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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)

OMB No 1545-0047

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

Open to Public
Inspection

A F	or the	2010 calendar year, or tax year beginning OCT 1, 2010 and ending	SEP 30, 2011	
	heck if	C Name of organization	D Employer identifie	eation number
a a	pplicable	GIRL SCOUTS OF THE GREEN AND WHITE	D Employer denam	
	Address			
H	_ichange ∏Name		<b>⊣</b>	243160
누	_ichange ∏in≀tual	Doing Business As		
<u> </u>	_iretum	Number and street (or P.O. box if mail is not delivered to street address)  Room/su		
느	Termin- ated	PO BOX 10832	603-	627-4158
	Amende	Unty or town, state or country, and ZIP + 4	G Gross receipts \$	9,028,642.
	Applica-	BEDFORD, NH 03110-0832	H(a) Is this a group re	etum
	pending	F Name and address of principal officer:PATRICIA MELLOR	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	luded? Yes No
1.7	ay-eyei	-4	<b>─</b>   ` '	list. (see instructions)
		: ► WWW.GIRLSCOUTSGWM.ORG	H(c) Group exemption	. ,
	_			State of legal domicile; NH
		Summary	ai oriormation. 1990 N	Juste of legal domicile, 1411
1.6		riefly describe the organization's mission or most significant activities: GIRL SCOU	מס סעיים של ססי	PPN AND
8	1 E	THE MOTIVITY THE TEXT OF THE PROCENT OF MUTATION OF THE SECOND OF THE METAL SCHOOL SECOND OF THE SEC	HAMDOUTER AND	D ALBANONIII
Activities & Governance		HITE MOUNTAINS IS RECOGNIZED THROUGHOUT NEW		<del> </del>
er	l	theck this box 🕨 📖 if the organization discontinued its operations or disposed of m	i i	
Š	I	lumber of voting members of the governing body (Part VI, line 1a)		19
ಷ	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)	4	19
8	5 T	otal number of ındıvıduals employed ın calendar year 2010 (Part V, line 2a)	5	322
¥ .	<b>6</b> T	otal number of volunteers (estimate if necessary)	6	5304
ţ	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12	7a	0.
⋖		let unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
	8 0	contributions and grants (Part VIII, Pine-11) EIVED	474,074.	552,253.
Revenue		rogram service revenue (Part VIIII, line-2g)	1,165,621.	978,875.
Ž	10 1	Neethort magne (Bart VIII only my (A) lines 2. 4 and 7.00	147,915.	404,342.
æ	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d) (2) wither revenue (Part VIII, column (A), lines 5,6d; 8d, 9c, 10c, and 11e)	3,517,164.	3,485,266.
			5,304,774.	5,420,736.
<u>~</u>		otal revenue - add lines 8 through 11 (must equal Part-VIII, Solumn (A), line 12)		
2012	1	irants and similar amounts paid (Partix County, (A) lines 1-3	82,537.	91,190.
	1	enefits paid to or for members (Part IX, column (A), line 4)	0.	0.
WAR 2 7 Expenses	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,763,684.	3,005,065.
}	16a F	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
¥p x p	ьт	otal fundraising expenses (Part IX, column (D), line 25)   441, 240.	The state of the s	
≨ш	17 C	other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,064,362.	2,131,472.
Ī	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,910,583.	5,227,727.
	19 F	evenue less expenses Subtract line 18 from line 12	394,191.	193,009.
et Assets or Ind Balances			Beginning of Current Year	End of Year
ets lanc	20 T	otal assets (Part X, line 16)	8,791,619.	8,695,609.
Ass Bas	21 T	otal liabilities (Part X, line 26)	2,360,783.	2,160,032.
ate (C	2 .	let assets or fund balances. Subtract line 21 from line 20	6,430,836.	6,535,577.
Do		Signature Block	0,430,030.	0,333,377.
		ies of perjury, I declare that I have examined this return, including accompanying schedules and stat	•	y knowledge and beliet, it is
rue,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prepared	rer nas any knowledge.	
	l l	Marka K Manley, secretary	2//3//2	
Sigr	n	Signature of officer	Date	
Her	e	MARTHA MANLEY, SECRETARY		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	FEB 0 9 2012 Check	PTIN
Paid	1	Kelli Boyle Kelli Box	FEB 0 9 2012 entremploye	- PO1402985
Prep	arer	irm's name NATHAN WECHSLER & COMPANY, P.A.	Firm's EIN	
Use	Only	Firm's address 70 COMMERCIAL STREET, SUITE 401		<del></del>
		CONCORD, NH 03301	Phone no. 6	03-224-5357
May	the IP	6 discuss this return with the preparer shown above? (see instructions)	1	X Yes No
ividy	uic ii	S discuss this return with the preparer shown above: (see instructions)	<u>-</u>	<u>. Lee 193 L. 180</u>

40	Other program services. (De	Scribe in Scriedule O
	(Expenses \$	including gr

ants of \$

) (Revenue \$

4e Total program service expenses ▶

4,433,219.

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

operate one or more hospitals must attach audited financial statements (see instructions)

_	1990 (2010) MOUNTAINS 0.2-0.245	<u>100</u>		age 4
Par	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_X_	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):		1	
а	A second of the	28a		x
b	A C. M. A. C. C. C. C. C. A.	28b		х
_	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? 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			
50	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
31	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	<del>  • • • • • • • • • • • • • • • • • • •</del>		
32	Cabadula N. Davidii	32		X
~~	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		-
33		33		X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<del> </del>	122
34	Was the organization related to any tax-exempt or taxable entity?	34		X
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<del> </del>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	+	<u> </u>
а				
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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 VI	37	1	X

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

t,

Form	990 (2010) MOUNTAINS 02-0243	160	Р	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	•		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	ļ	
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 322			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	if "Yes," enter the name of the foreign country.	ĺ		1
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
p	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		j	
	any contributions that were not tax deductible?	6a		X
p	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	<u>6b</u>		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	ļ		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del> </del>
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	┨		- T
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
T .	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		├
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	├
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
۵	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	-	
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-	
10	Section 501(c)(7) organizations. Enter:	30	-	
a	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:	1		ĺ
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
	amounts due or received from them.)	}	j	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			Ì
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	
	organization is licensed to issue qualified health plans	_		
c	Enter the amount of reserves on hand	<u> </u>	<b></b>	<del> </del>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	L	<u> </u>

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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		·	X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 19	1		
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_X_
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	_7a_	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:	1		
а	The governing body?	8a_	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,		i	
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	<u> </u>
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	_X_	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		,	
а	The organization's CEO, Executive Director, or top management official	15a_	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	١,		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	ł		1
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	-		
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NH			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, at	nd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion: 🕨		
	ANDREA EWING, CHIEF FINANCIAL OFFICER - 603-627-4158			
	ONE COMMERCE DRIVE, BEDFORD, NH 03110			

MOUNTAINS

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

**Employees, and Independent Contractors** 

Check if Schedule O contains a response to any question in this Part VI	Check if Schedu	e O contains a resp	onse to any que	estion in this P	art VII
---	-----------------	---------------------	-----------------	------------------	---------

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

Form 990 (2010)

- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- 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.

(A)	(B)			(0	<b>)</b>			(D)	(E)	(F)
Name and Title	Average hours per	(cl		Pos all t		app	ły)	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employes	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ANNE EDWARDS	1 00								•	0
DIRECTOR	1.80	X					ļ	0.	0.	0.
BARBARA BARRETT	2 00									•
PRESIDENT	3.00	X		X				0.	0.	0.
PATRICIA CASEY	1 4 00								•	•
THIRD VICE PRESIDENT	1.80	X	<u> </u>	X				0.	0.	0.
MARTHA MANLEY										
TREASURER	2.00	X	<u> </u>	X				0.	0.	0.
DEBORAH MULCRONE	1						1		•	•
DIRECTOR	1.00	X					ļ <u>.</u>	0.	0.	0.
CATHERINE RENTZ									•	•
DIRECTOR	0.10	X						0.	0.	0.
WILLIAM STEINHURST	1	l							•	_
SECOND VICE PRESIDENT	1.00	X		X				0.	0.	0.
SUSAN DONNELLY										_
FIRST VICE PRESIDENT	2.00	X	_	X				0.	0.	0.
PETER BERGIN	1									
DIRECTOR	1.80	X				_	ļ.,	0.	0.	<u> </u>
LINDA INGOLD	1	l								
DIRECTOR	1.00	X					ļ	0.	0.	0.
DENISE VAILLANCOURT		l								
DIRECTOR	1.80	X						0.	0.	0.
THOMAS WARE										_
DIRECTOR	0.20	X			ļ			0.	0.	0.
M. LEE WILLIAMS	1									•
DIRECTOR	1.30	X				_		0.	0.	0.
MARGARET FLEMING										_
SECRETARY	0.10	X		X				0.	0.	0.
DON SOMMESE										•
DIRECTOR	1.50	X		_		_	_	0.	0.	0.
KELLIE WARDMAN									_	•
DIRECTOR	0.80	X		<u> </u>			ļ	0.	0.	0.
SHANNON CHANDLEY									_	_
SECRETARY	1.30	X		X	L		<u> </u>	0.	0.	0. Form <b>990</b> (2010)

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Form 990 (2010)

Part VII   Section A. Officers, Directors, (A)	(B)	(C)						(D)	(E)		(F)	
Name and title	Average hours per	(c			osition ill that apply)		lv)	Reportable compensation	Reportable compensation		Estimat amount	
	week (describe hours for related organizations	istee or director	nstitutional trustee			Highest compensated employee	Ï	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	co	other ompens from the organization	r ation he ition
	ın Schedule O)	Individua	Institution	Officer	Key employee	Highest c employee	Former			i	rganizat	
SARAH CHAFFEE DIRECTOR	2.00	х						0.	0			0.
CONSTANCE (JETTA) MORRISON			ŀ					_	_			_
DIRECTOR	0.10	X		<u> </u>				0.	0	•		0.
ANNE MOOK	0.20	<b>.</b>		ļ				0.	0			0.
DIRECTOR KAREN NADEAU	0.20	^	1			+-		0.	0	•		<u> </u>
DIRECTOR	1.00	x						0.	0			0.
MIMI TAM				ļ		1						
DIRECTOR	0.20	x						0.	0	•		0.
WILLIAM WILKES								_				_
DIRECTOR	1.50	X	<u> </u>	_		-	<u> </u>	0.	0	• -		0.
PATRICIA MELLOR	45.00			x				115,650.	0		2 -	772.
CHIEF EXECUTIVE OFFICER	45.00	┼	-	^		╁┈	-	113,650.		•	٠, ٠	114.
<del></del>		t				$T^{-}$						
				L.								
1b Sub-total								115,650.		4	3,	772.
c Total from continuation sheets to Par	t VII, Section A				-			0.		-		0.
			1 -4		<u></u>	<u> </u>		115,650.		•	_ 3,	772.
2 Total number of individuals (including but compensation from the organization		1056	IISI	eu a	DOV	e) w	no r	eceived more than \$100	,000 in reportable			1
compensation from the organization	· · · · · · · · · · · · · · · · · · ·										Yes	
3 Did the organization list any former office	er, director or tru	ıste	e, ke	y en	olqn	yee,	or 1	highest compensated er	nployee on			1
line 1a? If "Yes," complete Schedule J fo										3		X
4 For any individual listed on line 1a, is the	sum of reportab	le c	omp	ensa	atioi	n an	d ot	her compensation from	the organization			1
and related organizations greater than \$										4	-	X
5 Did any person listed on line 1a receive							relat	ted organization or indiv	idual for services	_		
rendered to the organization? If "Yes," or Section B. Independent Contractors	omplete Schedu	le J	for s	uch	per	son		· · · · · · · · · · · · · · · · · · ·		5	<u> </u>	X
Complete this table for your five highest	compensated in	den	ende	ent c	ont	racti	ors i	that received more than	\$100,000 of compe	nsatio	n from	
the organization. NONE	· componeated in	шор	0,,,,,,						V.00,000 0. 00p.			
(A)								(B)			(C)	
Name and busine	ess address							Description of s	ervices	Com	pensati	on
							_					
2 Total number of independent contractor		not l	ımıte	d to		_	stec	d above) who received n	nore than			
\$100,000 in compensation from the org	anization >					0			., . <u> </u>			
										F~-		(2010)

Total revenue. See instructions.

Form 990 (2010) 02-0243160 MOUNTAINS Page 9 Part VIII Statement of Revenue (**D)** Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated business exempt function tax under sections 512. revenue revenue 513, or 514 16,284. 1 a Federated campaigns 1a b Membership dues 1b 15,125 c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 520,844 similar amounts not included above 8,407 g Noncash contributions included in lines 1a-1f \$ 552,253 h Total, Add lines 1a-1f **Business Code** 2 a CAMPING & PROGRAM FEES 900099 978,875. 978,875 f All other program service revenue 978,875. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 91,191. other similar amounts) ....... 91,191. Income from investment of tax-exempt bond proceeds 5 Royalties .. (i) Real (ii) Personal 15,025. 6 a Gross Rents .... . . **b** Less: rental expenses . ... 15,025. c Rental income or (loss) 15,025 15,025. d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 13,338.451,386. assets other than inventory b Less cost or other basis 14,740.136,833 and sales expenses -1,402.314,553c Gain or (loss) ...... 313,151 313,151. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ \_\_\_\_\_ 15,125. of contributions reported on line 1c) See 2,625 Part IV, line 18 **b** Less: direct expenses .. .. 4,171 -1,546.-1,546. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 ..... .... .... **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns a 6853415 **b** Less cost of goods sold .... **b** 3452162 401,253.3,401,253 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS 900099 70,534 70,534. d All other revenue ........... 70,534. e Total. Add lines 11a-11d ........

420,736.4,380,128.

0.1

488,355.

Form 990 (2010)

#### Part IX | Statement of Functional Expenses

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

	All other organizations must com				
	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				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	91,190.	91,190.		,
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S			- ,	
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members			<del></del>	
5	Compensation of current officers, directors,	122,227.	12,223.	79,447.	30,557.
	trustees, and key employees	144,441.	14,443.	13,441.	30,337.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,346,018.	2,066,256.	42,776.	236,986.
8	Pension plan contributions (include section 401(k)	2/340,010.	2,000,230.	#2,770	230,3001
ŭ	and section 403(b) employer contributions)	170,739.	96,034.	45,975.	28,730.
9	Other employee benefits	134,021.	75,753.	35,782.	22,486.
10	Payroll taxes	232,060.	183,019.	22,408.	26,633.
11	Fees for services (non-employees)				
а	Management				
b	Legal	2,228.	1,498.	409.	321.
С	Accounting	26,176.	17,602.	4,807.	3,767.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		-		
f	Investment management fees	15,164.		15,164.	
g	Other	77,243.	56,339.	8,852.	12,052.
12	Advertising and promotion				
13	Office expenses	45,607.	38,089.	1,685.	5,833.
14	Information technology				
15	Royalties				
16	Occupancy	316,788.	287,955.	27,631.	1,202.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1.004	14 521	1 242	1 1 2 1
19	Conferences, conventions, and meetings	16,904. 101,926.	14,531. 89,655.	1,242.	1,131.
20	Interest	101,920.	03,033.	14,411.	
21	Payments to affiliates	296,881.	252,087.	14,086.	30,708.
22 23	Insurance	197,718.	169,335.	11,295.	17,088.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)	137,710.	103,333.	11,233.	17,000.
	amount, list line 24f expenses on Schedule 0.)				
а	SUPPLIES	416,265.	399,118.	3,621.	13,526.
b	TRANSPORTATION	198,516.	187,885.	6,181.	4,450.
C	TELEPHONE & DATABASE	124,447.	109,715.	12,125.	2,607.
d	BAD DEBT EXP., NET	71,685.	71,685.		
е	FEES PAID TO INSTITUTION		65,931.		
f	All other expenses	157,993.	147,319.	7,511.	3,163.
<u>25</u>	Total functional expenses. Add lines 1 through 24f	5,227,727.	4,433,219.	353,268.	441,240.
26	Joint costs. Check here f 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				
					- 000

02-0243160 Page 11 Form 990 (2010) MOUNTAINS Part X Balance Sheet (B) End of year (A) Beginning of year 1,596. 1,896. Cash - non-interest-bearing . . . 1 1 Savings and temporary cash investments ..... 1,637,009. 2 1,414,705. 2 16,552. <u>30,856.</u> 3 Pledges and grants receivable, net 3 38,575. 25,493. 4 Accounts receivable, net .... . . Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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) 7 Notes and loans receivable, net 7 202,474. 194,787. Inventories for sale or use ..... 89,072. 73,691. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 8,775,384. 10a basis. Complete Part VI of Schedule D 3,97<u>4,389.</u> 4,299,392. 4,800,995 10c 1,194,665. 993,535. Investments - publicly traded securities ..... 11 11 838,106. 512,429. 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 948,543. 999,463 15 15 Other assets. See Part IV, line 11 8,791,619. 8,695,609. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 402,054. 466,370. 17 17 Accounts payable and accrued expenses 18 18 Grants pavable 31,282. 31,795. Deferred revenue ...... 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 1,868,590. 1,581,436. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties .... ... ...... 24 24 58,857. 80,431. Other liabilities. Complete Part X of Schedule D ...... .... .... .... 2,360,783. 26 2,160,032. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here 

X

and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 5,068,916. Unrestricted net assets .. .. 5,077,007. 27 99,666. 28 263,418. 28 1,254,163. 1,203,243. Permanently restricted net assets Organizations that do not follow SFAS 117, check here 

and complete lines 30 through 34.

> 8,695,609. Form 990 (2010)

> 6,535,577.

30

31

33

34

6,430,836.

8,791,619.

30

31

32

33

Capital stock or trust principal, or current funds . ... ... ... ...

Total net assets or fund balances

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund .....

Retained earnings, endowment, accumulated income, or other funds .........

	· GIRL SCOUTS OF THE GREEN AND WHITE				
orm	990 (2010) MOUNTAINS	02-	<u>-024316</u>	0	Page <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	·		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,4	<u>20,</u>	<u>736.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,2	<u>27,</u>	727.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	93,	009.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,4	30,	836.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		88,	268.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,5	35,	577.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u>.</u> .		. <b>X</b>
				Ye	es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a			2	.	x
b	Were the organization's financial statements audited by an independent accountant?		21	, 2	ζ .
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,		
	review, or compilation of its financial statements and selection of an independent accountant?			: 2	ζ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	D.		
d			1		
	separate basis, consolidated basis, or both:			`	
	X Separate hasis Consolidated hasis Roth consolidated and separate hasis				- [

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

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Act and OMB Circular A-133?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2010)

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

Name of the organization

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

GIRL SCOUTS OF THE GREEN AND WHITE

Employer identification number

02-0243160 MOUNTAINS Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  $\mathbf{x}$ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. b \_\_\_ Type II c \_\_\_\_ Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified 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 organization, check this box ..... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, 11g(i) the governing body of the supported organization? (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? ..... Provide the following information about the supported organization(s). h (vi) Is the (iii) Type of (iv) is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organizátion in col organization in col. (i) listed in your organization in col. (i) organized in the U.S.? support organization (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

 Schedule A (Form 990 or 990-EZ) 2010						Page 2
Part II Support Schedule for 0	<b>Drganization</b> :	s Described in	Sections 170	(b)(1)(A)(iv) and	I 170(b)(1)(A)(vi	
· (Complete only if you checked			-	n failed to qualify u	inder Part III. If the	organization
fails to qualify under the tests	listed below, plea	ase complete Part I	II.)			
Section A. Public Support		· · · · · · · · · · · · · · · · · · ·		.=	·	
calendar year (or fiscal year beginning in) 🖊	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
ınclude any "unusual grants.")						
2 Tax revenues levied for the organ-						
zation's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to		1				
the organization without charge						
4 Total. Add lines 1 through 3						<del></del>
5 The portion of total contributions						
by each person (other than a				-		
governmental unit or publicly					2	
supported organization) included on line 1 that exceeds 2% of the	1 3					
amount shown on line 11,			-			
column (f)						
`` · ··· ··· <del> </del>						
6 Public support. Subtract line 5 from line 4   Section B. Total Support		<u>!</u>			Į.	
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	(4) 2000	(0) 2007	(6) 2000	(4) 2000	(0,2010	
8 Gross income from interest,						
dividends, payments received on						
securities loans, 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 income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10 $[$						
12 Gross receipts from related activities,	etc. (see instruct	ions)			12	
13 First five years. If the Form 990 is for	the organization'	's first, second, third	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
organization, check this box and stop					<u></u>	▶□
Section C. Computation of Publi	c Support Pe	ercentage				
14 Public support percentage for 2010 (iii	ne 6, column (f) c	divided by line 11, c	olumn (f))		14	%
15 Public support percentage from 2009	Schedule A, Part	t II, line 14			15	%
<b>16a 33 1/3% support test - 2010.</b> If the or	ganization did no	ot check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
stop here. The organization qualifies a						▶□
<b>b 33 1/3% support test - 2009.</b> If the or	ganızation dıd no	ot check a box on in	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	box
and stop here. The organization qualif	ñes as a publicly	supported organiza	ition			▶□

17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

**b 10%** -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ... ...

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

02-0243160 Page 3

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Sec	ction A. Public Support	elow, please comp	nete Part II.)		···	<del>-</del>	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(a) 2000	(5) 2001	(0) 2000	(3/2300	10/2010	39.5
•	membership fees received. (Do not			1			
	include any "unusual grants.")	378,816.	409.082	318.041.	474.074.	552.253.	2132266.
2	Gross receipts from admissions,	370,010.	105,002.	310,011		002/2001	
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	5584874.	5/80301	6682661.	7595279	7307426	32659631.
2	Gross receipts from activities that	2204014.	24033310	0002001.	1373217.	7507420.	32033031.
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					<del></del>	<del></del>
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge .						
6	Total. Add lines 1 through 5	5963690.	5898473.	7000702.	8069353.	7859679.	34791897.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received					İ	
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)						34791897.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	5963690.	5898473.	7000702.	8069353.		34791897.
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	180,100.	132,098.	85,688.	95.062	104.529.	597,477.
	Unrelated business taxable income	200/1000	232,0301	03,0001	33,0020		33.7.2
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b	180,100.	132,098.	85,688.	95,062.	104,529.	597,477.
	Net income from unrelated business	100,100.	134,036.	65,000.	93,002.	104,323.	331,411.
•	activities not included in line 10b,				1		1
	whether or not the business is						
40	oregularly carried on						<del> </del>
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)	54.42.500	6000554	T00600	0164415	7064000	25200254
	Total support (Add lines 9, 10c, 11, and 12)	6143790.	6030571.		8164415.		35389374.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3) organi	zation,
_	check this box and stop here	<del></del>	<del>:···</del>	<u>-</u>	·	<del>_ :</del>	<u></u>
	ction C. Computation of Publ						00 21
	Public support percentage for 2010 (I		-	olumn (f))		15	98.31 %
	Public support percentage from 2009					16	<u>98.17 %</u>
	ction D. Computation of Inves					<u> </u>	1 60
	Investment income percentage for 20					17	1.69 %
	Investment income percentage from 2					18	<u>1.83 %</u>
19a	33 1/3% support tests - 2010. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line	
	more than 33 1/3%, check this box as	nd <b>stop here.</b> The	organization qual	fies as a publicly s	supported organiza	ation	▶ 🛣
t	33 1/3% support tests - 2009. If the	-					
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	ınızatıon qualifies a	as a publicly suppo	orted organization	▶□
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	structions .	. ▶□

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

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.

2010
Open to Public Inspection

Name of the organization

GIRL SCOUTS OF THE GREEN AND WHITE MOUNTAINS

Employer identification number 02-0243160

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	Impermissible private benefit?		Yes No
Par		panization answered "Yes" to Form 990, P	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a certi	• •
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	•••		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	, , , , , , , , , , , , , , , , , , , ,	
	listed in the National Degister		2d
3	Number of conservation easements modified, transferred, re		e organization during the tax
	year▶	-	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements d	uring the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther 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 (AS	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		. • \$
			<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		I gain, provide
	the following amounts required to be reported under SFAS 1		
а	Devision and Indian Company Office of		<b>&gt;</b> \$
	Assets included in Form 990. Part X		<b>&gt;</b> \$

Sche	dule D (Form 990) 2010 MOUNTAI	NS				02-0	24316	0 P	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, o	r Othe	er Similar As	sets (cont	inued	)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	are a s	ignificant use of	ts collectio	n item	ıs
	(check all that apply):								
а	Public exhibition	d	Loan or excl	nange progra	ms				
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organizatio	n's exe	mpt purpose in F	Part XIV.		
5	Dunng the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	llection?			Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "	Yes" to	Form 990, Part i	V, line 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contribution	s or other ass	sets not	included			
	on Form 990, Part X?						Yes		] No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table.						
	-						Amoun	t	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?				Yes		No
b	If "Yes," explain the arrangement in Part XIV.	1							
Pai	rt V Endowment Funds. Complete r	f the organization an	swered "Yes" to For	m 990, Part I	V, line 1	10.			
		(a) Current year	(b) Prior year	(c) Two years	s back	(d) Three years ba	ck (e) Fou	r years	back
1a	Beginning of year balance	2,505,427.	2,345,470.	2,185	735,				
b	Contributions		1,000.	219	419.				
С	Net investment earnings, gains, and losses	-110,100.	166 302.	-56	383.				
ď	Grants or scholarships						•		4*
е	Other expenditures for facilities						_		-
	and programs	13,338.	1,935.						
f	Administrative expenses	15,164.	5,410.	3	301.	-			
g	End of year balance	2,366,825.	2,505,427.	2,345	470.				
2	Provide the estimated percentage of the year			-					
а	Board designated or quasi-endowment	49.51	%						
b	Permanent endowment ► 50.49	%	_						
С		<del></del> %							
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd admınıstei	red for t	he organization			
	by:	_				-		Yes	No
	(i) unrelated organizations						3a(i)		X_
	(ii) related organizations						3a(ii)		X
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				3b		
4	Describe in Part XIV the intended uses of the	e organization's endo	wment funds.						
Pai	rt VI Land, Buildings, and Equipm	ent. See Form 990	, Part X, line 10.						
	Description of investment	(a) Cost or o	ther (b) Cost	or other	(c) A	ccumulated	(d) Boo	k valu	ie
		basis (investr	nent) basis	(other)	de	preciation			
1a	Land		74	8,766.			74	8,7	66.
ь	Buildings			4,432.	3,	772,272.	3,06		
c	Leasehold improvements								
d	Equipment		1,06	3,491.		918,906.	14	4,5	85.
-	Other			8,695.		109,817.			78.
_	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part					3,97		

Schedule D (Form 990) 2010

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

Schedule D (Form 990) 2010 MOUNTAINS Part VII Investments - Other Securities. Set	e Form 990, Part X, line 12		02	-0243160	Page 3
(a) Description of security or category     (including name of security)	(b) Book value		(c) Method of valua		
/1\ Financial de contract					
(1) Financial derivatives					
(3) Other			· ·		
(A) MONEY MARKET FUNDS	304,816.	END-OF-YE	AR MARKET	VALUE	
(B) US TREASURY OBLIGATIONS	96,066.		AR MARKET		
(C) US GOVERNMENT AGENCIES	21,250.		AR MARKET	VALUE	
(D) CORPORATE AND FOREIGN					
(E) BONDS	310,811.		AR MARKET	VALUE	
(F) MUNICIPAL OBLIGATIONS	105,163.	END-OF-YE	AR MARKET	VALUE	_
(G)					
(H)					
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	838,106.	<u> </u>			
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 1				
(a) Description of investment type	(b) Book value		(c) Method of valua or end-of-year mar		<u> </u>
(1)					
(2)			· · · · · · · · · · · · · · · · · · ·		
(3)				· · · · · ·	
(4)					
(5)					
(6)				<del></del>	
(7) (8)					
(8)					<del></del>
<u>(9)</u> (10)					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)					<del></del>
Part IX Other Assets. See Form 990, Part X, line	15.				
	Description		-	(b) Book va	lue
(1) BENEFICIAL INTEREST IN TR	USTS		-		543.
(2)					
(3)					
(4)					
(5)	- ·				
(6)					
(8)					
(9)		· · · · · · · · · · · · · · · · · · ·			
(10)					
Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)	<del> </del>	🕨	948	<u>543.</u>
Part X Other Liabilities. See Form 990, Part X,	line 25.	(L) A			
1. (a) Description of liability		(b) Amount			
(1) Federal income taxes		77 110	,		
(2) FUNDS HELD FOR TROOPS		77,119.			
(3) CAPITAL LEASE OBLIGATION		3,312.			
				,	
(6)			_		
(7)			-		
(8)			•		i.
(9)				-	
(10)			-		
(11)					
	25.)	80,431.	•		
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to	the organization's financial statement	ents that reports the organiza	tion's liability for uncertain	tax positions under	

	dule D (Form 990) 2010 MOUNTAINS		<u>02-0243160</u>	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial State	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,420,	736.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,227,	727.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		009.
4	Net unrealized gains (losses) on investments	4		348.
5	Donated services and use of facilities	5		
6		6		
		7		
7	Prior period adjustments	<del> </del>	ΕΛ	920.
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9		268.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		<u>741.</u>
Pai	t XII   Reconciliation of Revenue per Audited Financial Statements With Reve	nue per H		
1	Total revenue, gains, and other support per audited financial statements		1 5,263,	<u>586.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		.	
а	Net unrealized gains on investments	<u> 17,348.</u>		
b	Donated services and use of facilities	8,042.		
С	Recovenes of prior year grants 2c			
d		6,851.		
е	Add lines 2a through 2d		2e -146,	157.
3	Subtract line 2e from line 1		3 5,409	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	• •		<del>,</del>
-		5,164.		
a	011 (5 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	$\frac{3,101}{4,171}$		
b	Add to a A and at	•	4 ·	003
_C				993.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 5,420,	130.
Pal	t XIII Reconciliation of Expenses per Audited Financial Statements With Expe	enses per	· · · · · · · · · · · · · · · · · · ·	0.15
1	Total expenses and losses per audited financial statements		1 5,158,	846.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities 2a	<u>8,043.</u>	]	
b	Prior year adjustments		]	
C	Other losses 2c			
d	Other (Describe in Part XIV.) 2d	4,171.		
е	Add lines 2a through 2d		2e 12,	214.
3	Subtract line 2e from line 1		3 5,146,	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a		5,164.		
h	Other (Describe in Part XIV.)	5,931.	1	
-	Add lines 4a and 4b	,,,,,,,,,,	] ] 04	095.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	• • • • •	5 5,227	141.
	t XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to pro	-		
PAI	RT V, LINE 4: PERMANENTLY RESTRICTED NET ASSETS CONS	SIST OF	ENDOWMENT	
FUI	NDS AND BENEFICIAL INTEREST IN PERPETUAL TRUSTS TO E	BE HELD	INDEFINITE	LY,
THE	INCOME FROM WHICH IS EXPENDABLE TO SUPPORT OPERATI	ONS.	_	
		-		
PAI	RT X, LINE 2: THE COUNCIL ADOPTED THE PROVISIONS OF	FASB		
IN	PERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN I	NCOME	TAXES (FASE	3
ASC	C 740), ON OCTOBER 1, 2009. FASB ASC 740 SEEKS TO F	RDUCE	THE DIVERSI	TY
	. IT, ON COLUMN I, 2007. INDU ADO 140 DUMED TO I	<u></u>		
TN	PRACTICE ASSOCIATED WITH CERTAIN ASPECTS OF MEASURE	ב יינואים	ND RECOGNIT	אסזי

Schedule D (Form 990) 2010

Part XIV Supplemental Information (continued)

IN ACCOUNTING FOR INCOME TAXES. IN ADDITION, FASB ASC 740 PROVIDES

GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, AND

ACCOUNTING IN INTERIM PERIODS AND REQUIRES EXPANDED DISCLOSURE WITH

RESPECT TO THE UNCERTAINTY IN INCOME TAXES.

THE COUNCIL'S ACCOUNTING POLICY FOR EVALUATING UNCERTAIN TAX POSITIONS

INCLUDES A REVIEW OF ALL MATERIAL TAX POSITIONS FOR ALL TYPES OF TAXES IN

ALL JURISDICTIONS AND FOR ALL OPEN YEARS IN ACCORDANCE WITH THE

RECOGNITION AND MEASUREMENT REQUIREMENTS OF FASB ASC 740. THE MOST COMMON

TAX POSITION FOR THE COUNCIL IS A POSITION TAKEN IN THE ENTITY'S TAX

EXEMPT STATUS. HOWEVER, FASB ASC 740 ALSO LOOKS AT OTHER FORMS OF TAX

POSITIONS, INCLUDING WHETHER THERE ARE UNRELATED BUSINESS INCOME

ACTIVITIES CONDUCTED THAT WOULD BE TAXABLE. ONCE THIS PROCESS IS

COMPLETED, THE POSITIONS ARE EVALUATED IN TERMS OF THEIR LIKELIHOOD TO

SUCCEED. FOR TAX POSITIONS THAT DO NOT MEET THE DEFINITION OF MORE LIKELY

THAN NOT TO SUCCEED, NO TAX BENEFIT IS CONSIDERED. ONLY THOSE TAX

POSITIONS THAT HAVE A GREATER-THAN-50% CHANCE OF BEING SUSTAINED ON AUDIT

BY A KNOWLEDGEABLE AGENT ARE INCLUDED IN VALUING THE BENEFIT. THIS

ANALYSIS IS PERFORMED USING ALL RELEVANT AUTHORITIES.

THE COUNCIL FILES THE FORM 990. WITH FEW EXCEPTIONS THE COUNCIL IS NO
LONGER SUBJECT TO U.S. FEDERAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR
FISCAL YEARS ENDING BEFORE SEPTEMBER 30, 2008. THESE PERIODS INCLUDE
FILINGS FOR GIRL SCOUT COUNCIL OF VERMONT AND GIRL SCOUTS OF SWIFT WATER
COUNCIL FOR PRIOR TO THE MERGER ON JANUARY 1, 2009. MANAGEMENT OF THE
COUNCIL BELIEVES IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS AND,
ACCORDINGLY IT WILL NOT RECOGNIZE ANY LIABILITIES FOR UNRECOGNIZED TAX
BENEFITS.

GIRL SCOUTS OF THE GREEN AND WHITE Schedule D (Form 990) 2010 MOUNTAINS	02-0243160 Page 5
Part XIV Supplemental Information (continued)	
PART XI, LINE 8 - OTHER ADJUSTMENTS:	
	E0 020
CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS	-50,920.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS	-50,920.
PROGRAM FEES - FEES PAID TO INSTITUTIONS (REVENUE SHOWN NET	
OF FEES ON F/S)	-65,931.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-116,851.
	·
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSES	-4,171,
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSES	4,171.
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
PROGRAM FEES - FEES PAID TO INSTITUTIONS (REVENUE SHOWN NET	
OF FEES ON F/S)	65,931.

#### **SCHEDULE G** (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service N

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2010

Name of the organization GIRL SC MOUNTAI	OUTS OF THE GREEN	AND	WH	ITE	Employer ide 02-0243	ntification number
	- Complete if the organization answer	ered "Y	'es" to	Form 990, Part IV, I		
Indicate whether the organization rais	sed funds through any of the following Solicitars of Solicitars of Solicitars of Special Special Special Special Part VII) or entity in connection with prividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<u> </u>						
<del></del>						
					_	
					_	
	· ·		<b></b>			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from r	egistration
			<u>.</u>			
		-		· · · · · · · · · · · · · · · · · · ·		

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

	edu art l	le G (Form 990 or 990-EZ) 2010 MOUNTA II Fundraising Events. Complete if the	INS	I "Voo" to Form 990 Pa		-0243160 Page 2	
[F 6	,	of fundraising event contributions and gr	•				
			(a) Event #1 BREAKFAST	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through	
_			(event type)	(event type)	(total number)	col. (c))	
Revenue	1	Gross receipts	17,750.			17,750.	
	2	Less <sup>.</sup> Charitable contributions	15,125.			15,125.	
	3	Gross income (line 1 minus line 2)	2,625.			2,625.	
	4	Cash prizes					
ses	5	Noncash prizes					
Direct Expenses	6	Rent/facility costs					
Direct	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	4,171.			4,171.	
	10	- · · · · · · · · · · · · · · · · · · ·				( 4,171)	
11 Net income summary. Combine line 3, column (d), and line 10							
تا		\$15,000 on Form 990-EZ, line 6a.	anowordd 105 to 1011.	, 555, , q. (17, 5 15, 51	roportou more triari		
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add	
Revenue			(u) billige	bingo/progressive bingo	(0) 0	col. (a) through col. (c))	
æ	1	Cross revenue					
	-	Gross revenue					
Ses	2	Cash prizes					
Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses					
			Yes %	Yes%	Yes %		
	٥	Volunteer labor	No	<u>No</u>	NO.		
7 Direct expense summary Add lines 2 through 5 in column (d)							
	8	Net gaming income summary Combine line	1, column d, and line 7	···	<u> </u>		
a	ls 1	ter the state(s) in which the organization operate the organization licensed to operate gaming action," explain:	ctivities in each of these	states?		. Yes No	
		ere any of the organization's gaming licenses re Yes,* explain:	•		year?	Yes No	
	_			<del></del>	<del></del>	<del></del>	
	_						
0320	82 D	1-13-11			Schedule G (Fo	orm 990 or 990-EZ) 2010	

# GIRL SCOUTS OF THE GREEN AND WHITE 02-0243160 Page 3 Schedule G (Form 990 or 990-EZ) 2010 MOUNTAINS 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ..... Yes [ 13 Indicate the percentage of gaming activity operated in. a The organization's facility 13a **b** An outside facility . . . . . . . . . 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party > \$\_ c If "Yes," enter name and address of the third party: Name -Address > 16 Gaming manager information: Name 🕨 \_ Gaming manager compensation ▶ \$ \_\_\_\_\_ Description of services provided > Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . ... . . . b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

► Attach to Form 990.

Name of the organization GIRL SCOUTS MOUNTAINS	TS OF THE GREEN		AND WHITE				Employer identification number $02-0243160$
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of criteria used to award the grants or assistance?	o substantiate the		s or assistance, the	grantees' eligibilit	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	oring the use of grant	funds in the Uniter	d States.		,	
art II	Governments and	1 Organizations in th	e United States. C	Complete if the org	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	55,000. Check this	box if no one recipie	nt received more th	nan \$5,000. Part II	can be duplicated if	additional space is nee	
1 (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
			!				
2 Enter total number of section 501(c)(3) and government organizations	nd government or	ganizations				:	<b>A</b>
3 Enter total number of other organizations	3						•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the instruct	ions for Form 990.					Schedule I (Form 990) (2010)

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02-0243160

MOUNTAINS

Schedule I (Form 990) (2010)

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part II can be duplicated if additional space is needed.

(f) Description of non-cash assistance THEIR CAMP FEES AND MEMBERSHIP PINANCIAL ASSISTANCE AWARDED TO GIRLS AS A DISCOUNT ON OUES. (e) Method of valuation (book, FMV, appraisal, other) AND TO JUNE TO REVIEW EACH Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information JURISDICTION WHO COULD NOT OTHERWISE AFFORD TO ATTEND A GREEN AND WHITE ø THE TOTAL NUMBER OF REQUESTS AND TOTAL MONEY AVAILABLE, ARE NOT DEPENDENT ON PRIOR GIRL SCOUT PARTICIPATION OR REGISTRATION. SCHEDULE I, PART I, LINE 2: FINANCIAL AID (ALSO KNOWN AS CAMPERSHIP) NO CASH IS GIVEN DIRECTLY TO INDIVIDUALS PROVIDES ASSISTANCE TO GIRLS WHO LIVE IN GREEN AND WHITE MOUNTAINS' EXTENUATING (d) Amount of non-cash assistance 91,190, Ö COMMITTEE OF VOLUNTEERS MEETS MONTHLY FROM FEBRUARY (c) Amount of cash grant MOUNTAINS CAMP. GRANTS ARE BASED ON FINANCIAL NEED, (b) Number of recipients 1631 THEM TO GO ON EDUCATIONAL CAMPING TRIPS DURING THE 399 GIRLS WERE AWARDED FINANCIAL ASSISTANCE FOR YEAR, 1,232 GIRLS RECEIVED ASSISTANCE TOWARDS CONFIDENTIAL APPLICATION. (a) Type of grant or assistance MEMBERSHIP DUES PAYABLE TO GSUSA. CIRCUMSTANCES,

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

ey 40, 4.

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 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

GIRL SCOUTS OF THE GREEN AND WHITE

Employer identification number 02-0243160

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AS A LEADING EXPERT ON GIRLS. THE COUNCIL'S INNOVATIVE LEADERSHIP
PROGRAMS HELP GIRLS DISCOVER, CONNECT, AND TAKE ACTION AS THEY DEVELOP
STRONG VALUES, A SOCIAL CONSCIENCE, AND A DEEP SENSE OF SELF AND THEIR
POTENTIAL.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SENSE OF SELF AND THEIR POTENTIAL.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
ALL PROGRAMS OFFERED AIM TO:
- TO DEVELOP GIRL LEADERS WITH GREATER ENVIRONMENTAL UNDERSTANDING,  CONNECTION TO OUR NATURAL SURROUNDINGS AND ABILITY TO TRULY MAKE A
DIFFERENCE FOR FUTURE GENERATIONS
- TO BUILD GIRLS SELF-ESTEEM AND STRENGTHEN THEIR SENSE OF COMMUNITY AT
CAMPS BY ENABLING THEM TO MAKE NEW FRIENDS AND BUILD A SENSE OF
BELONGING
- TO SUPPORT ENVIRONMENTAL AND ECOLOGICAL EDUCATION IN ORDER TO FOSTER
ENVIRONMENTAL ACTIVISM
- TO INCREASE GIRLS' ABILITY TO TAKE APPROPRIATE RISKS AND INCREASE
SELF-CONFIDENCE THROUGH LEARNING BY DOING
- TO PROVIDE AN ACCESSIBLE OUTDOOR CAMPING ENVIRONMENT FOR ALL GIRL
MEMBERS WITHIN THE COUNCIL JURISDICTION
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

FORM 990, PART VI, SECTION B, LINE 15: SALARY RANGES FOR ALL POSITIONS

WERE ESTABLISHED BY AN INDEPENDENT HR COMMITTEE IN CONSULTATION WITH

PROFESSIONAL ADVISORS FROM THE COUNCIL'S NATIONAL ORGANIZATION. SALARY

RANGES ARE BASED UPON SIMILAR RESPONSIBILITIES FOR SIMILAR POSITIONS WITHIN

THE GEOGRAPHIC AREA TAKING INTO CONSIDERATION THE EXPERIENCE, EDUCATION AND

SKILLS NEEDED FOR EACH POSITION. THE CEO'S SALARY IS ESTABLISHED BY A

SUB-COMMITTEE OF THE BOARD OF DIRECTORS APPOINTED BY THE BOARD CHAIR AS

PART OF THE REVIEW PROCESS. THE COMMITTEE ESTABLISHED THE ANNUAL SALARY

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization GIRL SCOUTS OF THE GREEN AND WHITE MOUNTAINS	Employer identification number 02-0243160
WITHIN THE ESTABLISHED SALARY RANGE, TAKING INTO ACCOUNT	UPDATED
INFORMATION PROVIDED BY THE CENTER FOR NON-PROFITS AND THE	HE COUNCIL'S
NATIONAL ORGANIZATION. ALL STAFF MEMBERS ARE PAID WITHIN	N THE ESTABLISHED
RANGES.	
	<u> </u>
FORM 990, PART VI, SECTION C, LINE 19: THE COUNCIL'S FOR	M 990 IS AVAILABLE
ON-LINE AT WWW.GUIDESTAR.ORG. GOVERNING DOCUMENTS AND COL	NFLICT OF INTEREST
POLICIES ARE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS	S ARE AVAILABLE FOR
INSPECTION AT THE COUNCIL'S PRIMARY BUSINESS LOCATION.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS:	-37,348.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS	-50,920.
TOTAL TO FORM 990, PART XI, LINE 5	-88,268.
FORM 990, PART XI, LINE 2C	
THE COUNCIL'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR	THE AUDIT. THE
FULL BOARD OF DIRECTORS VOTES TO ACCEPT THE AUDIT. THER	E HAVE BEEN NO
CHANGES IN THIS PROCESS FROM THE PRIOR YEAR.	