	22,706	230	41,852	5,427	143,902	22,706
ROBERT CARPENTER	(i)	268,296	87,125	47,390	270,762	12,083	685,656	121,805
	(ii)	219,515	71,284	38,774	221,533	10,760	561,866	99,659
NASIR QADEER	(i)	73,019	17,790	0	0	0	90,809	17,790
	(ii)	114,209	27,826	0	35,747	0	177,782	27,826
DANIEL WILKINSON	(i)	199,038	73,256	639	100,493	23,121	396,547	73,256
	(ii)	0	0	0	0	0	0	0
JOSEPH ZENOBIO	(i)	70,988	41,570	15,974	6,830	9,843	145,205	57,329
	(ii)	70,988	41,570	15,974	6,830	10,911	146,273	57,329
DONALD HICKS	(i)	140,387	53,192	679	71,421	19,937	285,616	53,192
	(ii)	24,774	9,387	120	12,604	3,707	50,592	9,387
RUBEN CASTANO	(i)	64,716	19,210	118	24,429	9,444	117,917	19,210
	(ii)	79,098	23,479	145	29,857	12,848	145,427	23,479
SANJAY KIRTIKAR	(i)	57,889	15,906	124	29,275	9,887	113,081	15,905
	(ii)	90,545	24,878	193	45,790	18,257	179,663	24,878
LAURA DISCIULLO	(i)	158,497	0	667	60,987	13,440	233,591	0
	(ii)	0	0	0	0	0	0	0
TINA CARAVETTE	(i)	108,065	27,076	207	52,855	11,714	199,917	27,076
	(ii)	88,417	22,153	170	43,245	10,458	164,443	22,153
WILLIAM VOLTMER	(i)	112,689	16,000	1,558	81,040	8,148	219,435	16,000
	(ii)	169,033	24,000	2,338	121,560	13,823	330,754	24,000