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DLN: 93493098003084

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 2012

Open to Public Inspection

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service , 2012, and ending 09-30-2013 A For the 2012 calendar year, or tax year beginning 10-01-2012 D Employer identification number B Check if applicable GIRL SCOUTS OF EASTERN MASSACHUSETTS INC Address change 04-2703281 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 95 BERKELEY STREET Terminated (617) 482-1078 City or town, state or country, and ZIP + 4 BOSTON, MA 02116 Amended return Application pending **G** Gross receipts \$ 22,091,907 Name and address of principal officer Is this a group return for PAM SALKOVITZ ┌ Yes 🗸 No affiliates? 95 BERKELEY STREET BOSTON, MA 02116 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status H(c) Group exemption number ▶ Website: ► WWW HERGIRLSCOUTS ORG L Year of formation 1980 M State of legal domicile MA Part I Summary Briefly describe the organization's mission or most significant activities GIRL SCOUTING BUILDS GIRLS OF COURAGE, CONFIDENCE AND CHARACTER, WHO MAKE THE WORLD A BETTER PLACE Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 23 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 23 466 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 16,900 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 . 15,284 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b 3,301 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . . 1.666.057 1,332,417 2,789,249 2,801,668 Program service revenue (Part VIII, line 2g) . . . 870,576 409,753 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 10 7,348,015 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,884,266 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12,673,897 11,428,104 13 238,000 220,446 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines **15 Expenses** 7,660,940 7,949,564 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 959,230 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 4,380,340 4,148,492 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 12,279,280 12,318,502 18 -890,398 19 Revenue less expenses Subtract line 18 from line 12 . 394,617 (Assets or id Balances **Beginning of Current End of Year** 20,890,584 20,667,334 20 Total assets (Part X, line 16) . . 21 1,094,438 1,155,558 Total liabilities (Part X, line 26) . . . 22 Net assets or fund balances Subtract line 21 from line 20 19,796,146 19,511,776

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

	L	*****			2014-03-31		
Sign	7	Signature of officer			Date		
Here	k	PAM SALKOVITZ INTERIM CHIEF EXECU	TIVE OFFICER				
	7	Type or print name and title					
Doid		Print/Type preparer's name CARLA M MCCALL CPA	Preparer's signature	Date 2014-03-26	Check If self-employed	PTIN P00535908	
Paid Prepare	r	Firm's name	Firm's EIN 🕨 0	4-2571780			
Use Onl		Fırm's address ► 21 EAST MAIN STR	EET		Phone no (508	3) 366-9100	
		WESTBORO, MA 0	1581				
May the IRS	5 d	iscuss this return with the prepare	er shown above? (see instruction	ons)		✓ Yes \ \ \ No)

Form	990 (2012)			Page
Par		Service Accomplishments a response to any question in		
1	Briefly describe the organization's r	nission		
GIRI	SCOUTING BUILDS GIRLS OF CO	URAGE, CONFIDENCE AND C	HARACTER, WHO MAKE THE WORLD	A BETTER PLACE
2	Did the organization undertake any	significant program services di	iring the year which were not listed on	
_	the prior Form 990 or 990-EZ? .			
_	If "Yes," describe these new service			
3	Did the organization cease conducti services?	ng, or make significant change:	s in now it conducts, any program	
	If "Yes," describe these changes on	Schedule O		
4)1(c)(4) organizations are requ	each of its three largest program servic iired to report the amount of grants and eported	
4a	(Code) (Expenses	\$ 5,614,774 including	grants of \$ 176,715) (Revenue \$	2,679,505)
	PROVIDED SERVICES AND PROGRAMS FOR CAMPS ARE LOCATED THROUGHOUT EASTE AFFORDABLE OPTION FOR SUMMER THER SAILING, CAMP WIND-IN-THE-PINES IS THE PARTICIPATE IN THE ROPES COURSE, CAMSESSIONS GENERALLY RUN ONE OR TWO VICAMP PROGRAM FOR GIRLS ENTERING GREACH WEEK HAS A THEME, AND CAMP WILL SKILLS AND COOKOUTS THERE ARE ALSO AND CAMP FAVORITE ON CAPE COD IN MACHILDREN TO TRY NEW THINGS, FEEL GOO	ALMOST 7,300 PARTICIPANTS (SOME FRN MASSACHUSETTS AND IN CENTRATE AND IN CENTRATE AND INCENTRATE AND FAMILY CAMP LOCATIONS TO CAMPAGE AND EXPERIE DAMOUT THEMSELVES AND EXPERIEDING, DRAMA, ROPES COURSES, TEAN	AY, AND 3 FAMILY CAMP PROGRAMS FOR GIRLS AS REPEAT PROGRAM ATTENDEES) WHO TOOK PAY ALL AND SOUTHERN NEW HAMPSHIRE GIRL SCOLE SPECIALIZING IN A CERTAIN ACTIVITY CAMP FAST GIRL WHO LIKES TO GO ROCK CLIMBING, WHIT AND CAMP WABASSO IS FOR ALL OF OUR HOREASTERN MASSACHUSETTS OFFERED AN EXCITING EWARDING EXPERIENCE WHETHER THEY COME DO TO IT, AS WELL AS SWIMMING, SINGING, ARTS HOOSE BETWEEN CAMP MENOTOMY ON LAKE WIN TO CANOE OR TAKE OFF ON A LAKE ADVENTUME ACTIVITIES THAT THEY WOULD NOT NORMAND ACTIVITIES AND MUCH MORE WITH CAMP SET THING FOR EVERYONE	RT IN THE CAMP PATHWAY OUR JT CAMP IS A SAFE, FUN AND WORITE IS KNOWN FOR ITS TE WATER RAFTING OR SE LOVERSI RESIDENT CAMP IG AND CREATIVE SUMMER DAY FOR ONE WEEK OR ALL SEVEN S AND CRAFTS, NATURE, OUTDOOR INNIPESAUKEE IN NEW HAMPSHIR RE SUMMER CAMP ENCOURAGES ALLY BE OFFERED, SUCH AS
4b	(Code) (Expenses	\$ 1,929,502 including	grants of \$ 24,268) (Revenue \$	6,848,368)
-	GIRL SCOUT PROGRAM ACTIVITIES - THE OF EXPERIENTIAL LEARNING AND FOCUSES OF AND TEAMWORK, GIRLS DEVELOP REAL-WISTON OF THE OF TH	GIRL SCOUT LEADERSHIP EXPERIENCE N COOPERATIVE LEARNING THROUGH ORLD LEADERSHIP ABILITIES THAT WI MUNICATION SKILLS ADDITIONALLY, T EQUIREMENTS OF THE AWARDS, WHI CORE GIRL SCOUT PROGRAM CENTER ROGRAM OFFERINGS WHICH GIVE GIR E GUIDE (THE PROGRAM BOOK) ONE ERVICES FOR MORE THAN 25,000 PAR	E IS A PROGRAM WHICH IS INCLUSIVE AND EMPLE IS A PROGRAM WHICH IS INCLUSIVE AND EMPLE IS ACTIVITIES THAT BUILD SELF-CONFIDENCE, CHILL LAST THEM A LIFETIME BY WORKING TOWAR THE GIRL SCOUT GOLD, SILVER, AND BRONZE AND HOUST HAVE A LEADERSHIP AND COMMUNITY ED ON THE GIRL SCOUT LEADERSHIP JOURNEYS LIS THE OPPORTUNITY TO TRY A VARIETY OF ACTIVITIES ACTIVITY TO THE FIND MORE THAN 300 ADDITIONAL ACTIVITICIPANTS (SOME REPEAT PROGRAM ATTENDES CIPATED IN THE GIRL SCOUT LEADERSHIP EXPERIMENTS)	OWERING, ENCOURAGING REATIVE DECISION-MAKING SKILLS DEARNED AWARDS, GIRLS SET VARDS ARE GRANTED TO GIRLS OUTREACH COMPONENT IN SAILL BUILDING BADGES BUT TIVITIES IN AN INDOOR AND OUT- TIES WHICH ROUND OUT A GIRL'S S) WHO ATTENDED ULTIMATE
 4с	(Code) (Expenses	\$ 2,432,969 including	grants of \$ 19,463) (Revenue \$	166,927)
~	FAB FACTOR - OUR 40 WEEK FAB FACTOR FACTOR PROGRAM ENCOURAGES THE GIR CONFIDENTLY ON ISSUES WHICH SHE FIN DIFFERENCE THE PROGRAM FOCUSES ON ('F'ARAOHS AND BEACONS), AND THE STEIF FULFILLED OUR CRITERIA OF NEED REQUINIGHEST MA TEEN PREGNANCY RATES - WEEHAVIOR, PUBLIC SAFETY AND CRIME DAOF LOW-INCOME STUDENTS IS HIGHER THE CURRICULUM, CONSISTENT ACCESS TO CA	PROGRAM SERVES LOW-INCOME GIR LS TO DISCOVER THEIR INNER FABUL DS IMPORTANT WHATEVER SHE DISCIPPORTANT WHATEVER SHE DISCIPPORTANCIAL LITERACY (FOUND HEAD FOR THE FABULTS BY GIRLS AND THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE AVERAGE THE FABULTS AND WITH THE IMPLE	LIS BETWEEN THE AGES OF 5-18 RESIDING IN U OUSNESS, WHETHER IT BE HER PROFICIENCY I OVERS, SHE WILL HAVE THE CONFIDENCE AND INANCE AND BANKING), HEALTH AND FITNESS (IS AND BYTES, BEAKERS) WE PARTNER WITH C IF OUR 14 TARGETED CITIES THESE CITIES ARE ARE MORE LIKELY TO TAKE PLACE BASED ON A C OPOUT RATES ARE HIGHER THAN THE STATE AN ICTOR PROGRAM WAS DEVELOPED WITH A BELLE MENTATION OF THE GIRL SCOUT LEADERSHIP M LICATED) GIRLS WERE SERVED SPECIFICALLY TH	RBAN NEIGHBORHOODS THE 'FAB' N MATH OR THE ABILITY TO SPEAK BE EMPOWERED TO MAKE A FIT AND BEAUTIFUL), LEADERSHIP OMMUNITY AGENCIES THAT HAVE E AMONG THOSE - WITH THE COMBINATION OF YOUTH RISK VERAGE - WHERE THE POPULATION OF THAT WITH A TARGETED HODEL, AN INCREDIBLE DIFFERENC
	Other program services (Describe	ın Schedule O)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses 🕨	9,977,245		

Part IV	Checklist of	Required	Schedules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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	Yes	
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		No
6	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		No
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	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	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? If "Yes," complete Schedule D, Part IV.	9		No
LO	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.	10	Yes	
L1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		Νo
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	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	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
l4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	14b		No
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		No
L6	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
L7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
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	18	Yes	
L9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		No
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	Yes	
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	Yes	
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		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
	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		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		N o
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

Par	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 102		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	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		No
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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	טכ		
_	1. 165, to fine 54 of 55, and the organization me form 0000-11.	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		ı
7	Organizations that may receive deductible contributions under section 170(c).			1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			110
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		I
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.	<u> </u>		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
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	[
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

Check if Schedule O contains a response to any question in this Part VI	_	_	_	_	_	_	_	_		_	_	_	_	_	J
check if Schedule o contains a response to any question in this rait vi	•	•	•	•	•	•		•	•	•		•	•	•	•1 *

Se	ection A. Governing Body and Management			
			Yes	No
1 a	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			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Νo
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	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	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
	Other officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
		-05		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed►MA , NH
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)
 - Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of
- interest policy, and financial statements available to the public during the tax year
- $State\ the\ name,\ physical\ address,\ and\ telephone\ number\ of\ the\ person\ who\ possesses\ the\ books\ and\ records\ of\ the\ organization$ ►NANCY LEWIS 95 BERKELEY STREET BOSTON, MA (617) 482-1078

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

- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) (B) (C) (D) (E)									(F)	
Name and Title	A verage hours per week (list any hours for related	more pers and	than on is	(do one bot rect	not box h ar or/tr	offic ustee	ess er e)	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	` MİSC)	Misc)	organization and related organizations
(1) RONALD O'CONNELL	2 00	Х		х				0	0	0
TREASURER					-					
(2) MELISSA PALMER SECRETARY	50	x		х				0	0	0
(3) PAT ROMEO-GILBERT	50									
BOARD MEMBER		х						0	0	0
(4) MARY SHAPIRO	2 00									
FIRST VICE CHAIR		X		Х				0	0	0
(5) COLLEEN O'KEEFE	50	Х						0	0	0
BOARD MEMBER										
(6) BEA MAH HOLLAND BOARD MEMBER	50	х						0	0	0
(7) HEATHER LANTZ	50								0	
BOARD MEMBER		X						0	0	0
(8) DIANE LONGTIN	50	Х						0	0	0
BOARD MEMBER										
(9) DAWN MORRIS	50	l x		X				0	0	0
SECOND VICE CHAIR										
(10) DANIELLE SHEER	50	×						0	0	0
BOARD MEMBER		<u> </u>								
(11) JACKIE GLENN	50	x						0	0	0
BOARD MEMBER								ľ	0	
(12) ELIZABETH STEVENSON	10 00	x		x				0	0	0
PRESIDENT				L					0	0
(13) MARCELA ALDAZ-MATOS	50	х						0	0	0
BOARD MEMBER								<u> </u>		
(14) STEPHANIE BROWNE	50	x						0	0	0
BOARD MEMBER									0	0
(15) PAUL CARBONE	1 00	х						0	0	
BOARD MEMBER		L^		\mathbb{L}_{-}	<u>L</u> _		\mathbf{L}_{-}	<u> </u>		0
(16) RICHARD F GALEHOUSE	50	V								
BOARD MEMBER		Х		L	L		L	0	0	0
(17) JOANNE JOHNSON	50	.,						_	_	_
BOARD MEMBER		X						0	0	0
										Form 990 (2012)

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

(A) Name and Title	(B) Average hours per week (list any hours	more pers	than on is	one bot	not box h ar	checl k, unle n office rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Est amoun comp fro	(F) Imated t of other ensation m the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	and	nization related lizations
(18) SONIA KWON	50	×						0		0	0
BOARD MEMBER (19) PAM SALKOVITZ	50										
	30	x						0		o	0
BOARD MEMBER (20) TANISHA SULLIVAN	50									1	
BOARD MEMBER		X						0		0	0
(21) TRICIA TILFORD	50	,,									
BOARD MEMBER		X						0		0	0
(22) JANE PUFFER	50] _x						0		0	0
BOARD MEMBER								_			
(23) MARY CREALESE	50	x						О		0	0
BOARD MEMBER (24) RUTH N BRAMSON	40 00										
CHIEF EXECUTIVE OFFICER				×				214,104		0	1,070
(25) BARBARA FORTIER	40 00										
CHIEF OPERATING OFFICER				X				132,392		0	5,794
(26) NANCY LEWIS	40 00			х				130,996		0	5,794
CHIEF FINANCIAL OFFICER				L^				130,330		<u> </u>	3,734
(27) VIOLET APPLE	40 00					x		142,000		o	5,845
CHIEF MEMBERSHIP SERVICES (28) MARY TIERNAN	40 00										
CHIEF DEVELOPMENT OFFICER	40 00					x		121,458		o	5,732
th Cole Takel						<u> </u>					
1b Sub-Total	· · · · · · · · · · · · · · · · · · ·		•	•		. ⊢					
			٠.	٠.		▶ ⊢		740,950	0		24,235
Total number of individuals (including \$100,000 of reportable compensation				ed al	bove	e) who	rec	eived more than	l		
										Yes	No
3 Did the organization list any former o on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule			e, ke	y em	nploy •	yee, o	r hıç	ghest compensate		3	No
4 For any individual listed on line 1a, is organization and related organizations individual									om the	ł Yes	
5 Did any person listed on line 1a recei services rendered to the organization										5	No
Section B. Independent Contrac	tors										
Complete this table for your five higher compensation from the organization is	est compensated								the organization		ar
Name and	(A) business address							Description	(B) on of services		(C) ensation
										1	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Form 99								Page 9
Part \	ДШ	Statement of Check of Schedu	o f Revenue ule O contains a respon	ise to any question i	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
g B	1a	Federated cam	paigns 1a	460,270				
ant	ь	Membership du	es 1b					
9 6	c	Fundraising eve	ents 1c	160,468				
ffs, FA	l a	Related organiz	zations 1d					
<u>.</u>	e	Government grant						
ns, Sin								
atio er	f	All other contribute similar amounts no	ons, gifts, grants, and 1f ot included above	711,679				
들	g		ons included in lines	j				
Contributions, Giffs, Grants and Other Similar Amounts	h	1a-1f \$ Total. Add lines	c 1a-1f		1,332,417			
ة ت		Total: Add line:	314 11		_,,			
ΞE	2a	CAMPING		Business Code 813410	2 211 551	2 211 551		
ever	b	GIRL PROGRAMS		813410	2,211,551	2,211,551		
å≛ o		OTHER PROGRAMS			531,629	531,629		
Š,	c d			813410	29,746	29,746		
Š	a e	ADULT PROGRAMS	<u>'</u>	813410	28,742	28,742		
Program Service Revenue	e f	All other progra	am service revenue					
် န	•	_						
	g		s 2a – 2f		2,801,668			
	3		ome (including dividend ar amounts)		303,260			303,260
	4		stment of tax-exempt bond p	-				
	5	Royalties		🔸 [
			(ı) Real	(II) Personal				
	6a	Gross rents						
	Ь	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	5,754,820					
		assets other than inventory						
	Ь	Less cost or other basis and	5,648,327					
		sales expenses Gaın or (loss)	106,493					
	d		[100,493		106,493			106,493
	8a	Gross income f	· .		100,130			200,150
o		events (not ınc	luding					
Other Revenue		Ψ	s reported on line 1c)					
ě		See Part IV, lir						
<u>.</u>			a	14,025				
Ě	Ь		penses b	38,175	24.450			24.450
0	C		(loss) from fundraising (events -	-24,150			-24,150
) 3a	See Part IV, lir	rom gaming activities ne 19					
			a					
	b		penses b				1	
	C		(loss) from gaming activ	/ities 				
	TOB	Gross sales of returns and allo						
			a	11,752,337				
			oods sold b	4,977,301				
	С		(loss) from sales of inve		6,775,036	6,759,752	15,284	
	44-	Miscellaneou		Business Code 900099	133,380	133,380		
		OTHER REVEN	10 E	900099	133,360	1.55,560		
	b							
	, c	All other rays						
	d e	All other reven Total. Add lines	L	🕨				
					133,380			
	12	Total revenue.	See Instructions	• • • •	11,428,104	9,694,800	15,284	385,603

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 220,446 220,446 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 500,683 181,663 243,280 75,740 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 5,819,808 4,922,446 361,967 535,395 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 1,149,198 931,315 112,854 105,029 10 479,875 352,907 67,708 59,260 11 Fees for services (non-employees) Management Legal 18,842 18,842 Accounting 47,645 47,645 Professional fundraising services See Part IV, line 17 Investment management fees 76,355 76,355 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 245,601 177,106 49,352 Schedule O) 19,143 Advertising and promotion . 12 13 Office expenses 619,370 466,956 87,802 64,612 14 Information technology . . . 15 Royalties . 681,698 16 Occupancy 509,904 129,558 42,236 **17** 189,422 167,385 17,315 4,722 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 58,020 41,043 10,456 6,521 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization . 78,346 378,376 277,067 22,963 23 184,310 48,815 247,433 14,308 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) a PROGRAM EXPENSES 1,432,478 1,432,478 **EQUIPMENT COSTS** 140,834 103,126 29,161 8,547 C MEMBERSHIP DUES 12,418 9,093 2,571 754 d е All other expenses Total functional expenses. Add lines 1 through 24e 25 12,318,502 9,977,245 1,382,027 959,230 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► | if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Par	τχ	Check if Schedule O contains a response to any question in thi	s Part	x			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			497,743	1	498,694
	2	Savings and temporary cash investments			2,127,005	2	1,749,952
	3	Pledges and grants receivable, net			61,429	3	26,114
	4	Accounts receivable, net			91,577	4	87,558
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete Poschedule L	art II d	of		5	
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule		6			
	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use			356,252	8	300,909
	9	Prepaid expenses and deferred charges			195,844	9	130,850
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1	16,404,932	·		
	ь	Less accumulated depreciation	10b	10,962,284	5,762,607	10c	5,442,648
	11	Investments—publicly traded securities	<u> </u>		11,646,929	11	12,324,160
	12	Investments—other securities See Part IV, line 11			47,358	12	
	13	Investments—program-related See Part IV, line 11			·	13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			103,840	15	106,449
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			20,890,584	16	20,667,334
	17	Accounts payable and accrued expenses			969,835	17	869,862
	18	Grants payable			·	18	
	19	Deferred revenue			124,603	19	285,696
	20	Tax-exempt bond liabilities			,	20	<u> </u>
	21	Escrow or custodial account liability Complete Part IV of Sch				21	_
lities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	ors, tr				
Liabiliti		persons Complete Part II of Schedule L				22	
Ï	23	Secured mortgages and notes payable to unrelated third partie				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	_
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	ırt X of	Schedule		25	
	26	D			1,094,438	26	1,155,558
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶			1,054,450	20	1,130,330
ĕ	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			16,652,295	27	16,385,967
<u>छ</u>					899,313	28	876,849
<u> </u>	28	Temporarily restricted net assets			2,244,538	29	2,248,960
Fund Balance	29	Permanently restricted net assets			2,244,036	29	2,240,900
		complete lines 30 through 34.	ere F	j and			
ō	30	Capital stock or trust principal, or current funds	_			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	_
\$ S	32	Retained earnings, endowment, accumulated income, or other				32	
Net /	33	Total net assets or fund balances			19,796,146	33	19,511,776
ž	34	Total liabilities and net assets/fund balances			20,890,584	34	20,667,334
		rotal habilities and het assets/land balances	• •	• •	20,030,004	J-4	20,001,004

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		11,4	128,104		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2 12,318,5				
3	Revenue less expenses Subtract line 2 from line 1	3			 390,398		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	·				
5	Net unrealized gains (losses) on investments	5			503,419		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,609				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	Combine lines 3 through 9 (must equal Part X, line 33,					
Par	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$		
				Yes	No		
1	Accounting method used to prepare the Form 990						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed or	n				
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate					
	▼ Separate basis						
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	e 2c	Yes			
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	За		No		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	d 3b				

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As Filed Data -

DLN: 93493098003084

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

GIRL SCOUTS OF EASTERN MASSACHUSETTS INC

Department of the Treasury Internal Revenue Service

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.

Inspection

									04-2703		
Pai				blic Charity Sta						instruction	ns.
	rganı:			te foundation becaus			= -				
	<u> </u>		-	on of churches, or a				section 170	(b)(1)(A)(i)	•	
	<u> </u>			in section 170(b)(1			•				
			ospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4				h organization opera	ted ın conjun	ction with a	i hospital des	scribed in s e	ection 170(b)(1)(A)(iii)	. Enter the
5	\vdash			ty, and state	t of a college	or linivars	ity owned or	onerated by	, a governme	ntal unit de	scribed in
•	'					or annvers	ity owned or	operated by	a governine	iicar aiiic ac	seribed iii
6	\vdash				•	tal unit desi	rihed in sec l	ion 170(h)	(1)(A)(v)		
	,			=	=					from the ae	neral nublic
	, 	describ	oed in sectio	on 170(b)(1)(A)(vi).	(Complete F	art II)			iciicai ailic oi	nom the ge	merar pablic
	ر حا		-				-	-	ibutions mai	mharshin fa	es and aross
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10	Г									_	
	<u></u>	_		-							t the nurnoses of
	,										
		the box	that descri	bes the type of supp	orting organ	ızatıon and	complete lin	es 11e thro	ugh 11h		
	_		• •		• • •		, -	•			, -
е											
			n 509(a)(2)	on managers and oc	ner than one	or more pu	blicly suppor	teu organiz	acions descri	ibed iii sect	011 30 3 (4)(1) 01
f				received a written d	etermination	from the IF	RS that it is a	Type I, Ty	pe II, or Typ	e III suppo	rtıng organızatıon,
			this box					_			Г
g			August 17, 2 ng persons?	2006, has the organ	ızatıon accep	oted any gif	t or contribut	ion from an	y of the		
				rectly or indirectly o	ontrols, eith	er alone or	together with	n persons d	escribed in (i	п)	Yes No
					•		_	•	`		
				-	ted for the benefit of a college or university owned or operated by a governmental unit described in (iv). (Complete Part II) all government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part II) sornbed in section 170(b)(1)(A)(vi). (Complete Part III) sornbed in section 170(b)(1)(A)(vi). (Complete Part III) sornbed in section 170(b)(1)(A)(vi). (Complete Part III) sornbed in section 313/3% of its support from contributions, membership fees, and gross is related to its exempt functions—subject to certain exceptions, and (2) no more than 33/13% of investment income and unrelated business taxable income (less section 511 tax) from businesses is related to its exempt functions—subject to certain exceptions, and (2) no more than 33/13% of investment income and unrelated business taxable income (less section 509(a)(2) no more than 33/13% of investment income and unrelated business taxable income (less section 509(a)(4). Ized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of upported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check is the type of supporting organization and complete lines 11e through 11h. If Type II c Type III - Functionally integrated d Type III - Non-functionally integrated I certify that the organization is not controlled directly or indirectly by one or more disqualified persons managers and other than one or more publicly supported organizations described in section 509(a)(1) or elived a written determination from the IRS that it is a Type I, Type III, or Type III supporting organization, organization in coll (i) organization in coll (ii) insect organization in coll (ii) insect organization in co						
f g h (i) N sup							above?				
h											
(i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did yo	u notify	(vi) I:	s the	(vii) A mount of
	uppoi			_	_						
or	ganız	ation									support
							Suppo	11.	lii tile	03,	
				instructions))	Yes	No	Yes	No	Yes	No	_
							†	+	+	+	
								1			1
Total								1			

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) ⊤otal
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly	interior Organizations Described in Sections 170(b)(1)(a)(iv) and 170(b)(1)(a)(vi) ground to the box on line 15, 7, or 8 of Part I or if the organization failed to qualify under the tests isted below, please complete Part III.) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total and the properties of the properti						
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12								
13								ization, check
					<u> </u>	<u> </u>		
14				11, column (f))		14		
15				, , , , , , ,		-		
		· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104					me 1 1 13 33 1/3/0	or more,	JIICCK CI	
b					and line 15 is 33	3 1/3% or n	nore, ch	eck this
							. 4 4	▶┌
1/a								•
	organization				4	r	,rF3	
b								
								lv
	supported organization	ion meets the T	acts-and-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	
18	· · ·	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

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 qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	12	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,202,569	1,429,492	1,465,842	1,734,837	1,	332,417	7,165,157
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	2,363,467	2,651,171	2,729,529	2,789,249	2,	801,668	13,335,084
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	3,566,036	4,080,663	4,195,371	4,524,086	4,	134,085	20,500,241
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons							0
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							0
_	amount on line 13 for the year Add lines 7a and 7b							0
8	Public support (Subtract line 7c from line 6)							20,500,241
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	12	(f) Total
9	A mounts from line 6	3,566,036	4,080,663	4,195,371	4,524,086	4,	134,085	20,500,241
L0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	365,199	305,547	293,729	265,029		303,260	1,532,764
ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	365,199	305,547	293,729	265,029		303,260	1,532,764
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	4,923	4,260	10,486	19,084		15,284	54,037
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	35,981	104,787	93,508	128,342		133,380	495,998
13	Total support. (Add lines 9, 10c, 11, and 12)	3,972,139	4,495,257	4,593,094	4,936,541	4,	586,009	22,583,040
14	First five years. If the Form 990 is fi check this box and stop here	or the organization	on's first, second	, thırd, fourth, or f	fifth tax year as a	501(c)(3) organ	ızatıon, ▶┌
Se	ction C. Computation of Pub							
15	Public support percentage for 2012			13, column (f))		15		90 780 %
16	Public support percentage from 201		•			16		90 680 %
	ction D. Computation of Inve				(6))			
17 	Investment income percentage for 2		* *		n (t))	17		6 790 %
18	Investment income percentage from					18		7 190 %
19a	33 1/3% support tests—2012. If the	organization did	not check the bo	x on line 14, and	line 15 is more t	nan 33 1/3	%,and	line 17 is not

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493098003084

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

Internal Revenue Service If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B ◆ Section 527 organizations Complete Part I-A only If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** GIRL SCOUTS OF EASTERN MASSACHUSETTS INC 04-2703281 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes ┌ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa		is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)).	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000					
	Over \$1,500,000 but not over \$17,000,000	.000				
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period	(a) Filing organization's totals (b) Af gration totals (c) Af gration totals (d) Filing organization's totals (e) Af gration totals (f) Af gration totals	1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

			ı u
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT	
	•	1 ,	

	and War // war a second and a second a second and a second a second and a second and a second and a second and a second an	(6	1)	(b)	
ror ea activi	ach "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying ty.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?	Yes			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
C	Media advertisements?		No		
d	Mailings to members, legislators, or the public?	Yes			
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		4,30	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	O ther activities?		No		
j	Total Add lines 1c through 1i			4,30	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ì		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	1 501(c)(5), o	r section	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

1	Were substantially all (90% or more) dues received nondeductible by members?	1				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3				

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members

2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and		

Part IV Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

political expenditure next year?

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

I dentifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES		MEMBERS OF THE STAFF AND BOARD OF GIRL SCOUTS OF EASTERN MASSACHUSETTS MET WITH OUR CONGRESSIONAL REPRESENTATIVES TO ASK FOR THEIR SUPPORT ON HOUSE OF REPRESENTATIVES BILL H R 2134 AND SENATE BILLS 1302 BOTH OF WHICH WOULD PROVIDE CHANGES TO FUNDING REQUIREMENTS FOR DEFINED BENEFIT PENSIONS THE BILLS WERE DISCUSSED AND PACKETS OF INFORMATION WERE PROVIDED TO THE REPRESENTATIVES

DLN: 93493098003084

OMB No 1545-0047

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.

Open to Public Inspection

	me of the organization L SCOUTS OF EASTERN MASSACHUSETTS INC		Employer identification number
GIK	L SCOUTS OF EASTERN MASSACHOSETTS INC		04-2703281
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990	, Part IV, line 6.	inds or Accounts. Complete if the
1	+	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
<u> </u>	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
	Aggregate value at end of year		<u> </u>
;	Did the organization inform all donors and donor advise funds are the organization's property, subject to the or	ganization's exclusive legal control?	☐ Yes ☐ No
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?		
Pa	rt III Conservation Easements. Complete if	the organization answered "Yes" to	Form 990, Part IV, line 7.
<u>1</u>	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of an Preservation of a c	historically important land area ertified historic structure ne form of a conservation
	easement on the last day of the tax year		
_	Total number of conservation easements	-	Held at the End of the Year 2a 1
a b	Total acreage restricted by conservation easements		2b 45 00
C	Number of conservation easements on a certified histo	oric structure included in (a)	2c 45 00
d	Number of conservation easements included in (c) accommissions structure listed in the National Register	· · · ·	2d
3	Number of conservation easements modified, transferi	– ed, released, extinguished, or terminated	d by the organization during
	the tax year 🛌 0		
ļ	Number of states where property subject to conservat	ion easement is located 🕨 1	
;	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?		 ling of violations, and
•	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents during the year
,	A mount of expenses incurred in monitoring, inspecting • \$	g, and enforcing conservation easements	during the year
3	Does each conservation easement reported on line 2 (and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sect	tion 170(h)(4)(B)(i)
)	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial ents	statements that describes
ar	TIII Organizations Maintaining Collection Complete if the organization answered "Y		or Other Similar Assets.
.a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote to	.16 (ASC 958), not to report in its reven	or research in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	.16 (ASC 958), to report in its revenue s ets held for public exhibition, education, c	statement and balance sheet
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		
а	Revenues included in Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		► \$

Par	Organizations Maintaining Co	llections of Art	t, HIS	torical i	<u>reasu</u>	res, or O	<u>tne</u>	r Similar <i>F</i>	ssets	(cont	inued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, ch	neck any of	the foll	owing that a	re a	sıgnıfıcant u	se of its		
а	Public exhibition		d	┌ Loan	orexc	hange progr	ams				
b	Scholarly research		e	┌ Othe	r						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain hov	w they furth	er the c	organızatıon	's ex	empt purpos	e ın		
5	During the year, did the organization solicit	or receive donation	s of ar	t, historical	treasu	ıres or other	sım	ılar			
	assets to be sold to raise funds rather than	o be maintained as	part	of the organ	ızatıon	's collection	?		☐ Ye	<u> </u>	No_
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar					n answered	'Ye	es" to Form	990,		
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?				utions (or other ass	ets n	iot	┌ Ye	s Г	No
b	If "Yes," explain the arrangement in Part XI	I and complete the	follov	ving table		_					
						_	_		Mount		
С.	Beginning balance					-	1c				
d	Additions during the year					F	1d				
e	Distributions during the year					⊢	1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, lin	e 21?						☐ Ye	s	No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	nation has	been p	rovided in P	art X	III			
Pa	rt V Endowment Funds. Complete										
1-	Dogumung of work halance	(a)Current year 2,764,909	(b)	Prior year 2,456,322	b (c) Tv	vo years back 2,478,326		hree years bac 2,392,76			rs back 094,308
la L	Beginning of year balance	1,813		20,940		12,510		20,02		٦,	10,000
b	Contributions	1,613		20,340		12,310		20,02	.5		10,000
С	Net investment earnings, gains, and losses	146,391		288,797		-32,423		81,46	2	-	652,907
d	Grants or scholarships										
e	Other expenditures for facilities and programs	53,665		1,150		2,091		15,92	3		58,639
f	Administrative expenses										
g	End of year balance	2,859,448		2,764,909		2,456,322		2,478,32	6	2,	392,762
2	Provide the estimated percentage of the cur	rent year end balan	ce (lın	e 1g, colum	nn (a)) l	held as					
а	Board designated or quasi-endowment ►										
b	Permanent endowment ► 75 000 %										
C	Temporarily restricted endowment ► 25	000 %									
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organiz	ation	that are hel	d and a	idministered	for	the	_		
	organization by							_		-	No
	(i) unrelated organizations						•		a(i)	_	No No
b	(ii) related organizations							· · [3	a(ii) 3b		110
4	Describe in Part XIII the intended uses of the				•		•		<u> </u>		
	t VI Land, Buildings, and Equipme				10.						
	Description of property			(a) Cost or basis (inves	r other	(b) Cost or of basis (othe		(c) Accumula depreciatio) Book	value
1a	_and					1,362	,800		\neg	1,3	362,800
	Buildings					11,275		7,809	,370		466,350
	_easehold improvements						,371	•	,371	•	0
				1		81					
d i	Equipment					2,354		2,107		-	247,179
	Equipment						,944	2,107			247,179 366,319

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
	Form COO Dart V line	12
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<u> </u>	
	+	
the contract of the contract o		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	

Par	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	12,329,183
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	977,434
3	Subtract line 2e from line 1	3	11,351,749
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 76,355		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4 c	76,355
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	11,428,104
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	12,613,553
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	371,406
3	Subtract line 2e from line 1	3	12,242,147
4	A mounts 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 76,355		
b	Other (Describe in Part XIII) 4b		
C	Add lines 4a and 4b	4c	76,355
		5	12,318,502

Part XIII Supplemental Information

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

F l
Explanation
HE GIRL SCOUTS OF EASTERN MASSACHUSETTS, INC ID NOT INCUR ANY EXPENSES OR GENERATE ANY EVENUE ON THE CONSERVATION EASEMENT DURING HE YEAR
SEM'S ENDOWMENT FUNDS ARE TO BE USED FOR THE DLLOWING DONOR DESIGNATED PURPOSES PROGRAM ND PROPERTY PROJECTS FINANCIAL AID GIRL COUTING IN VARIOUS INDIVIDUAL TOWNS
NCERTAIN TAX POSITION FOOTNOTE THE COUNCIL OLLOWS THE ACCOUNTING FOR UNCERTAINTY IN NCOME TAXES STANDARD, WHICH REQUIRES THE OUNCIL TO REPORT UNCERTAIN TAX POSITIONS, ELATED INTEREST AND PENALTIES, AND TO ADJUST ITS SSETS AND LIABILITIES RELATED TO UNRECOGNIZED AX BENEFITS AND ACCRUED INTEREST AND PENALTIES CCORDINGLY AS OF SEPTEMBER 30, 2013 AND 2012, HE COUNCIL DETERMINED THAT THERE ARE NO ATERIAL UNRECOGNIZED TAX BENEFITS TO REPORT
HANGE IN CARRYING VALUE OF BENEFICIAL INTEREST N PERPETUAL TRUST 2,609 SPECIAL EVENT EXPENSE HOWN NET ON 990, PART VIII, LINE 8B 38,175
PECIAL EVENT EXPENSE SHOWN NET ON 990, PART VIII, INE 8B 38,175
S A C H A H P E

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GIRL SCOUTS OF EASTERN MASSACHUSETTS INC

DLN: 93493098003084

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

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. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

Employer identification number

04-2703281

Pa	art I Fundraising Act	ivities. Complete	e if the oi	ganızatı	on answered "Yes" t	to Form 990, Part IV	, line 17.
a b c d	or key employees listed in	citations written or oral agre Form 990, Part VII) t paid individuals or	ement witl) or entity entities (f	e f g n any indi in connec	Solicitation of non Solicitation of gov Special fundraisin vidual (including officer	rs, directors, trustees	F Yes F No ndraiser is
	(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or irol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
3	List all states in which the dicensing	organization is regis	tered or li	censed to	solicit funds or has be	en notified it is exempt	from registration or

Pai	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut	on answered "Yes" to ions and gross income	Form 990, Part IV, li on Form 990-EZ, lin	ne 18, or reported es 1 and 6b. List
			(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events
			LEADING WOMEN		0	(add col (a) through col (c))
			(event type)	(event type)	(total number)	(0)
E G	1	Gross receipts	174,49	3		174,493
Revenue	2	Less Contributions	160,46	3		160,468
	3	Gross income (line 1 minus line 2)	14,02	5		14,025
	4	Cash prizes				
မွာ	5	Noncash prizes				
Expenses	6	Rent/facility costs	26,36	9		26,369
	7	Food and beverages .				
Direct	8	Entertainment				
Δ	9	Other direct expenses .	11,80	6		11,806
	10	Direct expense summary Add lin	es 4 through 9 ın columr	n (d)	•	(38,175)
	11	Net income summary Combine li	ne 3, column (d), and line	e 10	•	-24,150
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii	rganization answered	"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Drea	5	Other direct expenses				
	6	Volunteer labor	☐ Yes	┌ Yes	┌ Yes	
		l) NO		-	
		Direct expense summary Add line				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> </u>	
9		er the state(s) in which the organize				
a		he organization licensed to operate				. Fyes FNo
b	I† "N	No," explain				
10a b		e any of the organization's gaming 'es," explain			tne tax year?	· · I Yes I No

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address 🟲			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990 OMB No 1545-0047

2012

DLN: 93493098003084

Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Name of the organization						Employer identificati	on number
GIRL SCOUTS OF EASTERN MASSA	CHUSETTS INC					04-2703281	
Part I General Information	n on Grants and	Assistance				•	
 Does the organization maintain in the selection criteria used to aw Describe in Part IV the organiza Part II Grants and Other As 	ard the grants or ass tion's procedures fo	r monitoring the use o	f grant funds in the Unite	d States			✓ Yes ✓ N
Form 990, Part IV, line							es 10
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
							1
2 Enter total number of section 50	1(c)(3) and governm	nent organizations list	ed in the line 1 table .			▶	
3 Enter total number of other organ	nizations listed in th	e line 1 table				<u>-</u>	
For Panerwork Reduction Act Notice see	THE INSTRUCTIONS for F	Orm 990		Cat No. 50055P		Schedu	le I (Form 990) 2012

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

(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book FMV, appraisal, other)	(f)Description of non-cash assistance
414		137,950	FAIR MARKET VALUE	SEE SCHEDULE I, PART IV
318		50,838	FAIR MARKET VALUE	SEE SCHEDULE I, PART IV
3549		31,658	FAIR MARKET VALUE	SEE SCHEDULE I, PART IV
	recipients 414 318	recipients cash grant 414 318	recipients cash grant non-cash assistance 414 137,950 318 50,838	recipients cash grant non-cash assistance FMV, appraisal, other) 414 137,950 FAIR MARKET VALUE 318 50,838 FAIR MARKET VALUE

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

	χ_{ij}								
Identifier	Return Reference	Explanation							
PROCEDURE FOR MONITORING GRANTS IN THE U S		SCHEDULE I, PART I, LINE 2 GIRL SCOUTS OF EASTERN MASSACHUSETTS, INC DOES NOT MAKE GRANTS TO INDIVIDUALS BUT DOES PROVIDE FINANCIAL ASSISTANCE TO INDIVIDUALS TO HELP THEM TO BECOME MEMBERS, ATTEND OUR PROGRAMS OR ENROLL IN CAMP WE USE THE FEDERAL POVERTY GUIDELINES AND BASED ON THE COST OF THE EVENT, INDIVIDUALS ARE GRANTED CAMP FUNDING AWARDS, OR FINANCIAL ASSISTANCE TO OTHER PROGRAMS WE WILL ALSO PAY THE MEMBERSHIP FEE REQUIRED TO ENROLL A GIRL IN GIRL SCOUTING THE FORMS ARE FILED AND KEPT THERE IS A RECORD FOR EACH GIRL WHO IS PROVIDED							
		FINANCIAL ASSISTANCE FILES ARE RETAINED BASED ON OUR RETENTION POLICY							

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OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization GIRL SCOUTS OF EASTERN MASSACHUSETTS INC **Employer identification number**

04-2703281

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of (i) Base compensation	(ii) Bonus & (iii) Other		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990
(1)RUTH N BRAMSON CHIEF EXECUTIVE OFFICER	(i) (ii)	214,104 0	0	0 0	0	1,070 0	215,174 0	0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2012
Open to Public

Inspection

Name of the organization	Employer ident if i	cation number
GIRL SCOUTS OF EASTERN MASSACHUSETTS INC		
	04-2703281	

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	ALL ADULT VOLUNTEERS AND GIRLS FOURTEEN (14) YEARS OF AGE AND OVER WHO ARE MEMBERS OF THE GIRL SCOUT MOVEMENT REGISTERED THROUGH THE COUNCIL ARE ELIGIBLE TO BE MEMBERS OF THE COUNCIL ALL MEMBERS OF THE COUNCIL SHALL BE VOTING MEMBERS, THE VOTING MEMBERS OF THE COUNCIL SHALL CONSIST OF 1 02 1 DELEGATES ELECTED BY REGIONS (AS DEFINED IN ARTICLE V), 1 02 2 VOTING MEMBERS OF THE BOARD OF DIRECTORS (AS SET FORTH IN ARTICLE IV, SECTION 4 02, EXCLUDING GIRL MEMBERS) 1 02 3 MEMBERS OF THE COUNCIL NOMINATING AND DEVELOPMENT COMMITTEE, AND 1 02 4 DELEGATES ELECTED TO THE NATIONAL COUNCIL OF GIRL SCOUTS OF THE USA AS DEFINED IN ARTICLE VI THE TOTAL NUMBER OF VOTING MEMBERS SHALL BE NO FEWER THAN NINETY-TWO (92), AND AT LEAST THREE-QUARTERS (3/4) OF THE VOTING MEMBERS SHALL BE DELEGATES ELECTED BY THE REGIONS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE VOTING MEMBERS OF THE COUNCIL SHALL 1 03 1 ELECT, AS SET FORTH IN ARTICLE III, SECTION 3 01 OF THESE BY LAWS, THE OFFICERS OF THE COUNCIL (EXCEPT THE CHIEF EXECUTIVE OFFICER) AND OTHER OFFICERS AS PROVIDED FOR IN ARTICLE III, SECTION 3 02, THE MEMBERS AT LARGE OF THE BOARD OF DIRECTORS, THE MEMBERS OF THE COUNCIL NOMINATING AND DEVELOPMENT COMMITTEE, AND THE DELEGATES AND THE PERSONS TO FILL VACANCIES AMONG DELEGATES TO THE NATIONAL COUNCIL OF GIRL SCOUTS OF THE USA, 1 03 2 SUGGEST THE GENERAL LINES OF DIRECTION FOR GIRL SCOUTING LOCALLY BY RECEIVING AND ACTING UPON REPORTS OF THE BOARD OF DIRECTORS AND BY GIVING GUIDANCE TO THE BOARD, 1 03 3 BE AUTHORIZED TO AMEND THE ARTICLES OF INCORPORATION AND BY LAWS, EXCEPT AS STATED IN ARTICLE XI OF THESE BY LAWS, 1 03 4 BE AUTHORIZED TO TAKE ALL OTHER ACTIONS WITHIN THE RESPONSIBILITIES OF THE MEMBERS OF THE COUNCIL AND REQUIRING A VOTE OF THE MEMBERS OF THE COUNCIL, 1 03 5 CONDUCT SUCH OTHER BUSINESS AS MAY FROM TIME TO TIME COME BEFORE THE MEMBERS

Identifie	r Return Reference	Explanation		
	FORM 990, PART VI, SECTION B, LINE 11	THE 990 WILL BE REVIEWED BY THE AUDIT COMMITTEE AND, ONCE APPROVED BY THAT COMMITTEE, WILL BE DISTRIBUTED TO THE FULL BOARD VIA E-MAIL AT A SUBSEQUENT BOARD MEETING THE BOARD WILL VOTE TO ACCEPT THE 990		

Identifier	Return Reference	Explanation	
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY THE BOARD IS ASKED TO REVIEW AND SIGN OFF ON THE CONFLICT OF INTEREST POLICY A STATEMENT IS SUBMITTED BY EACH BOARD MEMBER	

Identifier Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE CEO'S ANNUAL PERFORMANCE GOALS ARE SET AND REVIEWED BY THE PERSONNEL COMMITTEE COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE AND IS BASED ON COMPARISONS TO OTHER SIMILARLY SIZED GIRL SCOUT COUNCILS, SIMILARLY SIZED AND MISSIONED NOT-FOR-PROFIT ORGANIZATIONS IN THE GREATER BOSTON AREA, AND BALANCED AGAINST BUDGETARY REALITIES AND EXECUTIVE COMPENSATION TRENDS IN THE NOT-FOR PROFIT SECTOR GSEM, WITH THE ASSISTANCE OF GIRL SCOUTS OF THE UNITED STATES OF AMERICA (GSUSA), HAS ESTABLISHED SALARY GRADES AND BANDS FOR ALL POSITIONS GSEM (THROUGH ITS HUMAN RESOURCES DIRECTOR) REVIEWS COMPARABLE INDUSTRY DATA TO DETERMINE COMPENSATION FOR KEY POSITIONS, INCLUDING THE CEO GSUSA PROVIDES ANNUAL UPDATES ON INCREASES TO THE SALARY GRADES COMPENSATION FOR OTHER POSITIONS IS BASED ON THESE SALARY GRADES, INTERNAL EQUITY CONSIDERATIONS, AND BUDGETARY CONSIDERATIONS, AND IS MADE BY THE CEO AND/OR CHIEF OFFICER FOR THE FUNCTION, AND THE HUMAN RESOURCES DIRECTOR

Identifier	Return Reference	Explanation	
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS ARE POSTED ON THE WEB SITE. CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST	

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN CARRY ING VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST 2,609