

# 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



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 Open to Public

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service A For the 2012 calendar year, or tax year beginning 2012 and ending SEP 30, OCT C Name of organization D Employer identification number Check if applicable GIRL SCOUTS OF THE GREEN AND WHITE Address ichange MOUNTAINS Name change 02-0243160 Doing Business As ]Initial return Room/surte Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Termin-PO BOX 10832 603-627-4158 10,132,349. City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-BEDFORD, NH 03110-0832 H(a) Is this a group return pending F Name and address of principal officer: PATRICIA MELLOR for affiliates? Yes X No SAME AS C ABOVE H(b) Are all affiliates included? Yes No Tax-exempt status X 501(c)(3) 527 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ WWW.GIRLSCOUTSGWM.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > Year of formation: 1958 M State of legal domicile: NH Trust Part I | Summary Briefly describe the organization's mission or most significant activities: GIRL SCOUTS OF THE GREEN AND Activities & Governance WHITE MOUNTAINS IS RECOGNIZED THROUGHOUT NEW HAMPSHIRE AND VERMONT if the organization discontinued its operations or disposed of more than 25% of its net assets. 18 Number of voting members of the governing body (Part VI, line 1a) 18 Number of independent voting members of the governing body (Part VI, line 1b) 4 283 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) ... ... 2535 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 436,862 603,355. 8 Contributions and grants (Part VIII, line 1h) Revenue 001,630 844,194. 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 190,304 511,435. 3,437,180 3,567,804. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,065,976. 5,526,788. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 111,854 108,311. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 0. 2,830,608. 2,818,114. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 33,264. 16a Professional fundraising fees (Part IX, column (A), line 11e) .... b Total fundraising expenses (Part IX, column (D), line 25) 1,961,260 1,851,385. Other expenses (Part IX, column (A) lines 11a 110, 111 24e | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25 4,903,722 4,811,074. Revenue less expenses. Subtract line 48 from line 12 <u>715,714</u>. 162,254 19 က် **Beginning of Current Year** End of Year 8,911,267 Total assets (Part X, line 16) 9,667,433. 20 Total liabilities (Part X, line 26) .941.235 1,815,110. 21 Net assets or fund balances. Subtract-line 6,970,032 7.852.323. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration, of preparer (other than officer) is based on all information of which preparer has any knowledge. martha Signature of officer Sign MARTHA MANLEY, SECRETARY Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature FEB 1 2 2014 P00356595 Paid Leoni Firm's name 🕒 NATHAN WECHSLER & COMPANY Firm's EIN 02-0327524 Preparer P.A. Firm's address 🛌 Use Only 70 COMMERCIAL STREET, SUITE Phone no. 603-224-5357 CONCORD, NH 03301 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2012)

No

Other program services (Describe in	Schedule O.)
	Other program services (Describe in

Total program service expenses

including grants of \$ 3,921,355.

Form 990 (2012)

MOUNTAINS

Form 990 (2012)\*

02-0243160 Page 3

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 ...... Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 2 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 X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Schedule D, Part III Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments. or quasi-endowments? If "Yes," complete Schedule D, Part V ....... X 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. X 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 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 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 Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 located outside the United States? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I ....... X <u>1</u>7 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G. Part III X 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2012) MOUNTAINS

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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,	<b>i</b> .		
	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		<u> </u>
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
b	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	اللاع		-22
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	ae		X
07	, , , , , , , , , , , , , , , , , , , ,	_26_		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		i 1	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? 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):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	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_		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, 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	35b		
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	30		
31		27		X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		🚚	
	Note. All Form 990 filers are required to complete Schedule O	38	_X_	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	·	<u></u>		
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	٠, ١		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	ı İ	j 1		
	(gambling) winnings to prize winners?		1c	X	
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	283		_	_
b	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)		-		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	l	За		Х
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: ▶				
	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
b			5b		Х
С		[	5c		
6a		olicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				_
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	ne payor?	7a		X
b	To any distribution of the control o		7b		
C					
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		,		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requi	ıred?	7g		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1	098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		_ [		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the	year?	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	[	9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12			l	
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders		1	i	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			- 1	
	amounts due or received from them.)		l	- 1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	Į	12a		
b	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.				
а	Is the organization licensed to issue qualified health plans in more than one state?	[	13a	]	
	Note. See the instructions for additional information the organization must report on Schedule O.	Γ			
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	[	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<u> </u>	14b	1	
			Form	990 (	2012)

990 (2012) MOUNTAINS

02-0243160

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	<u></u>		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			-
	If there are material differences in voting rights among members of the governing body, or if the governing		•	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	٠ ا		
b	Enter the number of voting members included in fine 1a, above, who are independent	j		
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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did 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).			
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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	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 (Section 501(c)(3)s only) a	ıvailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion: 🕨	·	
	PATRICIA MELLOR, CHIEF EXECUTIVE OFFICER - 603-627-4158			
	ONE COMMERCE DRIVE, BEDFORD, NH 03110			

MOUNTAINS

02-0243160

Page 7

Form 990 (2012)

# 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

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.
  - 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.

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

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

(A)	(B)	Jige		((	C)		1134	(D)	(E)	(F)
Name and Title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per week		, unle cer an					compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	89			afed		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	l trus		<b>8</b>	mpen		(W-2/1099-MISC)		organization and related
	below	iduali	Institutional trustee	<b>5</b>	Key employee	est co oyee				organizations
	line)	ş	Instit	Officer	Key	Highest compensated employee	Former			
(1) SUSAN DONNELLY	12.60									_
PRESIDENT		X		X		<u> </u>	<u> </u>	0.	0.	0.
(2) PATRICIA CASEY	2.90									
1ST VICE PRESIDENT		X		X		ļ	ļ	0.	0.	0.
(3) DENISE VAILLANCOURT	1.90									•
2ND VICE PRESIDENT		X		Х		<b>-</b>	ļ	0.	0.	0.
(4) SHANNON CHANDLEY	2.20	ļ								
3RD VICE PRESIDENT	0.10	X		X	ļ			0.	0.	0.
(5) BARBARA BARRETT	2.10					ļ				
TREASURER	2 60	X		X		<b> </b>		0.	0.	0.
(6) MARTHA MANLEY	3.60				•		i			
SECRETARY		X		X				0.	0.	0.
(7) PETER BERGIN	0.80									•
DIRECTOR	0 50	X						0.	0.	0.
(8) EMILY BOYD	0.50	·						0	_	_
DIRECTOR	1 20	X					-	0.	0.	0.
(9) KIMBERLY CASEY	1.20	v						0.		_
DIRECTOR	0.50	X			├	┢	┢	0.	0.	0.
(10) ROSLYN CHAVDA	0.50	x			İ			0.	0.	0
DIRECTOR	6.10	^				┢	<del> </del> -			0.
(11) SARAH CHAFFEE	0.10	X						0.	0.	0.
DIRECTOR	0.60	^	_		┢	<del>                                     </del>	-	- 0.		<u> </u>
(12) CHRISTINA DONOVAN DIRECTOR	0.00	x						0.	0.	0.
(13) ANNE EDWARDS	1.70				<u> </u>		ऻ			
DIRECTOR		X						0.	0.	0.
(14) NANCY FORMELLA	1.70									
DIRECTOR		X						0.	0.	0.
(15) ALYSON GENOVESE	1.10									
DIRECTOR		X				l	<u> </u>	0.	0.	0.
(16) DAWN HARE	0.00									
DIRECTOR		X	<u> </u>	L	<u> </u>		L	0.	0.	0.
(17) JUDITH HENKIN	0.00									
DIRECTOR		X						0.	0.	0.
										Earm <b>990</b> (2012)

232007 12-10-12

Page 8

Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)		
(A) Name and title	(B) Average hours per week	(do		Pos heck ss pe	C) sition more rson	1 than is bot	one th an	(D) Reportable	(E) Reportable compensation from related	- 1	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	o	mpensation from the rganization and related ganizations
(18) PATRICIA MCMAHON DIRECTOR	0.00	x						0.	0	•	0.
(19) KAREN NADEAU DIRECTOR	0.80	x						0.	0		0.
(20) JUDITH SILVERBERG DIRECTOR	0.80	х						0.	0		0.
(21) DON SOMMESE DIRECTOR	1.50	х						0.	0		0.
(22) WILLIAM WILKES DIRECTOR	0.50	х						0.	0		0.
(23) LEE WILLIAMS DIRECTOR	0.90	x						0.	0		0.
(24) PATRICIA MELLOR CHIEF EXECUTIVE OFFICER	45.00			х			_	119,103.	0		6,200.
						:					
c Total from continuation sheets to Part V	<u></u>		 			► ► •) w	no r	119,103. 0. 119,103. eceived more than \$100			6,200. 6,200.
compensation from the organization					_						Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								highest compensated e	mployee on	3	x
4 For any individual listed on line 1a, is the si and related organizations greater than \$15	•	le co	omp	ensa	atior	and	d ot	her compensation from	the organization	4	х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	ion f	rom	any	/ uni			idual for services	5	
Section B. Independent Contractors  1 Complete this table for your five highest co							ors t	that received more than	\$100.000 of comper	sation	n from
the organization. Report compensation for (A)											(C)
Name and business	address	N	INC	3				Description of s	services		ensation
						-					
2 Total number of independent contractors (	including but r	ot lu	mite	d to	tho	se li	stec	d above) who received in	nore than		
\$100,000 of compensation from the organ	=					0		,			~ <b>990</b> (2012)

Form 990 (2012) Star

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII (C) Unrelated (B) (D)
Revenue excluded from tax under sections 512, 513, or 514 (A) Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ...... 1a 8.088 b Membership dues . ..... 1b c Fundraising events . . . . . . . . . . . . 31,795 10 d Related organizations ....... e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ..... 563,472 g Noncash contributions included in lines 1a-1f \$\_ h Total. Add lines 1a-1f 603,355 **Business Code** Program Service Revenue 2 a CAMPING & PROGRAM FEES 900099 844,194 844,194 f All other program service revenue ... g Total, Add lines 2a-2f 844,194 Investment income (including dividends, interest, and other similar amounts) 116,774 Income from investment of tax-exempt bond proceeds Royalties ..... .... ..... 5 (i) Real (ii) Personal , s 7, 6 a Gross rents 14,400 b Less: rental expenses c Rental income or (loss) 14,400. d Net rental income or (loss) 14,400 14,400. 7 a Gross amount from sales of Securities (ii) Other assets other than inventory 1,619,640. 429,500 b Less: cost or other basis and sales expenses 1,565,050 89,429 c Gain or (loss) 54,590. 340,071 394,661 394,661. 8 a Gross income from fundraising events (not Other Revenue including \$ 31,795, of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . . . a 7,725 5.874 c Net income or (loss) from fundraising events 1,851 1,851. 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 and allowances . . . . . . . . . a 6,452,301, b Less: cost of goods sold ..... b 2.945.208 c Net income or (loss) from sales of inventory 3,507,093 3,507,093 Miscellaneous Revenue **Business Code** 11 a LAPSED TROOP FUNDS 900099 34,783 34,783. 900099 b MISCELLANEOUS 9 677 9,677. С d All other revenue e Total. Add lines 11a-11d 44,460. Total revenue. See instructions. 5,526,788 4 351 287 572 146.

Form 990 (2012) MOUNTAINS
Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			omplete column (A).	
	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 United States. See Part IV, line 21				• .
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	108,311.	108,311.		
3	Grants and other assistance to governments,				*
	organizations, and individuals outside the				, -
	United States. See Part IV, lines 15 and 16				1 24 - 74 - 7
4	Benefits paid to or for members				<del></del>
5	Compensation of current officers, directors,	100 000	20.050	F1 200	44 070
_	trustees, and key employees	128,200.	32,050.	51,280.	44,870.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)  Other salaries and wages	2,093,374.	1,753,873.	238,427.	101,074.
8	Pension plan accruals and contributions (include	2,000,0120	<u> </u>	200/42/1	10110111
-	section 401(k) and 403(b) employer contributions)	280,025.	207,218.	44,804.	28,003.
9	Other employee benefits	147,045.	103,239.	30,429.	13,377.
10	Payroll taxes	169,470.	133,703.	27,075.	8,692.
11	Fees for services (non-employees):				
а	Management				<u> </u>
b	Legal	1,913.	1,276.	146.	491.
С	Accounting	23,414.	1,704.	18,425.	3,285.
d	Lobbying				
	Professional fundraising services. See Part IV, line 17	33,264.		20 602	33,264.
f	Investment management fees	20,693.		20,693.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	37,329.	27,961.	5,632.	3,736.
12	Advertising and promotion		05.406	0.560	0.006
13	Office expenses	32,685.	27,186.	2,563.	2,936.
14	Information technology				
15	Royalties	257,230.	231,201.	25,235.	794.
16 17	Occupancy	231,230.	231,201.	23,233.	134.
18	Travel				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	34,340.	25,584.	4,850.	3,906.
20	Interest	67,925.	58,307.	9,618.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	297,688.	248,540.	22,714.	26,434.
23	Insurance	114,940.	79,986.	14,872.	20,082.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	250 250	242 006	2 040	A E10
a	SUPPLIES TRANSPORTATION	350,256.	342,806.	2,940.	4,510.
Ь	TRANSPORTATION EQUIP. RENTAL & MAINT.	205,552. 92,954.	196,203. 67,523.	5,710. 14,526.	3,639. 10,905.
C	FEES PAID TO INSTITUTIO	90,442.	90,442.	14,520.	10,303.
	All other expenses	224,024.	184,242.	21,352.	18,430.
25	Total functional expenses. Add lines 1 through 24e	4,811,074.	3,921,355.	561,291.	328,428.
26	Joint costs. Complete this line only if the organization	2,011,0,11			220,2201
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
			· · · · ·		Fa 000 (0010)

MOUNTAINS

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) End of year Beginning of year 2,669. 2,245. Cash - non-interest-bearing 1,653,231. 1,319,410. 2 Savings and temporary cash investments 18,756. 60,045. Pledges and grants receivable, net 3 3 21,122. 31,885. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other 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 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L . . . Assets Notes and loans receivable, net \_\_\_\_\_\_\_ 291,137. 249,970. 8 50,007. 95,751. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 8,903,494. 3,678,034. 5,225,460. 3,824,652. 10c 10b **b** Less. accumulated depreciation . .. 2,346,017. 2,675,371. 11 11 Investments - other securities. See Part IV, line 11 . . . . . . . . 12 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 Other assets. See Part IV, line 11 1,027,158. 1,231,240. 15 15 8,911,267. 9,667,433. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 405,804. 17 349,247. 17 Accounts payable and accrued expenses ....... 18 Grants payable 18 25,876 112,873. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 -iabilities Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 . . . . 1,456,751 1,306,001. 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties .... Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 52,804. 46,989. Schedule D 1,941,235. 1,815,110. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 

X
and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 5,362,207. 5,996,424. 27 Unrestricted net assets 27 325,967. 369,959. 28 28 Temporarily restricted net assets 1,281,858. 1,485,940. 29 Permanently restricted net assets - -Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds ......... 30 30 Paid-in or capital surplus, or land, building, or equipment fund ............... 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 6,970,032 7,852,323. 33 8,911,267. 9,667,433. Total liabilities and net assets/fund balances

GIRL SCOUTS OF THE GREEN AND WHITE 02-0243160 Page 12 MOUNTAINS Form 990 (2012) ' Part XI | Reconciliation of Net Assets X Check if Schedule O contains a response to any question in this Part XI 5,526,788. Total revenue (must equal Part VIII, column (A), line 12) 4,811,074. Total expenses (must equal Part IX, column (A), line 25) 2 2 <u>715,714.</u> Revenue less expenses. Subtract line 2 from line 1 3 3 6,970,032. 4 4 103,216. Net unrealized gains (losses) on investments 5 5 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) ..... ..... 63,361. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 10 7,852,323. Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII ...... X Yes No 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 O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis X

Both consolidated and separate basis

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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

Consolidated basis

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

2b

**3a** 

X 2c

Form **990** (2012)

X

232012 12-10-12

consolidated basis, or both: X Separate basis

Act and OMB Circular A-133?

### SCHEDULE'A

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

GIRL SCOUTS OF THE GREEN AND WHITE

Employer identification number

			MOUNTAI	NS						0	<u>2 - C</u>	<u>)243</u>	<u> 160</u>	
Part		Reason	for Public Char	rity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.					
The or	ganı	zation is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)						
1 [		A church, co	nvention of churche	s, or association of chur	ches desc	ribed ın se	ction 170	(b)(1)(A)(i)						
2		A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)									
з [		A hospital or	a cooperative hosp	ital service organization of	described	in section	170(b)(1)	(A)(iii).						
4		A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed ın se	ction 170	(b)(1)(A)(ii	i). Enter	the h	ospital'	's nam	ne,
		city, and stat	e:											
5 [		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governi	nental uni	t describ	ed in	 ]		
		section 170	(b)(1)(A)(iv). (Compl	ete Part II.)										
6 [				nent or governmental unit	t described	d in section	n 170(b)(1	I)(A)(v).						
7	_	=		ceives a substantial part					r from the	general	publi	c desc	ribed ı	n
_			b)(1)(A)(vi). (Comple		• • •		J			•	•			
8 [		-		section 170(b)(1)(A)(vi).	(Complete	Part II.)								
9				eives: (1) more than 33			rom contri	butions, m	nembershi	p fees, a	nd gr	ross rec	eipts	from
		•	•	nctions - subject to certa							_		-	
			•	axable income (less sect			•					_		
			509(a)(2). (Complet	•		-		•					-	
10 [	$\neg$			perated exclusively to te	st for publi	c safety S	See sectio	n 509(a)(4	I).					
11 [	_	-	_	perated exclusively for the	-	•			-	y out the	purp	oses o	f one	or
		-	_	ations described in secti										
		describes the	type of supporting	organization and comple	ete lines 1	1e through	11h.							
		a Type I	ь 🔲 т	ype II 💢 🗔 T	ype III - Fu	nctionally	integrated	c	<b>і</b> 🔙 Тур	e III - No	n-fun	ctionali	y inte	grated
e [		By checking	this box, I certify the	at the organization is not	controlled	directly o	r ındırectly	by one or	r more dise	qualified	perso	ons oth	er tha	ın
		foundation m	anagers and other	than one or more publicly	y supporte	d organiza	ations desi	cribed in s	ection 509	9(a)(1) or	secti	ion 509	(a)(2).	
f		If the organiz	ation received a wri	tten determination from t	the IRS tha	at rt is a Ty	pe I, Type	II, or Type	e III					
		supporting of	rganization, check t	his box										. 🔲
g		Since August	t 17, 2006, has the	organization accepted ar	ny gift or co	ontribution	from any	of the folio	owing per	sons?				
		(i) A perso	n who directly or inc	lirectly controls, either al	lone or tog	ether with	persons c	lescribed i	ın (ii) and (	iii) below	, _		Yes	No
		the gove	eming body of the s	upported organization?							. L	11g(i)		
		(ii) A family	member of a perso	n described in (i) above?	٠						. [	11g(ii)	<u> </u>	
		(iii) A 35% d	controlled entity of a	a person described in (i) o	or (ii) above	e? .					. Ŀ	11g(iii)	<u> </u>	<u></u>
h		Provide the fe	ollowing information	about the supported or	ganızatıon	(s).								
	_													
(i) N	ame i	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Did you	notify the	(vi) ls	the	(vii)	Amount	of mo	netary
		nızatıon	(/	(described on lines 1-9	in col. (i) lis				organizáti (i) organiz	UII III UUL	(,		port	,
				above or IRC section (see instructions))		document?	(i) of you	r support?	U.S	.?				
				(see ilisuucuolis))	Yes	No	Yes	No	Yes	No				
				<u></u>	ļ					ļ				
							<del> </del>			ļ				
					İ									
					ļ	_			<u> </u>	<del> </del>				
					<b> </b>	<del>                                     </del>	<del> </del>	<u> </u>	<del> </del>					
				-	<del>  .                                   </del>	<u> </u>	+			-				
[otal							1							

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012						Page 2
Part II Support Schedule for C						
(Complete only if you checked				n failed to qualify	under Part III. If the	organization
fails to qualify under the tests I	isted below, plea	ase complete Part	111.)			
Section A. Public Support			1 1 2010	( 0 0011	(-) 2012	(6) Tetal
Calendar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not						
include any "unusual grants.")		<u> </u>				
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to						
the organization without charge						<u> </u>
4 Total. Add lines 1 through 3						<u> </u>
5 The portion of total contributions					'	
by each person (other than a					-	
governmental unit or publicly		· '				
supported organization) included		,			, ]	
on line 1 that exceeds 2% of the					}	
amount shown on line 11,			4			
column (f)						
6 Public support. Subtract line 5 from line 4						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
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 carned on						
10 Other income. Do not include gain						
or loss from the sale of capital			-			
assets (Explain in Part IV.)		ļ				
11 Total support. Add lines 7 through 10		<u> </u>	<u> </u>	<u></u>	<del>                                     </del>	_ <del></del>
12 Gross receipts from related activities a	etc (see instruct	ione)			12	

13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as	s a section	n 501	(c)(3)
	organization, check this box and stop here			<b>&gt;</b>
Se	ction C. Computation of Public Support Percentage			
14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))		14	94
15	Public support percentage from 2011 Schedule A, Part II, line 14		15	<u> </u>

15 Public support percentage from 2011 Schedule A, Part II, line 14	
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	_
stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
	[

	and stop here. The digalization qualities as a publicly supported digalization
l7a	10% -facts-and-circumstances test - 2012. 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
	meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
b	10% -facts-and-circumstances test - 2011. 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	
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<b>&gt;</b>
,	Private foundation of the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

Schedule A (Form 990 or 990-EZ) 2012

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

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

Sec	ction A. Public Support	elow, please comp	nete Fait II.)			<del></del>	
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	318,041.	474,074.	552,253.	436,862.	468,975.	2250205.
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	6682661.	7595279.	7307426.		7296495.	36606401.
3	Gross receipts from activities that						
	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						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
-	Total. Add lines 1 through 5	7000702.	8069353.	7859679.	8161402.	7765470.	38856606.
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	· <del>-</del> ···				<del></del>	0.
r	) 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						0.
	Add lines 7a and 7b					<del></del>	0.
	Public support (Subtract line 7c from line 6)						38856606.
	ction B. Total Support		-				
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	7000702.	8069353.	7859679.	8161402.		38856606.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties	0F 600	05 063	104 520	112 041	104 000	E22 0E2
	and income from similar sources	85,688.	95,062.	104,529.	112,841.	124,833.	344,953.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	85,688.	95,062.	104,529.	112,841.	124,833.	522,953.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0370001	3370020	101/343.	222/022	141,000	322,333
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)	7086390.	8164415.	7964208.	8274243.	7890303.	39379559.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ex year as a sectio	n 501(c)(3) organiz	zation,
_	check this box and stop here	<del></del>		· ··· ·· ··· · · · · · ·			▶□
	ction C. Computation of Publ				<del></del>	<del></del>	
	Public support percentage for 2012 (I			olumn (f))		15	98.67 %
	Public support percentage from 2011					16	98.59 <u>%</u>
	ction D. Computation of Inves					<u> </u>	1 22
17	Investment income percentage for 20					17	1.33 %
18	Investment income percentage from					18	1.41 %
19a	33 1/3% support tests - 2012. If the						
t	more than 33 1/3%, check this box at 33 1/3% support tests - 2011. If the		=	-	_		
	line 18 is not more than 33 1/3%, che	-					. —
20	Private foundation. If the organization						▶□

MY

### **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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

GIRL SCOUTS OF THE GREEN AND WHITE

Employer identification number 02-0243160

Pa	rt I Organizations Maintaining Donor Advised F	unds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		<del></del>
4	A		···
5	Aggregate value at end of year  Did the organization inform all donors and donor advisors in writing	ng that the assets hold in depar advised fo	unde
3	are the organization's property, subject to the organization's excl	<del>-</del>	
6	Did the organization inform all grantees, donors, and donor advis		
U			
	for charitable purposes and not for the benefit of the donor or do impermissible private benefit?		
Pa		ration answered "Ves" to Form 990. Part N	
1	Purpose(s) of conservation easements held by the organization (		, me /.
•	Preservation of land for public use (e.g., recreation or educ		ally important land area
	Protection of natural habitat	Preservation of a certified	•
	Preservation of open space	Freservation of a certified	distoric structure
2	Complete lines 2a through 2d if the organization held a qualified	consequation contribution in the form of a	conceniation accompant on the last
_	day of the tax year.	conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total access and dated by accessing a constraint		2b
C	Number of conservation easements on a certified historic structu		2c
d			20
u	had all on the Alabamant Danistana		2d
3	Number of conservation easements modified, transferred, release		
_	year >	or, extragaloriou, or terminated by the orga	anadon daning the tax
4	Number of states where property subject to conservation easem	ent is located	
5	Does the organization have a written policy regarding the penodic		
	violations, and enforcement of the conservation easements it hol	J. ,	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and		— —
7	Amount of expenses incurred in monitoring, inspecting, and enfo	-	
8	Does each conservation easement reported on line 2(d) above sa	-	
_	and anation 470(h)/4)/(f)/(30		Yes No
9	In Part XIII, describe how the organization reports conservation e		
_	include, if applicable, the text of the footnote to the organization's	-	
	conservation easements		- garnean o accounting to
Pa	rt III Organizations Maintaining Collections of Ar	t, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990		
1a	If the organization elected, as permitted under SFAS 116 (ASC 9)	58), not to report in its revenue statement	and balance sheet works of art.
	historical treasures, or other similar assets held for public exhibiting		•
	the text of the footnote to its financial statements that describes		repeated to the state, and and and
ь	If the organization elected, as permitted under SFAS 116 (ASC 9)		balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educa		
	relating to these items:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	orange, promote the renorming amounts
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasur		
_	the following amounts required to be reported under SFAS 116 (/	_	1) p. a - 1000
а	Revenues included in Form 990, Part VIII, line 1	, -	<b>&gt;</b> \$
	Assets included in Form 990. Part X		<b>\$</b>

	dule D (Form 990) 2012 MOUNTAIN		4 18:4- :		Other		0243160	
	t III Organizations Maintaining Co							
3	Using the organization's acquisition, accession	n, and other record	s, check any of the	following that a	re a sign	ificant use of	rts collection rt	ems
	(check all that apply):							
а	Public exhibition	d	Loan or excl	hange program:	S			
b	Scholarly research	е	Other					
C	Preservation for future generations							
4	Provide a description of the organization's col	llections and explair	n how they further th	ne organization'	's exemp	t purpose in l	Part XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, historical treas	sures, or other s	simılar as	ssets		
	to be sold to raise funds rather than to be mai	intained as part of t	he organization's co	illection?	<u> ,</u>		Yes	No_
Pai	t IV Escrow and Custodial Arrang		ete if the organization	n answered "Ye	es" to Fo	rm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Part		<del></del>					
1a	Is the organization an agent, trustee, custodia					cluded		<b>—</b> 1
							Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing table:				<del></del>	
						ļ	Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		<del></del>
	Did the organization include an amount on Fo						└── Yes	No No
	If "Yes," explain the arrangement in Part XIII							
Par	t V Endowment Funds. Complete if		swered "Yes" to For				. 1 -	
	<u> </u>	(a) Current year	(b) Prior year	(c) Two years b	ack (d)	Three years ba	ick (e) Four ye	ars back
1a	Beginning of year balance	1,555,259.	1,418,282.	1,505,9	964.	1,346,00	07. 1.1	86,272.
þ	Contributions	59,210.	659.			1,00	00. 2	<u>19,419.</u>
C	Net investment earnings, gains, and losses	137,794.	231,735.	-110,3	100.	166,30	02	<u>56,383.</u>
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs		78,176.	13,	338.	1,9	35.	
f	Administrative expenses	20,693.	17,241.	15,:	164.	5.43	10.	3,301.
g	End of year balance	1,731,570.	1,555,259.	1,418,	282	1,505,9	54. 1,3	46,007.
2	Provide the estimated percentage of the curre	ent year end balanc	e (lıne 1g, column (a	)) held as:				
а	Board designated or quasi-endowment	83.17	_%					
b	Permanent endowment ► 14.23	%						
С	Temporarily restricted endowment ▶2	2.60 <u>%</u>						
	The percentages in lines 2a, 2b, and 2c should	d equal 100%.						
3a	Are there endowment funds not in the posses	sion of the organiza	ation that are held a	nd administered	d for the	organization		
	by:						Y	es No_
	(i) unrelated organizations	··· · · · · · · · · · · · · · · · · ·					3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R?				3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
Par	t VI Land, Buildings, and Equipme	ent. See Form 990	, Part X, line 10.					
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) Accu	umulated	(d) Book v	alue
_		basis (investr	nent) basis	(other)	depre	ciation		
1a	Land		73	1,713.			731	713.
b	Buildings		6,98	6,119.	4,16	5,249.	2,820	870.
С	Leasehold improvements							
d	Equipment	1	1,10	7,600.	1,00	0,743.	106	,857.
е	Other			8,062.		9,468.		,594.
	Add lines 1a through 1e. (Column (d) must ed	nual Form 990 Part				<b>•</b>	3,678	

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 MOUNTAINS			02-	0243160 Page 3
Part VII Investments - Other Securities. See			_ <del></del>	<del></del>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu	ation: Cost or end-	of-year market value
(1) Financial derivatives		<u> </u>		
(2) Closely-held equity interests		<u> </u>		<del> </del>
(3) Other				<del></del>
(A)				<del></del>
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				<del></del>
(1)		<u> </u>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII investments - Program Related. Se				
(a) Description of investment type	(b) Book value	(c) Method of valu	ation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)		_		
(5)				
(6)				
(7)			•	
(8)				
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•			
Part IX Other Assets. See Form 990, Part X, line	15.			
(a) [	Description			(b) Book value
(1) BENEFICIAL INTEREST IN TRU	JSTS			1,231,240.
(2)				
(3)				
(4)				
(5)	<del></del>			
(6)	= -			
(7)				
(8)	<del></del>			
(9)		·		· · · · · · · · · · · · · · · · · · ·
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)			1,231,240.
Part X Other Liabilities. See Form 990, Part X, II				
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) FUNDS HELD FOR TROOPS		46,989.		
(3)	-			•
(4)				
(5)				
(6)				<i>,</i> -
(7)				
(8)		<del></del>		. •
(9)			-	ŧ
(10)				
(10)			-	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	46,989.	•	-
. Came, a Commercial por results organization of Color (Color (Co		1		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2012 MOUNTAINS			02-	0243160 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts W			
1	Total revenue, gains, and other support per audited financial statements			1	5,618,098.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	103,216.		
b	Donated services and use of facilities	2b	9,301.		
С	Recovenes of pnor year grants	2c		li	
d	Other (Describe in Part XIII.)	2d	<u>69,235.</u>	,.	
e	Add lines 2a through 2d			2e_	181,752.
3	Subtract line 2e from line 1			3	5,436,346.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>		
b	Other (Describe in Part XIII.)	4b	90,442.		
С	Add lines 4a and 4b		· ··· ··· · · · · · · · · · · · · · ·	4c	90,442.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		· · · · · · · · · · · · · · · · · · ·	5	5,526,788.
Par	t XII Reconciliation of Expenses per Audited Financial Statement	nts V	Vith Expenses per	Retu	im
1	Total expenses and losses per audited financial statements			_ 1	4,735,807.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	9,301.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	5,874.	]	
е	Add lines 2a through 2d			2e	15,175.
3	Subtract line 2e from line 1			3	4,720,632.
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	4a			
b	Other (Describe in Part XIII.)	4b	90,442.		
С	Addition 4 and 41			4c	90,442.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	4,811,074.
	t XIII Supplemental Information				
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	lines 1	a and 4. Part IV. lines 1	b and	2b: Part V. line 4: Part
	2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p				
	T V, LINE 4: PERMANENTLY RESTRICTED NET AS		•		DOWMENT
			<u> </u>		
FUN	DS AND BENEFICIAL INTEREST IN PERPETUAL TR	UST	S TO BE HELD	TN	DEFINITELY,
		<u> </u>	<u> </u>		
THE	INCOME FROM WHICH IS EXPENDABLE TO SUPPOR	Ψ О	PERATTONS.		
	Tailoum Titon milen 15 milenbind 10 bollon		L LILLI I CIID I		
PAF	T X, LINE 2: THE COUNCIL IS EXEMPT FROM FE	DER	AL INCOME TA	XES	UNDER
SEC	TION 501(C)(3) OF THE INTERNAL REVENUE COD	E	THE COUNCIL	IS	ALSO
EXE	MPT FROM STATE INCOME TAXES BY VIRTUE OF I	TS (	ONGOING EXEM	PTI	ON FROM
ाजन	ERAL INCOME TAXES. ACCORDINGLY NO PROVISE	ON .	FOR TNCOMF T	ΔYF	S HAS BEEN

Schedule D (Form 990) 2012

Part XIII | Supplemental Information (continued)

RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE COUNCIL HAS ADOPTED THE PROVISIONS OF FASB ASC 740, ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES. ACCORDINGLY, MANAGEMENT HAS EVALUATED THE

COUNCIL'S TAX POSITIONS AND CONCLUDED THE COUNCIL HAD MAINTAINED ITS

TAX-EXEMPT STATUS, DOES NOT HAVE ANY SIGNIFICANT UNRELATED BUSINESS INCOME

AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT OR

DISCLOSURE IN THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE COUNCIL

IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL OR

STATE TAX AUTHORITIES FOR TAX YEARS BEFORE 2009.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS 63,361.

DIRECT FUNDRAISING EXPENSES 5,874.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 69,235.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PROGRAM FEES - FEES PAID TO INSTITUTIONS (REVENUE SHOWN NET

OF FEES ON F/S) 90,442.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES 5,874.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PROGRAM FEES - FEES PAID TO INSTITUTIONS (REVENUE SHOWN NET

OF FEES ON F/S) 90,442.

### 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,

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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. GIRL SCOUTS OF THE GREEN AND WHITE

Inspection Employer identification number

MOUNTAI	INS				02-0243	160
Part I Fundraising Activities required to complete this part	Complete if the organization answirt.	ered "Y	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization raise</li> <li>a X Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d X in-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, F</li> <li>b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	e X Solicita  f Solicita g X Specia  or oral agreement with any individual  Part VII) or entity in connection with plividuals or entities (fundraisers) purs	ation of ation of I fundra I (include profess	non-g gover ising ling o onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	istody 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
OPUS ADVISORS - 454 COURT		Yes	No			
ST. PORTSMOUTH NH 03801	SEE SCHEDULE G PART IV		X	0.	33,264.	-33,264.
					_	
3 List all states in which the organization	on is registered or licensed to solicit		<b>▶</b>	or has been notified	33, 264. Int is exempt from re	-33,264. egistration
or licensing.						
				-		

GIRL SCOUTS OF THE GREEN AND WHITE 02-0243160 Page 2 Schedule G (Form 990 or 990-EZ) 2012 MOUNTAINS 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, (c) Other events (b) Event #2 (a) Event #1 (d) Total events "TO GET HER NONE (add col. (a) through THERE" LUNCH col. (c)) (total number) (event type) (event type) 39,520 39,520. 1 Gross receipts .... 31,795 31,795. 2 Less: Contributions ..... 7,725 7,725. Gross income (line 1 minus line 2) Cash prizes 5 Noncash prizes 469. 469.

Direct Expenses Food and beverages 4,538. 4,538. 8 Entertainment ... 867. 867. Other direct expenses ..... 10 Direct expense summary. Add lines 4 through 9 in column (d) 5,874 11 Net income summary. Combine line 3, column (d), and line 10 1,851. 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 (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 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? b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2012

Sch	nedule G (Form 990 or 990-EZ) 2012 MOUNTAINS	02-0	2 <u>4</u> 3	160	Page 3
	Does the organization operate gaming activities with nonmembers?			Yes	☐ No
	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 garning activity operated in:				
	a The organization's facility		13a		%
	An outside facility		13b	1	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record				
	Name			_	
	Address				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
b	of gaming revenue retained by the third party > \$ and the amount of gaming revenue retained by the third party > \$	ınt			
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:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in			Yes	☐ No
	organization's own exempt activities during the tax year ▶ \$				
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colur lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info	٠,	•	•	•
OP	US ADVISORS FUNDRAISING ACTIVITY- FEASIBILITY AND PLANNING	STUI	ΟY,		
CO	MMUNICATIONS ASSESSMENT, MARKETING AND COMMUNICATIONS				
RE	COMMENDATIONS, AND AN INTERM CDO FOR A 2 MONTH PERIOD.				
_					

**2** Schedule I (Form 990) (2012) Employer identification number 02-0243160 Open to Public OMB No 1545-0047 · 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 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 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, (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table GIRL SCOUTS OF THE GREEN AND WHITE (c) IRC section if applicable 3 Enter total number of other organizations listed in the interiors for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? MOUNTAINS 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part II Part |

232 101 12-18-12 02-0243160

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. Schedule I (Form 990) (2012)
| Part III | Grants and Other

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
99 GIRLS WERE AWARDED FINANCIAL ASSISTANCE FOR HEM TO GO ON EDUCATIONAL CAMPING TRIPS DURING THE EAR, THERE WERE 945 RECIPIENTS OF FINANCIAL AID	772		108	AME	FINANCIAL ASSISTANCE AWARDED TO GIRLS AS A DISCOUNT ON THEIR CAMP FEES AND MEMBERSHIP DIES.
OR MEMBERSHIP DUES	0		000		
	0	0	0		
'part IV! Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	I Ide the informatic	n In required in Part I,	line 2, Part III, colum	ın (b), and any other additional ir	ıformation.
	CIAL AID	(ALSO KNOWN	IN AS CAMPE	CAMPERSHIP)	
SISTANCE TO GIRLS WHO	LIVE IN G	GIRL SCOUTS	OF THE	GREEN AND WHITE	
MOUNTAINS' JURISDICTION WHO COULD	NOT	OTHERWISE AFFORD	ORD TO ATTEND	ND A GIRL	
SCOUTS OF THE GREEN AND WHITE MOUNTA	INS	CAMP. GRANTS	IS ARE BASED	NO Ci	
FINANCIAL NEED, EXTENUATING CIRCUM	CIRCUMSTANCES,	THE TOTAL	NUMBER OF	REQUESTS AND	
TOTAL MONEY AVAILABLE, AND ARE NOT	T DEPENDENT	'NT ON PRIOR	OR GIRL SCOUT	UT	
PARTICIPATION OR REGISTRATION. A	COMMITTEE	OF	VOLUNTEERS MEETS	S MONTHLY	
FROM FEBRUARY TO JUNE TO REVIEW EA	EACH CONFI	CONFIDENTIAL A	APPLICATION.	NO CASH IS	
GIVEN DIRECTLY TO INDIVIDUALS.		c		:	
232102 12-18-12		30			Schedule I (Form 990) (2012)

232102 12-18-12

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

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

GIRL SCOUTS OF THE GREEN AND WHITE MOUNTAINS

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. GIRL SCOUTS BUILDS GIRLS OF COURAGE,
CONFIDENCE, AND CHARACTER, WHO MAKE THE WORLD A BETTER PLACE.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
ALL PROGRAMS OFFERED AIM:
- 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:

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 232212 01-04-13 Schedule O (Form 990 or 990-EZ) (2012)