

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 Open to Public

	Can Alexand	OCT 1 2010	CED 30 30	11
<u> </u>	for the	2010 calendar year, or tax year beginning $OCT 1$ , $2010$ and ending	SEP 30, 20	<u> </u>
В	Check if applicable	C Name of organization	D Employer ider	ntification number
	Address change Name	GIRL SCOUTS OF NORTHERN ILLINOIS		
	change	Doing Business As	36-	-2358083
	Initial return Termin- ated	Number and street (or P.O. box if mail is not delivered to street address)  12N124 COOMBS ROAD  Room/su		nber 7-741-5521
	Amende		G Gross receipts \$	9,528,423.
	Applica- tion pending	ELGIN, IL 60124	H(a) Is this a grou	
	pending	F Name and address of principal officer VICKI N. WRIGHT SAME AS C ABOVE	for affiliates?	
	Tav-ever		H(b) Are all affiliates	s included? Yes No ch a list. (see instructions)
		: NWW.GIRLSCOUTSNI.ORG	H(c) Group exem	
				7 M State of legal domicile: IL
		Summary		- I IVI Casto of logar conficie. ——
` ``	1 B	nefly describe the organization's mission or most significant activities: BUILDING	GIRLS OF CO	OURAGE,
SCANNED MAR & Activities & Governance		CONFIDENCE AND CHARACTER, WHO MAKE THE WORLD		
ĭa ₹	2 0	heck this box I if the organization discontinued its operations or disposed of m	ore than 25% of its ne	et assets
8 8	3 N	umber of voting members of the governing body (Part VI, line 1a)		3 24
	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4 24
22 S	5 T	otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5 133
<b>3</b> = <b>5</b>	6 T	otal number of volunteers (estimate if necessary)		6 5450
<b>53</b>	7a T	otal unrelated business revenue from Part VIII, column (C), line 12		7a 0.
Ÿ <u>1</u>	b N	et unrelated business taxable income from Form 990-T, line 34-CEIVED		7b 0.
		}	Prior Year	Current Year
ø	<b>8</b> C	ontributions and grants (Part VIII, line 1h)	524,79	
Revenue	9 P	rogram service revenue (Part VIII, line 2g)  MAR 0 2 2012	230,88	
Š		vestment income (Part VIII, column (A), lines 3, 4 and Zd)	104,49	
	11 C	ther revenue (Part VIII, column (A), lines 3, 4 and (7d)	3,966,11	
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A): line 12)	4,826,28	
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1·3)	63,57	<del>-</del>
	14 B	enefits paid to or for members (Part IX, column (A), line 4)		0.
es	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,561,99	<u>.</u>
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0. 0.
ă	b T	otal fundraising expenses (Part IX, column (D), line 25)   365,904.		
ш	17 C	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,964,86	
	18 T	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,590,43	
	19 R	evenue less expenses Subtract line 18 from line 12	<764,15	
Assets or Ralances			Beginning of Current Ye	
Sset	20 T	otal assets (Part X, line 16)	11,417,55	
Net A	:	otal liabilities (Part X, line 26)	1,525,24	
		et assets or fund balances. Subtract line 21 from line 20  Signature Block	9,892,31	2. 9,905,164.
_				
		ies of perjury, I declare that I have examined this return, including accompanying schedules and state		of my knowledge and belief, it is
uue	T	and complete. Declaration of preparer (other than offices) is based on all information of which prepared	irer has any knowledge.	14-15
Sig	.	Signature of officer	Date	17-12
He	1	VICKI N. WRIGHT, CEO		
ne		Type or print name and title	<del></del> -	
_		Print/Type preparer's name Preparer's signature	Date , Check	PTIN
Pai		ANDREW TWARDOWSKI	2/14/12 if self-er	nployed
	- ⊢	Firm's name SIKICH LLP	Firm's EIN	<del></del>
	`. ⊢	Firm's address 1415 W. DIEHL RD. SUITE 400		
		NAPERVILLE, IL 60563-2349	Phone no.	630-566-8400
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No
	001 02-22-			Form <b>990</b> (2010)

	1990 (2010) GIRL SCOUTS OF NORTHERN ILLINOIS 36-2358083 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission  CTRL COMMITTEE AND CHARACTER MUC
	GIRL SCOUTING BUILDS GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER, WHO MAKE THE WORLD A BETTER PLACE.
	MARE THE WORLD A BETTER FLACE.
	<del></del>
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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 X No
	If "Yes," describe these changes on Schedule O.
1	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.
<del>l</del> a	(Code:) (Expenses \$ 3,951,546. including grants of \$ 31,711. ) (Revenue \$ 270,677.)
	TO DELIVER GIRL SCOUTS OF THE USA PROGRAMS TO GIRLS AGES 5-17 YEARS OLD
	IN 16 COUNTIES IN THE NORTHERN ILLINOIS AREA, WEST OF CHICAGO, SOUTH OF
	WISCONSIN AND EAST OF IOWA. GENERAL COUNCIL OPERATIONS TO TRAIN 6,000
	VOLUNTEERS, DIRECT COUNCIL, SERVICE UNIT AND TROOP PROGRAM ACTIVITY FOR
	1,650 TROOP-BASED UNITS.
<b>4</b> b	(Code) (Expenses \$207,808. including grants of \$) (Revenue \$4,499,346.) FINANCIAL LITERACY - WORKED WITH 16,500 GIRLS TO TEACH FIVE BUSINESS SKILLS IN PLANNING, GOAL-SETTING, PEOPLE SKILLS, DECISION MAKING, AND FINANCIAL MANAGEMENT.
łc	(Code )/Europea 6 92 363 moludos creato 46 )/Decesio 6 24 603 )
łÇ	(Code) (Expenses \$ 82,363. including grants of \$ )(Revenue \$ 24,693.)  CAMPING - OVER 6,000 GIRLS AND THEIR FAMILIES CAMPED AT FIVE SITES TO
	LEARN MORE ABOUT NATURE, WILDLIFE, AND ENVIRONMENT THROUGH GROUP
	ACTIVITIES THAT CHALLENGED THEM PHYSICALLY.
ld	Other program services (Describe in Schedule O)
	(Expenses \$ 42,617. including grants of \$ 42,617.) (Revenue \$ )
_	1 0701 PERSON SANUAR AVRANCE

 $\mathbf{I}^{1}$   $\mathbf{I}^{2}$ 

3,

٧,

 $\mathbf{t}_{i} = \mathbf{t}_{i}$ 

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
^	If "Yes," complete Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			.,
9	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			x
10	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	9_		^
.0	If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10	- 41	<u> </u>
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			<u> </u>
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	,		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X_	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	128	lack	<del></del>
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	ĺ		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<del>                                     </del>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		v	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	X	<del>                                     </del>
13	complete Schedule G, Part III	40		y
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that	200		<del>- ^`</del> -
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	i	
		, ~~~	000	

1,

Form 990 (2010) GIRL SCOUTS OF NORTHERN ILLINOIS

Part 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		<u>X</u>
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			37
<b>.</b>	Schedule J	23		<u>X</u>
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		Х
L	Schedule K. If "No", go to line 25	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
C	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24u		
2.00	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
•	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		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	_30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
	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	20		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32_		
33	sections 301 7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity?	3		
<b>5</b> 4	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
_	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	L_	Х
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		X
38	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	38	Х	<u> </u>
		Form	ggn /	2010)

	GIRL SCOUTS OF NORTHERN ILLINOIS 30-2336	<u>003</u>		age J								
Pai	Tt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V											
	, , , , , , , , , , , , , , , , , , , ,		V									
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No								
	'											
b	The state of the s											
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	ا ۔	х									
0-	(gambling) winnings to prize winners?	1c	<u> </u>									
<b>2</b> d	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 133											
b		2b	Х									
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_20	A	-								
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	20		х								
		3a_										
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		-								
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		X								
<b>L</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a										
D	If "Yes," enter the name of the foreign country.	[										
F-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			<b>.</b>								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b										
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c										
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			<b>.</b>								
	any contributions that were not tax deductible?	6a	-	X								
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	01-										
7	were not tax deductible?	6b										
7	Difference of the second of th											
	<ul> <li>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</li> <li>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required</li> </ul>											
C	to file Form 8282?	70		х								
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c										
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		Х								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X								
'	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		- 22								
h		79 7h		<del> </del>								
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	<u>'''</u> -		<del> </del>								
Ü	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.	٦										
а	Did the organization make any taxable distributions under section 4966?	9a										
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<del> </del>								
10	Section 501(c)(7) organizations. Enter											
a	Initiation fees and capital contributions included on Part VIII, line 12			1								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b											
11	Section 501(c)(12) organizations, Enter:	ĺ		1								
а	Gross income from members or shareholders	1										
	Gross income from other sources (Do not net amounts due or paid to other sources against	ĺ	1									
_	amounts due or received from them)	1	1									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1									
	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.	1		1								
	Is the organization licensed to issue qualified health plans in more than one state?	13a										
	Note. See the instructions for additional information the organization must report on Schedule O		ŀ									
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l		1								
	organization is licensed to issue qualified health plans											
С	Enter the amount of reserves on hand											
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b										

Form 990 (2010) GIRL SCOUTS OF NORTHERN ILLINOIS 36-2358083 Page 6 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 Section 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 24 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 Х 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a 10a Does the organization have local chapters, branches, or affiliates? Х b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a 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 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 13 X 14 Does the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL 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 X Upon request Another's website J Own website 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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization PHIL COSTELLO - (847)741-5521

12N124 COOMBS RD, ELGIN,

# Form 990 (2010) GIRL SCOUTS OF NORTHERN ILLINOIS 36-23 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 VII

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

- 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
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order; individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees, and former such persons

(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average			Posi	rtion			Reportable	Reportable	Estimated	
	hours per	(cl	(check all that				ly)	compensation	compensation	amount of	
	week	į						from	from related	other	
	(describe hours for	a e				8		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	ste o	ustee			eusa		(W-2/1099-MISC)	(44-27 1099-141130)	organization	
	organizations	attr	ala		loyee	S S		(** 2. 7000 111100)		and related	
	ın Schedule	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
	O)	Ē	=	ъ	素	£ 5	8				
MARK ACKERMAN											
BOARD MEMBER	0.50	Х				ļ	_	0.	0.	0.	
STEVE BALOGH	0.50										
BOARD MEMBER	0.50	X				-		_ 0.	0.	0.	
DONNA BAUSMAN	0.50	7.5							_		
BOARD MEMBER	0.50	X						0.	0.	0.	
ROSARIO DELEON	0.50	x						0.	0.	0.	
BOARD MEMBER	0.50	^			-	_		0.	0.	0.	
SHERYL HEAD	0.50	x						0.	0.	0.	
BOARD MEMBER MARG BLUM	0.30	1							•		
BOARD MEMBER	0.50	x	ļ					0.	0.	0.	
JOHN KOVANDA						İ					
BOARD MEMBER	0.50	x						0.	0.	0.	
JUNE KUBASIAK											
BOARD MEMBER	0.50	X						0.	0.	0.	
PAMELA OWENS											
BOARD MEMBER	0.50	X		<u> </u>	<u> </u>			0.	0.	0.	
BOBBIS RILEY BUBBIS PILEY	İ			1							
BOARD MEMBER	0.50	X	<u> </u>	<u> </u>	<u> </u>			0.	0.	0.	
MIKE PEDDLE		ŀ								_	
BOARD MEMBER	0.50	X	ļ	ļ	<u> </u>	_		0.	0.	0.	
KATE RAMSAY											
BOARD MEMBER	0.50	X	<del> </del>	<del> </del>	<u> </u>	-		0.	0.	0.	
JIM SAY	0.50										
BOARD MEMBER	0.50	Х	-	├	<u> </u>	+		0.	0.	0.	
JEAN MARIE SAIDLER	0.50	7.							0.	_	
BOARD MEMBER	0.50	A	├	<del> </del>	<del> </del>		$\vdash$	0.	0.	0.	
CATHY WILCOX	0.50	\ <sub>v</sub>						0.	0.	0,	
BOARD MEMBER	0.30	1	+	<del> </del>	├	$\vdash$	<del>                                     </del>	· ·		"	
RHONDA SUNDEN BOARD MEMBER	0.50	x						0.	0.	0.	
CATHY VEAL	0.50	1	<u> </u>	$\vdash$	$\vdash$	$\vdash$	H		<u> </u>		
BOARD MEMBER	0.50	$ \mathbf{x} $						0.	0.	0.	
032007 12-21-10	<u> </u>	<u>,</u>	,				-			Form <b>990</b> (2010)	

(A) Name and business address	(B) Description of services	(C) Compensation								
2 Total number of independent contractors (including but not limited to the \$100,000 in compensation from the organization ▶	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization.									

Form 990 (2010)

36-2358083

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

	All other organizations must com	plete column (A) but are	•	e columns (B), (C), and (D)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	74,238.	74,238.		
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				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	2,680,728.	2,064,161.	428,916.	187,651.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	115 616	222 622		22 422
9	Other employee benefits	445,646.	338,692.	73,532.	33,422.
10	Payroll taxes	267,271.	203,126.	44,100.	20,045.
11	Fees for services (non-employees)				
a	Management	2 256	1 012	1 120	112
b	Legal	2,256.	1,013.	1,130.	113.
C	Accounting	30,000.	13,470.	15,030.	1,500.
	Lobbying				<del></del>
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	01 064	36,398.	40 612	4 0E2
g	Other	81,064.	30,390.	40,613.	4,053.
12	Advertising and promotion	405,076.	340,114.	22 676	42,286.
13	Office expenses Information technology	16,790.	7,539.	22,676. 8,412.	839.
14 15	Royalties	10,730.	1,339.	0,412.	039.
16	Occupancy	251,626.	182,764.	60,412.	8,450.
17	Travel	158,503.	119,670.	18,703.	20,130.
18	Payments of travel or entertainment expenses	130,303.	117,070.	10,703.	20,130.
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24,532.	19,675.	2,870.	1,987.
20	Interest	9,298.	4,816.	4,119.	363.
21	Payments to affiliates	5,2500	2,0201	-,	
22	Depreciation, depletion, and amortization	427,321.	388,862.	23,503.	14,956.
23	Insurance	161,892.	132,266.	18,779.	10,847.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	DOMARIDO GOODG	163,342.	163,342.		
b	REPAIRS AND MAINTENANCE	146,621.	124,188.	15,688.	6,745.
С	BAD DEBTS	42,022.	-	42,022.	
d	EQUIPMENT	34,585.	26,458.	5,568.	2,559.
е	BANK SERVICE CHARGES	34,241.	27,393.	0.	6,848.
f	All other expenses	20,605.	16,149.	1,346.	3,110.
25	Total functional expenses. Add lines 1 through 24f	5,477,657.	4,284,334.	827,419.	365,904.
26	Joint costs. Check here ▶ ☐ If following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form 990 (2010) GIRL SCOUTS OF NORTHERN ILLINOIS Part X | Balance Sheet (A) (B) End of year Beginning of year 1,142,601. 532,706. 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 100,162. 97,978. 3 3 Pledges and grants receivable, net 177,428. 4 205,535. 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) 6 7 7 Notes and loans receivable, net 374,012. 391,971. 8 8 Inventones for sale or use 134,777. 221,487. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 16,0<u>63,868</u>. basis Complete Part VI of Schedule D 10a 9,533,177. 6,704,842. 6,530,691. 10c b Less. accumulated depreciation 10b 2,138,139. 2,031,017. Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 561,069. 536,918. 15 Other assets See Part IV, line 11 15 11,417,556. 10,463,777. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 461,052. 558,613. Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 1,064,192. 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Complete Part X of Schedule D 25 1,525,244. 558,613. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here 

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 8,813,642. 8,854,051. 27 Unrestricted net assets 323,154. 342,471. 28 Temporarily restricted net assets 28 736,199. 727,959. Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31

Form 990 (2010)

9,905,164.

10,463,777.

32

33

34

9,892,312.

417,556.

32

33

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	990 (2010) GIRL SCOUTS OF NORTHERN ILLINOIS	36-23	58083	Pag	ge <b>12</b>				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response to any question in this Part XI				$\mathbf{x}$				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,71	6,8	72.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,47						
3	Revenue less expenses Subtract line 2 from line 1	3			<u>15.</u>				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,89						
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<22	6,3	63.				
_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	9,90	5,1	64.				
Pa	rt XII Financial Statements and Reporting			-					
	Check if Schedule O contains a response to any question in this Part XII								
				Yes	No				
1	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	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a							
	separate basis, consolidated basis, or both				,				
	X Separate basis Consolidated basis Both consolidated and separate basis								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Audıt							
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b						

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

١.

# **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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

GIRL SCOUTS OF NORTHERN ILLINOIS

Employer identification number
36-2358083

Par	tΠ	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	) See inst	ructions						
he o	rgani			because it is: (For lines 1											
1 [		A church, cor	nvention of churche	s, or association of churc	ches descr	ıbed ın se	ction 170	(b)(1)(A)(i)	١.						
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)										
з [		A hospital or	a cooperative hospi	tal service organization o	described i	n section	170(b)(1)(	A)(iii).							
4 [		A medical res	search organization	operated in conjunction	with a hosi	oital descr	ıbed ın se	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital	's nam	e,		
		city, and state	e:							-					
5 [		• .		benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	describe	d ın				
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)											
6		A federal, sta	te, or local governm	ent or governmental unit	t described	l ın sectio	n 170(b)(1	)(A)(v).							
7 [	X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	aovernme	ntal unit o	r from the	general p	ublic desc	nbed ı	n		
		_	b)(1)(A)(vi). (Comple	·	• •										
8 [		•		section 170(b)(1)(A)(vi).	(Complete	Part II)									
9	$\exists$						rom contri	butions, m	nembershii	o fees, and	d aross red	ceipts	from		
		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 )														
ю [	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).														
11	T	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or													
• • •		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													
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h.														
		a Type I		<b>¬</b> ·			tionally int	egrated		dП	Type III - 0	Other			
e [				at the organization is not			-	_	r more disc				n		
•		-	•	han one or more publicly		•	•	•							
f			•	ten determination from t		•				(4)(7)		(-)(-)			
•		_	rganization, check th				po 1, 1, po	, 0 , p.							
			_	organization accepted ar	ny aift or ca	ntribution	from any	of the follo	nwing ner	sons?					
9		_		lirectly controls, either al			-					Yes	No		
				upported organization?	one or tog	J. 11101	porconic		() (	, 55.511,	11g(i)				
		•		n described in (i) above?	•						11g(ii)				
				person described in (i) o		2					11g(iii)				
h		·	·	about the supported or							(119,)	<u> </u>	<u> </u>		
"		1 TOVIDE LITE IN	onowing information	about the supported on	gariization	3)									
/.\ I	Mama	of supported	(ir) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	ı notify the	(vi) Is	the	(vii) An	oount o	.f		
(1)		inization	(11) [114	organization	in col. (i) lis				organization (i) organiz	on in col.		port	1		
	o, go	in Editori		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	U.S	.? "" ""	oup	port			
				(see instructions))	Yes	No	Yes	No	Yes	No					
			-								· <del>-</del>				
			-												
'otal															

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 GIRL SCOUTS OF NORTHERN ILLINOIS 36-2358083 Page 2

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

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

<u></u>	tails to quality under the tests		Se complete r art i	··· <i>,</i>	<u>.                                      </u>		<del></del>
	tion A. Public Support	<del> </del> -	1		·		
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1 400 445	100 776	000 746	504 506	600 500	4554044
	include any "unusual grants ")	183,446.	128,772.	238,740.	524,794.	698,589.	1774341.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	183,446.	128,772.	238,740.	524,794.	698,589.	1774341.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						163,406.
_6	Public support. Subtract line 5 from line 4						1610935.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	183,446.	128,772.	238,740.	524,794.	698,589.	1774341.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	79,929.	61,067.	48,350.	52,491.	46,217.	288,054.
9	Net income from unrelated business	7575					
•	activities, whether or not the						
	business is regularly carried on				2,056.	33,318.	35,374.
10	Other income Do not include gain				270001	33,3231	5575725
	or loss from the sale of capital						
	assets (Explain in Part IV)	34,216.	36,558.	57,668.	14,939.	29 452	172,833.
11	Total support. Add lines 7 through 10	34,210.	30,330.	37,000.	14,000	27,452.	2270602.
12	Gross receipts from related activities,	etc (see instruction	nne)	<b>!</b>	ı	12 24	,357,145.
	First five years. If the Form 990 is for	•	•	d fourth or fifth to	av voar ac a coatio		, , , , , , , , , , , , , , , , , , , ,
13	organization, check this box and stor	•	s mst, second, trim	a, loarer, or mark	ax year as a section	11 30 1(0)(3)	▶□
Sec	tion C. Computation of Publ		rcentage				
	Public support percentage for 2010 (I			column (fl)		14	70.95 %
	· · · · · · · · · · · · · · · · · · ·		•	Joidini (i))			<i></i>
15	Public support percentage from 2009		•	line 12 and line 1	IA 10 22 1/20/ ~~	15	
iba	33 1/3% support test - 2010. If the o	-			14 18 33 1/3% 01 11	iore, check this bo	x and ►X
	stop here. The organization qualifies		•		line 15 in 00 1/00/	or more thank	
b	33 1/3% support test - 2009.If the o	-			ime 15 IS 33 1/3%	or more, check th	is dox
	and stop here. The organization qual				10.10 10		
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac			•	•	rt IV how the organ	nization
	meets the "facts-and-circumstances"	-	•		-		. ▶∟
b	10% -facts-and-circumstances tes	•				-	
	more, and if the organization meets the	he "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	n in Part IV how the	• _
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anızatıon	▶Щ
18	Private foundation. If the organization	on did not check a	box on line 13, <u>16</u>	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s ►
					Sche	edule A (Form 990	or 990-EZ) 2010

# Schedule A (Form 990 or 990 EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete	only if	you	checke	d the	box on	line 9 of	Part	I or if the	he organizat	on failed	l to qualif	y under	Part II.	If the c	organizat	ion fails	to

	qualify under the tests listed b	elow, please comp	olete Part II)				
	ction A. Public Support		r <del></del>				
Cale	ndar 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						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that	•	1				
	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						- 3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3
5	The value of services or facilities						
•	furnished by a governmental unit to					1	
	the organization without charge						
e	Total. Add lines 1 through 5			-			
	Amounts included on lines 1, 2, and			<del> </del>			<del>-</del>
/ a	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	Ī					
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
	<del></del>				1	1 1 2010	(0 T . )
	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 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
h	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975	ı					
c	: Add lines 10a and 10b	,					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here						<b>▶</b> □
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2010 (I			column (f))		15	%
	Public support percentage from 2009	• • • • • • • • • • • • • • • • • • • •	•	.,,		16	%
	ction D. Computation of Inves					1 1	,,,
	Investment income percentage for 20					17	%
17	investment income percentage for 20	•	-	ne 15, column (I))			
	Invactment masma parameters for-	zuus ochedule A,	-an in, line 17			18	
18	Investment income percentage from		sakaba-likkiilii		. 4E	20 1/20/	17 io net
18	33 1/3% support tests - 2010. If the	organization did r					17 is not
18 19a		organization did r nd <b>stop here.</b> The	e organization qual	lifies as a publicly	supported organiz	ation	▶□
18 19a	33 1/3% support tests - 2010. If the more than 33 1/3%, check this box a	organization did r nd stop here. The organization did r	e organization qual not check a box or	lifies as a publicly n line 14 or line 19a	supported organiz a, and line 16 is m	ation ore than 33 1/3%,	and

### **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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

	GIRL SCOUTS OF NOR	THERN ILLINOIS	36-2358083
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	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 advised fu	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conf	rerring
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part I	V, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historic	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	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		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the orga	anization 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 pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	-	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	
_	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIV, describe how the organization reports conservat	•	
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes the c	organization's accounting for
Da	conservation easements. rt III   Organizations Maintaining Collections o	of Art. Historical Transuras, or Other	r Similar Assats
Га	Complete if the organization answered "Yes" to Form		1 Sillillai Assets.
			and belongs about wards of ort
ıa	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describe accompanies placed as permitted under SEAS 116 (A)		l balance about wards of out bustowed
b			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	service, provide the following amounts
	relating to these items		<b>•</b> •
	(i) Revenues included in Form 990, Part VIII, line 1		\$
0	(ii) Assets included in Form 990, Part X	pacurae, or other emiles accets for financial	<b>\$</b>
2	If the organization received or held works of art, historical tre	<del>-</del>	n, provide
_	the following amounts required to be reported under SFAS 1 Revenues included in Form 990, Part VIII, line 1	TO MOC 300) relating to these items.	<b>*</b>
a	Assets included in Form 990, Part X		<b>\$</b>
b	Assets included in Form 330, Part A		<b>&gt;</b> \$

		OUTS OF NO					<u> 36-23</u>		
Pai	rt III   Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, o	or Othe	er Simil	ar Asse	ts (contil	nued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following tha	it are a s	ignificant	use of its	collection	rtems
	(check all that apply).								
а	Public exhibition	d	Loan or excl	hange progra	ams				
b	Scholarly research	е	Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further th	ne organizati	on's exe	mpt purpe	ose in Par	t XIV	
5	During the year, did the organization solicit of		-	_					
	to be sold to raise funds rather than to be m							Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered	"Yes" to	Form 990	), Part IV.	ine 9, or	
	reported an amount on Form 990, Pa		·						
1a	Is the organization an agent, trustee, custod	ian or other intermed	lary for contribution	s or other as	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:				<u> </u>	00	
_		and complete the le	g table					Amount	
С	Beginning balance					1c		Amount	
	Additions during the year					1d			<del></del>
•	Distributions during the year								
•	Ending balance					1e 1f			
20	Did the organization include an amount on F	orm 800 Bort V line	212					Yes	□ No
	If "Yes," explain the arrangement in Part XIV.		211					」 tes	□ NO
Par			swored "Ves" to For	rm 000 Part	IV line 1	10			
	Elidovinione i dindo: Complete i				1			4-3 Faur	book
4	Decimans of wear belones	(a) Current year	(b) Prior year	(c) Two year		(d) Three y	/ears back	(e) rour	years back
1a	Beginning of year balance	1,546,098.	1,128,657.		5,102.				
D	Contributions	403.	334,352.		8,786.				
С.	Net investment earnings, gains, and losses	14,090.	117,901.	54	4,454.				
a	Grants or scholarships								
е	Other expenditures for facilities								1
_	and programs	4,108.	34,812.	19	9,685.				•
Ť	Administrative expenses								
g	End of year balance	1,556,483.	1,546,098.	1,128	8,657.			l	
2	Provide the estimated percentage of the year								
а	Board designated or quasi-endowment	77.00	_%						
b	Permanent endowment ► 23.00	%							
С		%							
3а	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administe	red for t	he organi	zation	_	1
	by								Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" to 3a(II), are the related organizations							3b	
4	Describe in Part XIV the intended uses of the								
Par	t VI Land, Buildings, and Equipm	nent. See Form 990	, Part X, line 10.						
	Description of investment	(a) Cost or of			٠,	ccumulate		(d) Book	value
		basis (investr	nent) basis (	(other)	de	preciation			
1a	Land			6,051.					5,051.
b	Buildings		6,60	6,765.	5,	301,0	93.	1,305	5,672.
С	Leasehold improvements								
d	Equipment		6,94	4,189.	4,	111,2	42.	2,832	2,947.
e	Other			6,863.		120,8			5,021.
Total	Add lines 1a through 1e. (Column (d) must e	qual Form 990 Part							691.

Schedule D (Form 990) 2010

	dule D (Form 990) 2010 GIRL SCOUTS OF NORTHERN ILLINOIS		<u> 36-2</u>	<u>2358083                                  </u>	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited F	inancial State	<u>ment</u>	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		5,716	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		5,477	<u>657.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		239	<u>215.</u>
4	Net unrealized gains (losses) on investments	4		<226	,363.>
5	Donated services and use of facilities	5			
6	Investment expenses	6			
7	Prior period adjustments	7			
8	Other (Describe in Part XIV)	8			
9	Total adjustments (net). Add lines 4 through 8	9		<226	,363.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10			852.
	t XII Reconciliation of Revenue per Audited Financial Statements With F	Revenue per F	leturn	)	
1	Total revenue, gains, and other support per audited financial statements		1	5,536	,197.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
a		<226,363.	. -		
b	Donated services and use of facilities 2b	35,000.			
	Recovenes of prior year grants 2c	337000	1		
	· · · ·	10,688.	┥ ╽		
d		10,000	2e	-180	,675 <u>.</u> >
_	Add lines 2a through 2d			5,716	
3	Subtract line 2e from line 1		3	5,710	,014.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b		-		
b	Other (Describe in Part XIV)	···	-		^
С	Add lines 4a and 4b		4c	F 71.6	0.70
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	F	5	5,716	<u>,8/2.</u>
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With	Expenses per	Retu		245
1	Total expenses and losses per audited financial statements		1	5,523	,345.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities 2a	35,000.	4		
b	Prior year adjustments . 2b		- 1		
C	Other losses 2c		4		
d	Other (Describe in Part XIV.)	10,688	-		
е	Add lines 2a through 2d		2e		<u>,688.</u>
3	Subtract line 2e from line 1		3	<u>5,477</u>	<u>,657.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b		╛		
b	Other (Describe in Part XIV)		_		
	Add lines 4a and 4b		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	5,477	,657.
	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	d 4. Part IV. lines	1b and	2b; Part V, line	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				,
	RT V, LINE 4: ENDOWMENT FUNDS ARE BOARD DESIGNATE				
	11 V DILLO II DILLO III DOLLO DE DE DE CALLET				
RES	STRICTED. PERMANENTLY RESTRICTED ASSETS ARE INTEN	DED TO BI	IN E	VESTED_	HTIW
		•			
<u>THI</u>	E INCOME FROM THESE INVESTMENTS BEING APPROPRIATE	D TO COU	1CIL		
OPI	ERATIONS. THE BOARD WILL REVIEW ASSETS FROM BOARD	DESIGNA'	red	ENDOWME:	NT
חזם	THE AND ADDRODDIAGE GUEW HOOM GUE EINANCE COMMING	יססיכ ססכי	`MME	NTO X TO T ON T	
r Ul	NDS AND APPROPRIATE THEM UPON THE FINANCE COMMITT	.DEA C de.	<u> </u>	MUNITON	•
PAI	RT X, LINE 2: THE COUNCIL RECEIVED FAVORABLE DETE	ERMINATIO	N FR	OM THE	
TNT	PERNAL REVENUE SERVICE TO BE EXEMPT UNDER INTERNA	I. REVENTI	R CO	חה פבכייי	TON

Schedule D (Form 990) 2010

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 10,688.

### SCHEDULE G

(Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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.

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Inspection ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number 36-2358083 GIRL SCOUTS OF NORTHERN ILLINOIS Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations еL Solicitation of non-government grants а Internet and email solicitations C Phone solicitations Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have custody or control of contributions' (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2010

Schedule G (Form 990 or 990-EZ) 2010 GIRL SCOUTS OF NORTHERN ILLINOIS 36-2358083 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000 (a) Event #1 (c) Other events (b) Event #2 (d) Total events HOLIDAY THIN MINT (add col (a) through HARVEST SPRINT col (c)) (total number) (event type) (event type) Revenue 17,616. 26,390. 12,642. 56,648. Gross receipts 0. 12,642. 12,642. Less Charitable contributions 17,616. 26,390. 44,006. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses 3,275. Rent/facility costs 3,275. Food and beverages Entertainment 1,340. 6,073. 7,413. Other direct expenses 10,688) 10 Direct expense summary. Add lines 4 through 9 in column (d) 33,318, 11 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Volunteer labor 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 9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes

Schedule G (Form 990 or 990-EZ) 2010

b If "Yes," explain

Schedule G (Form 990 or 990-EZ) 2010 GIRL SCOUTS OF NORTHERN ILLINOIS 36-23	58083 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
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 No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a 9
<b>b</b> An outside facility	13b 9
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
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 ▶	
Name P	
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?	Yes No
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 ▶ \$	
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) a	nd (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)

**2 Employer identification number** 36-2358083 OMB No 1545-0047 Open to Public Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization 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 importance in a sistance of organization (box).

(c) IRC section in a section or government of a sistance or government or g 1 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 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. GIRL SCOUTS OF NORTHERN ILLINOIS General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part I Part II

١.

٩,

Schedule I (Form 990) (2010)

å,

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

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

Enter total number of other organizations

(f) Description of non-cash assistance PROGRAM SUPPLIES (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed H Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. INFORMATION REGARDING WHAT THE ASSISTANCE WILL BE USED FOR AND THE AMOUNT APPROVED A CHECK REQUISITION IS PROCESSED TO MAKE PAYMENT TO THE TROOP OR MEMBERSHIP MANAGERS REVIEW AND APPROVE OR DENY THE REQUEST SCHEDULE I, PART I, LINE 2: A MEMBER REQUESTS FINANCIAL ASSISTANCE BY THE FORM ASKS FOR FM (d) Amount of non-cash assistance 36,911, 37,327 (c) Amount of cash grant AN INTERFUND TRANSFER IS MADE WITHIN THE COUNCIL A FINANCIAL ASSISTANCE REQUEST FORM. 1250 (b) Number of recipients (a) Type of grant or assistance FINANCIAL ASSISTANCE SUBMITTING REQUESTED.

١.

Page 2

36-2358083

GIRL SCOUTS OF NORTHERN ILLINOIS

Schedule I (Form 990) (2010)

Part III

١,

Schedule I (Form 990) (2010)

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Name of the organization GIRL SCOUTS OF NORTHERN ILLINOIS **Employer identification number** 36-2358083

Schedule M (Form 990) (2010)

Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributed	(c) Noncash contril amounts report Form 990, Part VII	ed on	(d) Method of de noncash contribu		-	 s
1	Art - Works of art		items contributed	101111 330, 1 art vii	i, iiiie ig				
2	Art - Historical treasures		<del></del>					•	
3	Art - Fractional interests			-					
4	Books and publications	<del></del>					······		
5	Clothing and household goods	·							
6	Cars and other vehicles	<del></del>							
7	Boats and planes		<del>                                     </del>	<del></del>		<del></del>			
8	Intellectual property		<del> </del>			······			
9	Securities - Publicly traded		<del>                                     </del>		<del></del>				
10	Securities - Closely held stock	<del></del>							
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures		ļ						
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate · Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► ( DONATED GOODS )	X	26	163,	<u>356.</u>	FMV			
26	Other • ()								
27	Other • ()					]			
28	Other (								
29	Number of Forms 8283 received by the organiz			I					
	for which the organization completed Form 828	83, Part IV,	Donee Acknowled	gement [	29			<del></del>	
								Yes	No
30a	During the year, did the organization receive by	-							
	at least three years from the date of the initial of	contribution	, and which is not	required to be used	d for exer	npt purposes for			
	the entire holding period?						30a		X
	If "Yes," describe the arrangement in Part II.					_			1
31	Does the organization have a gift acceptance p	-	•	-			31	<u> </u>	├—
32a	Does the organization hire or use third parties	or related o	rganizations to soli	cit, process, or sell	noncash	1			
	contributions?						32a		X
	If "Yes," describe in Part II								1
33	If the organization did not report an amount in	column (c) 1	for a type of prope	rty for which colum	n (a) is ch	necked,			l
	describe in Part II								<u> </u>

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

### SCHEDULE O

(Form 990 or 990-EZ)

### 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

Department of the Treasury ► Attach to Form 990 or 990-EZ. Internal Revenue Service Name of the organization Employer identification number GIRL SCOUTS OF NORTHERN ILLINOIS 36-2358083 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OUTREACH - SERVED 1,250 GIRLS WITH CURRICULUM-BASED PROGRAMS IN SCHOOLS AND OTHER COMMUNITY SETTINGS FOR GIRLS AND THEIR FAMILIES THAT CAN'T AFFORD TRADITIONAL, TROOP-BASED GIRL SCOUTING LEADERSHIP EXPERIENCE OPPORTUNITIES. EXPENSES \$ 42,617. INCLUDING GRANTS OF \$ 42,617. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 6: INDIVIDUALS 14 YEARS OF AGE AND OVER WHO ARE MEMBERS OF THE GIRL SCOUT MOVEMENT AND WHO ARE CURRENTLY REGISTERED THROUGH THE GSNI COUNCIL, INCLUDING STAFF OF THE COUNCIL, ARE MEMBERS OF THE COUNCIL. FORM 990, PART VI, SECTION A, LINE 7A: AT THE ANNUAL MEETING, WHERE A QUORUM HAS BEEN MET, THE BOARD DEVELOPMENT COMMITTEE PRODUCES A SLATE OF NOMINEES WITH ADVANCE NOTICE AND NOMINATIONS FOR ANY OF THE ELECTED POSITIONS MAY BE MADE FROM THE FLOOR WITH CONDITIONS LISTED IN THE BYLAWS. FORM 990, PART VI, SECTION A, LINE 7B: BUSINESS CONDUCTED AT THE ANNUAL MEETING INCLUDES ALL ELECTIONS, PROPOSED AMENDMENTS TO THE BYLAWS, KEY ISSUES, AND OTHER BUSINESS DEEMED APPROPRIATE BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 8B: COMMITTEES ARE REQUIRED TO MAKE

FORM 990, PART VI, SECTION B, LINE 11: THE CFO REVIEWS THE 990 WITH THE

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

Schedule O (Form 990 or 990-EZ) (2010)

RECOMMENDATIONS TO THE BOARD FOR A VOTE AND AFFIRMATION.

CEO AND THEN FORWARDS TO THE BOARD'S FINANCE COMMITTEE. THE BOARD OF

DIRECTOR'S WILL BE GIVEN A COPY OF THE DRAFT FILING 10 DAYS BEFORE THE

SCHEDULED BOARD MEETING AT WHICH IT WILL BE REVIEWED BY THE BOARD. AT THIS

BOARD MEETING, AN OVERVIEW OF THE FORM WILL BE GIVEN BY A MEMBER OF THE

FINANCE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C: TO REGULARLY AND CONSISTENTLY

MONITOR AND ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY, A

WRITTEN AFFIRMATION IS REQUIRED TO BE SUBMITTED ANNUALLY BY ALL KEY

EMPLOYEES, OFFICERS, AND DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15: WHEN THE CEO IS HIRED, FORMAL BOARD APPROVAL OF COMPENSATION IS REQUIRED. THEREAFTER, THE CEO IS EVALUATED ANNUALLY AGAINST ORGANIZATIONAL GOALS BY THE CEO EVALUATION COMMITTEE IN ORDER TO DETERMINE COMPENSATION. GSUSA PROVIDES SUGGESTIONS TO COUNCILS REGARDING COMPENSATION FOR THE CEO SUCH AS SALARY RANGES AND SAMPLE DOCUMENTS THAT THE BOARD CONSIDERS WHEN DECIDING THE COMPENSATION OF THE CEO. GSUSA ALSO PROVIDES COMPARATIVE INFORMATION IN RELATION TO SIMILAR SIZED ORGANIZATIONS AND REGIONAL COUNCILS AS WELL AS LOCAL MARKET INFORMATION TO CONSIDER WHEN DETERMINING THE CEO'S COMPENSATION.

IN CONSULTATION WITH THE HR DIRECTOR AND THE EMPLOYEE'S SUPERVISOR, AND

CONSIDERING OTHER COMPARABLE STAFF POSITIONS, THE CEO APPROVES ALL EMPLOYEE

COMPENSATION. SALARY RANGES ARE DETERMINED FOR ALL POSITIONS AND ARE

CONSIDERED WHEN DETERMINING EMPLOYEE COMPENSATION. THE CEO EVALUATES

EMPLOYEES OF THE ORGANIZATION ANNUALLY AGAINST THE RELATED GOALS OF EACH

POSITION AND APPROVES THE SALARY AFTER REVIEW.

Schedule O (Form 990 or 990·EZ) (2010)	Page 2
Name of the organization  GIRL SCOUTS OF NORTHERN ILLINOIS	Employer identification number 36-2358083
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION G	OVERNING
DOCUMENTS ARE ALL AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS:	-226,363.

Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

SCOUTS OF NORTHERN ILLINOIS

GIRL

Part

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number

36-2358083

١.

<u>e</u>

ਉ

٠.

Schedule R (Form 990) 2010 (g) Section 512(b)(13) Š × controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) Direct controlling End-of-year assets status (if section Public charity 501(c)(3)) LINE 11(A) Total income Exempt Code section 501(C)(3) ਉ Legal domicile (state or Legal domicile (state or foreign country) foreign country) SUPPORTING BOY SCOUTS AND Primary activity Primary activity 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. GIRL SCOUTS Name, address, and EIN Name, address, and EIN of related organization of disregarded entity UNITED FOR YOUTH - 26-1213675 61110 ROCKFORD, IL PO BOX 4597 Part II

١.

١.

032181 12-21-10 LHA

36-2358083 Page 2

Schedule R (Form 990) 2010 GIRL SCOUTS OF NORTHERN ILLINOIS

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

General or Percentage managing ownership Percentage ownership Schedule R (Form 990) 2010 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Ξ Code V-UBI General or P managing c 20 of Schedule K-1 (Form 1065) Yes No Share of end-of-year assets <u>6</u> Share of total Income  $\boldsymbol{arepsilon}$ ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets <u>6</u> Direct controlling entity Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) <u>ပ</u> (e) 35 Primary activity Direct controlling entity <u>e</u> ਉ (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 032162 12-21-10 Part IV

Yes

ပ္ ₽

**1**a ₽

# GIRL SCOUTS OF NORTHERN ILLINOIS Schedule R (Form 990) 2010

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

any entity is listed in Parts II, III, or IV of this schedule	did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
listed	tax year, did the organization en
Note. Complete	1 During the

Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Gift, grant, or capital contribution to other organization(s)

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)

Sale of assets to other organization(s)

Purchase of assets from other organization(s)

Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

×

þ ŧ

¥

×

×

=

¥ Ξ

重

두

×

무

÷

×

우 우

J Lease of facilities, equipment, or other assets from other organization(s)

Performance of services or membership or fundraising solicitations for other organization(s)

Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

Sharing of paid employees

Reimbursement paid to other organization for expenses

Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

Other transfer of cash or property from other organization(s)

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(6)			
(4)			
(5)			
(9)			
032163 12-21-10	36		Schedule R (Form 990) 2010

1

.,

١,

Page 4

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

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

(a)	(q)	(0)	(P)	(e)	€	(6)	E
Name, address, and EIN of entity	Primary activity	micile oreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
			Yes No		Yes No	or schedule K·1 (Form 1065)	Yes No
			•				
							-
							_
			-		-		
					-		
		:					

Schedule R (Form 990) 2010

A 1 6 4

Schedule R	(Form 990) 2010	GIRL	SCOUTS	OF	NORTHERN	ILLINOIS	36-2358083 Page 5
Part VII	(Form 990) 2010  Supplemental Inf	ormation					
•	Complete this part to p	rovide additio	onal information	on for r	esponses to ques	tions on Schedule B	(see instructions).
			, , , , , , , , , , , , , , , , , , ,		ooponiogo to quoc	Anomo or correduct	(200 men denemo).
					**		
		-				<del></del>	
	· · · · · · · · · · · · · · · · · · ·						
		·					
						<del></del>	
						•	
							<del></del>
_							
		<del></del>					

A 1 1 1

### Form **8868**

(Rev January 2011)

No 12 to an

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

● If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	irt I and check this box		<b>&gt;</b>	
	are filing for an Additional (Not Automatic) 3-Month Ex			form)		
	complete Part II unless you have already been granted a				m 8868	
Electro	nic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of time t	o file (6	months for a corpo	oration
require	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 88	368 to request an ex	tension
	to file any of the forms listed in Part I or Part II with the ex		-			
	al Benefit Contracts, which must be sent to the IRS in pap					
	w irs gov/efile and click on e-file for Chanties & Nonprofits.		,			•
Part	Automatic 3-Month Extension of Time	<b>∋.</b> Only su	bmit original (no copies needed).			
A corpo	pration required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and com	plete		
Part I o	nly		-		<b>&gt;</b>	
	r corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to request an	exten	sion of time	
	come tax returns.	_				
Type or	Name of exempt organization			Emp	loyer identification	number
print	CIDI COME OF NORWEDN III	,	36-2358083			
File by the	GIRL SCOUTS OF NORTHERN ILI			3	6-2358083	
due date 1 filing your		ee instruc	tions.			
return Se		oreign add	ress see instructions			
	ELGIN, IL 60124	g a.a.a	, 555, 555			
Enter th	ne Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applica	ation	Return	Application			Return
ls For		Code	Is For	Cc		
Form 9	90	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 99	90-EŽ	01	Form 4720			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870			12
	PHIL COSTELLO					
	books are in the care of $\triangleright$ 12N124 COOMBS 1	RD - 1	ELGIN, IL 60124			
Tele	phone No ► <u>(847)741-5521</u>		FAX No.		<del></del>	
	e organization does not have an office or place of busines		•		<b>&gt;</b>	
	s is for a Group Return, enter the organization's four digit	- ·	· · · · · · · · · · · · · · · · · · ·		r the whole group, c	
box 🕨					ers the extension is	for.
1 1	request an automatic 3-month (6 months for a corporation	•	•			
-		t organiza	tion return for the organization named a	bove	The extension	
IS	for the organization's return for					
	calendar year or		· · GBD 20 2011			
	X tax year beginning OCT 1, 2010	, an	d ending <u>SEP 30, 2011</u>			
2 If	the tax year entered in line 1 is for less than 12 months, o	hack ross	on Initial return Fina	al retur	n	
- "	Change in accounting period	HECK ICAS	OII IIIIIai i etuini Fiila	ıretur	11	
,	Onlings in accounting period					
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	nter the tentative tax. less any	Γ		
	onrefundable credits See instructions	<b>, -</b>	,	3a	\$	0.
_	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
	stimated tax payments made Include any prior year overp			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa					-
b	y using EFTPS (Electronic Federal Tax Payment System)	See ınstru	ctions	3с	.\$	0.
Cautio	n. If you are going to make an electronic fund withdrawal v	with this Fo	orm 8868, see Form 8453-EO and Form	8879-	EO for payment inst	ructions
LHA	For Paperwork Reduction Act Notice, see Instructions	<b>S.</b>			Form <b>8868</b> (Re	ev 1-2011)