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DLN: 93493035011676

# Form **990**

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

 $\blacktriangleright$  Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2014 ca	lendar year, or tax year beginning 10-01-2014 , and ending 09-30-201	.5			
<b>B</b> Ch	eck ıf a	pplicable	C Name of organization GIRL SCOUTS OF EASTERN MASSACHUSETTS INC		D Emplo	yer ide	entification number
Add	dress cl	hange			04-27	0328	1
∏ Na	me cha	inge	Doing business as				
Init	ial retu	ım			E Telepho	ne nun	nber
Fin		mınated	Number and street (or P O box if mail is not delivered to street address) Room/st 95 BERKELEY STREET	uite	· ·		
_					(617)	482-	1078
_	ended	return n pending	City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02116		<b>G</b> Gross r	eceipts	\$ 27,129,778
i Api	Jilcatioi	ii penang		T			
			<b>F</b> Name and address of principal officer PATRICIA A PARCELLIN	H(a)	Is this a group subordinates?	retur	n for ┌ Yes
			95 BERKELEY STREET		suborumates.		1 1651 110
			BOSTON,MA 02116	H(b)	Are all subordi	nates	┌ Yes ┌ No
	x-exen	npt status	s	1	included? If "No," attach	a lıst	(see instructions)
	ebsite	e: <b>&gt;</b> W\	WW HERGIRLSCOUTS ORG		Group exempt		
				H(c)			
			n	<b>L</b> Ye	ar of formation 19	80   N	State of legal domicile MA
Pa	rt I		nmary				
			describe the organization's mission or most significant activities COUTING BUILDS GIRLS OF COURAGE, CONFIDENCE AND CHARA	CTEDIA	ULO MAKE THE	WO D	D A DETTED D  ACE
æ							
Æ	.						
e E	2	Check t	this box 🔭 if the organization discontinued its operations or disposed	of more	than 25% of its	net a	ssets
Activities & Governance	-	CHECK	tins box +	01 111010		iice a.	33003
×5	3	Number	r of voting members of the governing body (Part VI, line 1a)			3	20
<u> </u>	4	Number	r of independent voting members of the governing body (Part VI, line 1b	)		4	20
퇃	5	Total nu	umber of individuals employed in calendar year 2014 (Part V, line 2a)			5	473
ş	6	Total nu	umber of volunteers (estimate if necessary)			6	14,100
	1		nrelated business revenue from Part VIII, column (C), line 12			7a	31,596
	Ь	Net unr	elated business taxable income from Form 990-T, line 34	<u> </u>		7b	2,221
Rayenue				-	Prior Year		Current Year
	8		ributions and grants (Part VIII, line 1h)		1,320,4		1,904,320
	9		ram service revenue (Part VIII, line 2g)		3,280,010		3,240,813
瓷	10 11		stment income (Part VIII, column (A), lines 3, 4, and 7d) rrevenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	1,401,8		5,392,711
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), lin	, e	0,421,7	, 00	6,170,549
	12				12,424,	160	16,708,393
	13	Grant	ts and similar amounts paid (Part IX, column (A), lines 1–3 ) $$ . $$ .		249,4	169	279,824
	14		fits paid to or for members (Part IX, column (A), line 4)			0	0
ø.	15	Salar 5-10	ries, other compensation, employee benefits (Part IX, column (A), lines		8,132,1	157	7,876,648
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)	_			0
<u>Φ</u>			fundraising expenses (Part IX, column (D), line 25) •1,022,621	·		-	
Д	Ь						
	17		r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	•	4,170,7		4,872,915
	18 19		expenses Add lines 13-17 (must equal Part IX, column (A), line 25) nue less expenses Subtract line 18 from line 12	-	12,552,4		13,029,387
<u></u>	19	Reve	nue less expenses Subtract fine 10 nonn fine 12	-	jinning of Curre	-+	3,679,006
Not Assets or Fund Balances				Pef	Year		End of Year
988 888	20	Total	assets (Part X, line 16)		20,664,3	335	23,523,881
정물	21	Total	liabilities (Part X, line 26)		1,196,6	91	1,271,874
	22		ssets or fund balances Subtract line 21 from line 20		19,467,6	544	22,252,007
	rt II		nature Block				
my k	nowle	dge and	f perjury, I declare that I have examined this return, including accompai I belief, it is true, correct, and complete Declaration of preparer (other t knowledge				
		***	***		2016-02-02		
Sigr	1	IB	nature of officer		Date		
Her		▶ PAT	RICIA A PARCELLIN CHIEF EXECUTIVE OFFICER				
		<u> </u>	e or print name and title				
				Date 2016-02-0	Check I if	PTIN P0159	1517
Paid		f	Firm's name ALEXANDER ARONSON FINNING & CO PC		self-employed Firm's EIN > 04		
	pare	r	Firm's address ► 21 EAST MAIN STREET				
Use	On	ly			Phone no (508	י שמכינ	7100
		1	WESTBORO, MA 01581		1		

. Ves No

FOIIII	990 (	2014)				Page 4
Part	1111	Statement of Program Check if Schedule O contains			: III	٦
1	Brief	ly describe the organization's r	nission			
GIRL	scou	JTING BUILDS GIRLS OF CO	URAGE, CONFIDENC	E AND CHARACTER	R, WHO MAKE THE WORLD	A BETTER PLACE
2	the pi	ne organization undertake any s rior Form 990 or 990-EZ? es," describe these new service			ar which were not listed on	
3	Did th	ne organization cease conducti ces?	ng, or make significar	_	onducts, any program	
4	Desc exper	es," describe these changes on ribe the organization's program nses Section 501(c)(3) and 50 otal expenses, and revenue, if a	n service accomplishn 01(c)(4) organizations	s are required to repo		
	(Code	e ) (Expenses	\$ 5,886,860	ıncludıng grants of \$	147,639 ) (Revenue \$	2,766,078 )
	FAMI SUMN MASS FOUR CAMF TRAV IS FO WEEK GRAD AS W BETW CAND ACTIN	P - GIRL SCOUTS OF EASTERN MASSALIES LAST YEAR WE PROVIDED SERVIMER CAMP AND OVER 4,500 WHO TOGACHUSETTS AND IN CENTRAL AND SO RESIDENT CAMPS EACH SPECIALIZING AND IS FOR THE GIRL WHO LIKES TOWARD SELIMENT OF THE STAND OF THE	ICES AND PROGRAMS FOR DK PART IN OUR YEAR-RO DUTHERN NEW HAMPSHIR NG IN A CERTAIN ACTIVITY O GO ROCK CLIMBING, WI TY OF 3-7 DAY ADVENTUR FFERS DRAMA AND SUMM FERN MASSACHUSETTS OF! VARDING EXPERIENCE WH ND CRAFTS, NATURE, OUT NNIPESAUKEE IN NEW HAM IRE SUMMER CAMP ENCO IALLY BE OFFERED, SUCH	ALMOST 7,000 PARTICIP/ UND OUTDOOR PROGRAM E GIRL SCOUT CAMP IS A/ ( CAMP FAVORITE IS KNO- HITE WATER RAFTING OR E TRAVEL PROGRAMS LIK ER STOCK THEATER PROG- FERED AN EXCITING AND ETHER THEY COME FOR O DOOR SKILLS AND COOKO WPSHIRE, AND CAMP FAVO URAGES CHILDREN TO TR AS SAILING, CREATIVE AR	ANTS (SOME REPEAT PROGRAM AT IS OUR CAMPS ARE LOCATED THR SAFE, FUN AND AFFORDABLE OPT OWN FOR ITS SAILING, CAMP WIND PARTICIPATE IN THE ROPES COUR E BACKPACKING AND EXTENDED C GRAMMING! RESIDENT CAMP SESSICREATIVE SUMMER DAY CAMP PRODUTS THERE ARE ALSO TWO FAMIL DRITE ON CAPE COD IN MASSACHULY NEW THINGS, FEEL GOOD ABOUTS, HORSEBACK RIDING, DRAMA, ITS, HORSEBACK RIDING, DRAMA,	TENDEES) WHO TOOK PART IN THE OUGHOUT EASTERN ION FOR SUMMER THERE ARE 10-IN-THE-PINES IS THE ADVENTURI ISE, CAMP RUNELS IS FOR THE ANOE TRIPS, AND CAMP WABASSO IONS GENERALLY RUN ONE OR TWO OGRAM FOR GIRLS ENTERING CAMP, EACH WEEK HAS A THEME, LY CAMP LOCATIONS TO CHOOSE SETTS FAMILIES SWIM, LEARN TO THEMSELVES AND EXPERIENCE ROPES COURSES, TEAM ACTIVITIES
4b	(Code	e ) (Expenses	\$ 2,452,320	ıncludıng grants of \$	132,185 ) (Revenue \$	6,451,025 )
	AND FREAL TROOF VOLUTHEO DEVER GIRLS HEAL	SCOUT PROGRAM ACTIVITIES - THE OF COOPERATIVE LEARNING ACTIVITIES - WORLD LEADERSHIP SKILLS THAT AFT PROPERTY OF EXPERIENCE WHERE TRAINED ADUNTEER EXPERIENCE WITH ONBOARD DUGH TWELFTH GRADE CAN ACHIEVE ELOPMENTALLY-APPROPRIATE REQUIR ELOPMENT COMPONENT AND DEMONS SWITH A VARIETY OF HANDS-ON EXPENDED THAN SOO ACTIVITIES WHICH THE WELLNESS, LEADERSHIP, TEAMY I 25,000 PARTICIPANTS TOOK PART II	GIRL SCOUT LEADERSHIP I ARE DESIGNED TO BUILD RE IN DEMAND BY TODAY'S JIT VOLUNTEERS DELIVER TRAINING, PROGRAM TRA THE HIGHEST AWARDS IN EMENTS PROJECTS MUST TRATE SUSTAINABILTY ANI PERIENCES IN AN INDOOR PROMOTE A GIRL'S EXPOS VORK, COMMUNITY SERVI	TEAMWORK, SELF-CONFIGURED TO THE GIRL SCOUT LEADER: INING, CPR/FA CERTIFIC, GIRL SCOUTING THE GIRL SCOUTION AND/OR OUTDOOR SETTING SURE TO STEM (SCIENCE, CE, ENVIRONMENTAL STEME)	DENCE, AND CREATIVE PROBLEM S HE MAJORITY OF OUR GIRL MEMBE SHIP PROGRAM VOLUNTEERS ARE ATION AND OUTDOOR EDUCATION RL SCOUT GOLD, SILVER, AND BRO MAJOR COMMUNITY NEEDS, HAVE GSEM ALSO OFFERS A LARGE SEL NG THE ULTIMATE GUIDE TO PROG TECHNOLOGY, ENGINEERING AND	SOLVING AND DECISION-MAKING, FRS PARTICIPATE THROUGH A SUPPORTED THROUGH THEIR ADDITIONALLY, GIRLS IN FOURTH NZE AWARDS HAVE RIGOROUS A LEADERSHIP AND COMMUNITY ECTION OF PROGRAMS TO PROVIDING GRAMS AND TRAINING CATALOG MATH), ARTS, HISTORY, CULTURE
	10-1	. \/[			) /D	204 454 \
4c	COMI THE I ARE I QUAL MATH FAB I MISS: WITH	FAB FACTOR PROGRAM IS AN IN-SCH MUNITIES THAT MEET OUR NEED-BAS HIGHEST MA TEEN PREGNANCY RATES LOWER THAN THE STATE AVERAGE AN ITY PROGRAMMING BASED ON FOUR I), LEADERSHIP AND COMMUNITY DEV FACTOR FACILITATOR GSEM PARTNER ION TO BUILD GIRLS OF COURAGE, C I THE BELIEF THAT WITH A HIGH-QUA EL, AN INCREDIBLE DIFFERENCE CAN	OOL AND AFTER-SCHOOL I SED CRITERIA CRITERIA II S, WHERE 9TH-12TH GRAI ID WHERE GIRLS ARE MOF PROGRAMMATIC MODULE VELOPMENT AND PERSONA IS WITH SCHOOL DISTRIC ONFIDENCE AND CHARAC LITY PROGRAM, CONSISTE	NCLUDE COMMUNITIES W DE HS DROPOUT RATES AI RE LIKELY TO BE INVOLVET S WHICH INCLUDE FINANO ALL AND SOCIAL HEALTH AN TS, LOW-INCOME HOUSIN TER, WHO MAKE THE WOI ENT ACCESS TO CARING A	ITH POVERTY RATES ABOVE THE STRE ABOVE THE STATE AVERAGE, WID IN OR WITNESS TO ACTS OF VIOLOGIAL LITERACY, STEM (SCIENCE, TID WELLNESS EACH FAB FACTOR SEARCH OF A BETTER PLACE THE FAB FACOULTS AND THE FAB FACOULTS AND THE IMPLEMENTATION	TATE AVERAGE, COMMUNITIES WITH HERE STANDARDIZED TEST SCORES ENCE THE FAB FACTOR OFFERS ECHNOLOGY, ENGINEERING AND ITE IS SUPPORTED BY A TRAINED Y AGENCIES THAT BELIEVE IN OUR TOR PROGRAM WAS DEVELOPED OF THE GIRL SCOUT LEADERSHIP
4d		er program services (Describe benses \$	in Schedule O ) including grants o	f¢	) (Revenue \$	١
45	• •	<u> </u>		<u>'</u>	/ (INEVENIUE P	,
4e	rota	ıl program service expenses 🟲	10,565,223			

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	140
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? <i>If "Yes," complete Schedule C, Part III</i>	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 2	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
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
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
14a	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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	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	
19	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		No
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 or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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? <i>If "Yes," complete Schedule J</i>	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 25a	24a		No
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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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			
	<i>IV</i>	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
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? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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 "Yes," complete Schedule R, Part I</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 $2 \cdot$	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂_				
1.	Enter the number reported in Box 2 of Forms 1006 Enter Out that applicable 1.1		Yes	No				
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 89  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable							
Ī	gaming (gambling) winnings to prize winners?	<b>1</b> c	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?	За	Yes					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No				
b	If "Yes," enter the name of the foreign country   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo				
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?							
	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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		No				
	were not tax deductible?	6b						
	Organizations that may receive deductible contributions under section 170(c).							
	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					
Č	file Form 8282?	<b>7</b> c		Νo				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit							
	contract?	7e		Νo				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8						
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
0	Section 501(c)(7) organizations. Enter							
а	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
	Section 501(c)(12) organizations. Enter							
	Gross income from members or shareholders							
D	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?	13a						
h	Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states							
U	in which the organization is licensed to issue qualified health plans							
c	Enter the amount of reserves on hand	[						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo				
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
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		No
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
	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	
	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	
С	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	
b	O ther officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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		
Se	ction 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)
- 19 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
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►NANCY LEWIS

Form 990 (2014)	
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)	a	g	e	7
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## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ♣ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					:	(D) Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	Ŧ			
C	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	Þ	844,753	0	20,223

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►6

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual	מ	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	3	103	
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
SILVERMAN TRYKOWSKI ASSOCIATES 21 DRYDOCK AVE 7 BOSTON, MA 02110	MASTER SITE PLAN	442,473

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►1

art VI	111	Statement o						
		Check if Schedi	ule O contains a respor	nse or note to any lir I				<u> </u>
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
اعبر	1a	Federated cam	paigns 1a	360,271				
Grants	b	Membership du	es <b>1b</b>					
֓֞֞֞֞֞֞֞֞֞֞֞֞֓֓֓֓֞֞֞֞֞֞֞֞֓֓֡֓֞֞֞֞֡֞֡֞֞֞֞֡֞֡֞֡֞֡	c	Fundraising eve	ents <b>1</b> c	113,250				
oms, illar A	d	Related organiz	rations 1d					
೨ ∺	e	Government grants	s (contributions) <b>1e</b>					
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and <b>1f</b> ot included above	1,430,799				
	g	Noncash contribution 1a-1f \$	ons included in lines	52,162				
and	h	Total. Add lines	s 1a-1f	🗼	1,904,320			
				Business Code				
Program Serwce Revenue	2a	CAMPING		813410	2,198,415	2,198,415		
æ   ≊	b	GIRL PROGRAMS	-	813410	618,255	618,255		
93	C	MEMBERSHIP		813410	327,700	327,700		
er er	d	OTHER PROGRAMS	3	813410	74,681	55,691	18,990	
<del>ှိ</del>	e	ADULT PROGRAMS		813410	21,762	21,762		
	f	All other progra	ım service revenue					
<u>&amp;</u>	g	Total. Add lines	s 2a – 2f		3,240,813			
	3		ome (including dividen					
		and other simil	aramounts)	•	465,192			465,19
	4		tment of tax-exempt bond	proceeds				
	5	Royalties	(2) D == 1	(v) Dansanal				
	62	Gross rents	(ı) Real	(II) Personal				
	b	Less rental						
	_	expenses Rental income						
	С .	or (loss)						
	d	Net rental inco	me or (loss)	· · · · · · · · · · · · · · · · · · ·				
	7a	Gross amount from sales of assets other	(1) Securities 5,736,450	(II) O ther 5,067,323				
	b	than inventory Less cost or other basis and	5,432,154	444,100				
		sales expenses						
	C	Gain or (loss)	304,296	4,623,223	4,927,519			4,927,51
	d 8a	Gross income f	rom fundraising	· · · · •	1,32,7,313			1,327,31
Other Kevenue		events (not inc \$113	luding ,250 s reported on line 1c)					
_	-		a	18,430				
5	b c		penses <b>b</b> (loss) from fundraising	56,918	-38,488			-38,48
			rom gaming activities	events p-	30,100			30,10
	b		a penses b					
			(loss) from gamıng actı	vities				
	10a	Gross sales of						
		returns and allo	owances . a	10,640,966				
	b	Less cost of a	oods sold <b>b</b>	4,488,213				
			(loss) from sales of inv		6,152,753	6,140,147	12,606	
		Miscellaneous		Business Code				
T	11a	OTHER REVEN	IUE	900099	56,284	56,284		
	b							
	c							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨	56,284			
	12	Total revenue.	See Instructions .	🖊	16,708,393	9.418.254	31,596	5,354,22

	990 (2014)				Page 10
	Statement of Functional Expenses	l		laba a lunara (A.)	
section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
<u> </u>	Check if Schedule O contains a response or note to any line in this		(B)	(c)	<u> </u> (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	279,824	279,824		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	,	,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	483,905	190,047	239,933	53,925
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	5,535,382	4,656,187	329,198	549,997
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,304,242	1,072,255	117,003	114,984
10	Payroll taxes	553,119	446,122	50,434	56,563
11	Fees for services (non-employees)				
а	Management				
b	Legal	41,397		41,397	
С	Accounting	46,414		46,414	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	69,525		69,525	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	778,787	574,244	141,830	62,713
12	Advertising and promotion				
13	Office expenses	559,243	418,387	80,753	60,103
14	Information technology				
15	Royalties				
16	Occupancy	741,544	562,459	126,275	52,810
17	Travel	162,604	140,831	16,395	5,378
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	98,645	66,328	18,169	14,148
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	361,319	264,882	· · · · · · · · · · · · · · · · · · ·	23,193
23	Insurance	239,949	179,804	45,680	14,465
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)				
а	PROGRAM EXPENSES	1,550,051	1,550,051		
ь	EQUIPMENT COSTS	214,384	157,165	43,458	13,761
c	MEMBERSHIP DUES	9,053	6,637	1,835	581
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	13,029,387	10,565,223	1,441,543	1,022,621
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

Fai	T A	Check if Schedule O contains a response or note to any line in	thıs Pa	art X			
					(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash-non-interest-bearing			275,416	1	545,322
	2	Savings and temporary cash investments			1,283,065	2	4,298,207
	3	Pledges and grants receivable, net			69,392	3	132,190
	4	Accounts receivable, net			140,431	4	119,471
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete P. Schedule L	directo art II o	rs, trustees, key 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	contril mploy	outing employers		6	
Š.	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use			205,898	8	187,712
	9	Prepaid expenses and deferred charges			252,553	9	71,613
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1	16,232,213	·		<u> </u>
	ь	Less accumulated depreciation	10b	10,824,504	5,111,880	10c	5,407,709
	11	Investments—publicly traded securities	٠		13,056,030	11	12,550,604
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			269,670	15	211,053
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .			20,664,335	16	23,523,881
	17	Accounts payable and accrued expenses			912,126	17	1,017,848
	18	Grants payable			·	18	
	19	Deferred revenue			284,565	19	254,026
	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 disqual	ors, tr				
Liabiliti		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s.			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	ted th	ird parties, Schedule		25	
	26	D			1,196,691	25	1,271,874
	26	Total liabilities. Add lines 17 through 25			1, 190,091	26	1,271,074
φ		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	J <b>y</b> and	i complete			
Ë	27	Unrestricted net assets	_	_	16,103,658	27	18,404,624
Fund Balance	28	Temporarily restricted net assets			1,103,674	28	1,578,550
<u>ш</u>	29	Permanently restricted net assets			2,260,312	29	2,268,833
Ē		Organizations that do not follow SFAS 117 (ASC 958), check h			_,,		_,
or F		complete lines 30 through 34.	<del>-</del> -	,			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	_
ASS	32	Retained earnings, endowment, accumulated income, or other				32	
Net	33	Total net assets or fund balances			19,467,644	33	22,252,007
Z	34	Total liabilities and net assets/fund balances			20,664,335	34	23,523,881
	ı		•		,55 .,556		,520,001

Par	Reconcilliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI	•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		16,7	708,393
2	Total expenses (must equal Part IX, column (A), line 25)	2		13 (	29,387
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		3,6	79,006
4	Net assets of fulld balances at beginning of year (must equal Part X, fille 33, column (A))	4		19,4	167,644
5	Net unrealized gains (losses) on investments	5		- 8	883,731
6	Donated services and use of facilities				
-	T	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Not accept an final haloman at and of many Combined lines 2 th name to 0 /mount annual Port V, line 22	9		•	-10,912
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		22,2	252,007
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. Г</u>
				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 revie a separate basis, consolidated basis, or both	wed or	1		
	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 sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				1:
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	1e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

Software ID: **Software Version:** 

**EIN:** 04-2703281

Name: GIRL SCOUTS OF EASTERN MASSACHUSETTS INC

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers,	Direct	ors,	Tru	ste	es, k	(ey	Employees, Higl	hest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion (e nan o n is b	ne b oth ctor/	ox, u an of trus	inless fficer tee)		(D)  Reportable compensation from the organization (W- 2/1099-MISC)	able Reportable Estimates of compensation of the from related compion (W- organizations (W- from the from related compion (W- organizations (W- from the fro	
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/10334413€/	2/1033-1413-0	organization and related organizations
(1) ELIZABETH STEVENSON	11 00	X		х				0	0	0
PRESIDENT (1) MARY SHAPIRO	3 00									
FIRST VICE CHAIR		Х		х				0	0	0
(2) DAWN MORRIS	3 00	,,								
SECOND VICE CHAIR		Х		Х				0	0	0
(3) RONALD O'CONNELL	3 00	X		x				0	0	0
TREASURER  (4) MELISSA PALMER	3 00									
		х		х				0	0	0
SECRETARY (5) MARCELA ALDAZ-MATOS	0 50									
BOARD MEMBER		X						0	0	0
(6) PAUL CARBONE	0 50	х						0	0	0
BOARD MEMBER		^						Ů	0	
(7) MARY CREALESE	0 50	х						0	0	0
BOARD MEMBER (8) LYNN CUTTER	0 50									
BOARD MEMBER		Х						0	0	0
(9) MARCELA M DANESH	0 50								_	
BOARD MEMBER		Х						0	0	0
(10) RICHARD F GALEHOUSE	0 50	X						0	0	0
BOARD MEMBER (11) LAURIE GILES										
	0 50	Х						0	0	0
BOARD MEMBER (12) LEANNE GRILLO	0 50									
BOARD MEMBER		Х						0	0	0
(13) BEA MAH HOLLAND	0 50	х						0	0	0
BOARD MEMBER		_ ^						0	0	0
(14) DIANE LONGTIN	0 50	X						0	0	0
BOARD MEMBER (15) MARCIA METZ	0 50									
BOARD MEMBER		Х						0	0	0
(16) JANE PUFFER	0 50									
BOARD MEMBER		X						0	0	0
(17) CAROL SAPOZNIK	0 50	х						0	0	0
BOARD MEMBER								Ů	, and the second	
(18) TANISHA SULLIVAN	0 50	х						0	0	0
BOARD MEMBER (19) TRICIA TILFORD	1 00									
BOARD MEMBER		Х						0	0	0
(20) PATRICIA A PARCELLIN	40 00			,,				F7 670		
CHIEF EXECUTIVE OFFICER				Х				57,679	0	0
(21) PAM SALKOVITZ	40 00						×	157,500	0	0
FORMER CHIEF EXEC OFFICER (22) BARBARA FORTIER	40 00						_			
CHIEF OPERATING OFFICER	40 00			х				141,317	0	6,160
(23) NANCY LEWIS	40 00									
CHIEF FINANCIAL OFFICER				Х				138,710	0	6,108
(24) JAN GOLDSTEIN	40 00					х		118,151	0	1,312
CHIEF MARKETING OFFICER									<u> </u>	

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th persor and a	ion ( nan o n is b	ne booth a	ox, u an of ⁄trust	nless ficer tee)		(D)  Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	_,,	_,,	related organizations
(26) MELANIE TAVARES CHIEF PROGRAM OFFICER	40 00					х		104,190	0	596
(1) MARY TIERNAN CHIEF DEVELOPMENT OFFICER	40 00					х	·	127,206	0	6,047

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## OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2014

Open to Public Inspection

Name of the organization **Employer identification number** GIRL SCOUTS OF FASTERN MASSACHUSETTS INC. 04-2703281 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iv) Is the organization (vi) A mount of (iii) Type of (v) A mount of listed in your governing other support (see organization organization monetary support (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No Total

Sch	edule A (Form 990 or 990-EZ) 2014						Page <b>2</b>
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
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						
3	behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI )						
11	<b>Total support</b> Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto				<del></del>	<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		<del> </del>	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	<b>33 1/3% support test—2014.</b> If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and <b>stop here.</b> The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	<b>-2014.</b> If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	<b>▶</b> ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		<b>▶</b> ┌
18	<b>Private foundation.</b> If the organizations	on ala not check	ca box on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• <b>▶</b> □

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.)

	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	<b>(e)</b> 20	014	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do	1,503,397	1,666,057	1,332,417	1,320,496	1	,904,320	7,726,687
	not include any "unusual grants ")	1,505,537	1,000,007	1,332,117	1,320,130	-	,50 1,520	7,720,007
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished in any activity that is related to	9,608,504	10,056,174	9,561,420	9,519,956	9	,361,970	48,108,024
	the organization's tax-exempt							
3	purpose Gross receipts from activities that						$\longrightarrow$	
3	are not an unrelated trade or							
	business under section 513						$\longrightarrow$	
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						$\longrightarrow$	
6	Total. Add lines 1 through 5	11,111,901	11,722,231	10,893,837	10,840,452	11	,266,290	55,834,711
/a	Amounts included on lines 1, 2, and 3 received from disqualified	56,484	42,600	31,040	34,416		28,677	193,217
	persons						$\longrightarrow$	
b	Amounts included on lines 2 and 3 received from other than							
	disqualified persons that exceed							0
	the greater of \$5,000 or 1% of							
_	the amount on line 13 for the year Add lines 7a and 7b	56,484	42,600	31,040	34,416		28,677	193,217
8	Public support (Subtract line 7c		,	,	,			55,641,494
	from line 6 )							33,041,434
	ction B. Total Support		I	1			<del></del>	
Cuic	beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d)</b> 2013	<b>(e)</b> 20	114	(f) Total
9	A mounts from line 6	11,111,901	11,722,231	10,893,837	10,840,452	11,	,266,290	55,834,711
10a	Gross income from interest, dividends, payments received							
	on securities loans, rents,	293,729	265,029	303,260	298,435		465,192	1,625,645
	royalties and income from							
ь	Unrelated business taxable							
_	ıncome (less section 511							
	taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	293,729	265,029	303,260	298,435		465,192	1,625,645
11	Net income from unrelated							
	business activities not included in line 10b, whether or not the	10,486	18,795	15,284	38,986		31,596	115,147
	business is regularly carried on							
12	Other income Do not include gain or loss from the sale of							
	capital assets (Explain in Part VI )	93,508	128,342	133,380	180,398		56,284	591,912
13	<b>Total support.</b> (Add lines 9,	11,509,624	12,134,397	11,345,761	11,358,271	11,	,819,362	58,167,415
14	10c, 11, and 12) First five years. If the Form 990 is	for the organization	on's first, second	l, thırd, fourth, or f	ifth tax year as a	section	 501(c)(:	3) organization,
	check this box and <b>stop here</b>		·	· · ·	,			▶□
<u>Se</u> 15	ction C. Computation of Pub Public support percentage for 2014			12 column (f))		1		
	• • • •	, , ,	•	13, Column (1))		15	<del>                                     </del>	95 660 %
16	Public support percentage from 20:	-	<u> </u>			16		95 890 %
<u>Se</u> 17	ction D. Computation of Inv Investment income percentage for				n (f))	17		 2 790 %
18	Investment income percentage from			•	V-11	18		2 550 %
	33 1/3% support tests—2014. If the				line 15 is more t		/3% and	
	more than 33 1/20/2 check this box							I IIII€ 17 IS IIOC

b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V  $\,)$ 

Section A. All Supporting Organizations
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Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization evergice a substantial degree of direction over the policies, programs and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

#### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

#### Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 Amounts paid to perform activity that directly furthexcess of income from activity	ported organizations, in		
3 Administrative expenses paid to accomplish exemp	anızatıons		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
<b>c</b> From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	

Return Reference	Explanation
	OTHER INCOME INCLUDES RETURNED CHECK AND LATE PAYMENT FEES AND GIRL SCOUTS OF THE USA (GSUSA) PENSION UNDERWRITING

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493035011676

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

**Political Campaign and Lobbying Activities** 

www.irs.gov/form990. 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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number

GIR	L SCOUTS OF EASTERN MASSACHUSET	TS INC		04-2703281	I
Par	t I-A Complete if the or	ganization is exempt under s	section 501(		
1	Provide a description of the or	ganızatıon's dırect and ındırect politic	al campaign act	civities in Part IV	
2	Political expenditures			►	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under s	section 501(	c)(3).	
1		e tax incurred by the organization und			\$
2	Enter the amount of any excise	e tax incurred by organization manage	ers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	O for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under s	section 501(	c), except section 5	01(c)(3).
1	Enter the amount directly expe	ended by the filing organization for sec	ction 527 exemp	pt function activities 🕨	\$
2	Enter the amount of the filing o exempt function activities	organization's funds contributed to oth	ner organizations	s for section 527 ►	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	ınd on Form 112	0-POL, line 17b	\$
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments f amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	e amount paid fro rectly delivered	om the filing organization's to a separate political org	funds Also enter the anization, such as a
	(a) Name	(b) Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
For F	Paperwork Reduction Act Notice, se	<u> </u> ee the instructions for Form 990 or 990:	<u>I</u>	<u> </u>	(Form 990 or 990-EZ) 2014

5 c	hedule C (Form 990 or 990-EZ) 2014					Page <b>2</b>
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1					
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	( <b>d)</b> 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

		ganization is exempt under section 501(c)(3) and has election under section 501(h)).	NOT			<u> </u>	age 3
	-		(	a)		(b)	
activ		nh 11 below, provide in Part IV a detailed description of the lobbying	Yes	No	4	A moui	nt
1		anization attempt to influence foreign, national, state or local to influence public opinion on a legislative matter or referendum,		<u> </u>			
а	Volunteers?		Yes	1			
b	Paid staff or management (include	e compensation in expenses reported on lines 1c through 1i)?	Yes		1		
c	Media advertisements?			Νo			
d	Mailings to members, legislators,	or the public?	Yes				
е	Publications, or published or broa	dcast statements?		Νo			
f	Grants to other organizations for l	lobbying purposes?		Νo			
g	Direct contact with legislators, th	eır staffs, government officials, or a legislative body?	Yes				553
h	Rallies, demonstrations, seminars	s, conventions, speeches, lectures, or any similar means?		No			
i	O ther activities?			Νo			
j	Total Add lines 1c through 1i			_			553
2a		the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any						
C	If "Yes," enter the amount of any	tax incurred by organization managers under section 4912		_			
		a section 4912 tax, did it file Form 4720 for this year?					
Par		ganization is exempt under section 501(c)(4), section	501(c	)(5), (	or s	ectio	n
	501(c)(6).					Yes	No
1	Were substantially all (90% or mo	ore) dues received nondeductible by members?		Г	1	163	140
2		-house lobbying expenditures of \$2,000 or less?		-	2		
3		y over lobbying and political expenditures from the prior year?		F	3		
		ganization is exempt under section 501(c)(4), section	501(c	1(5)		ectio	n
		ither (a) BOTH Part III-A, lines 1 and 2, are answered '					
1	Dues, assessments and similar a		1				
2	Section 162(e) nondeductible lob expenses for which the section 52	bying and political expenditures (do not include amounts of political 27(f) tax was paid).					
а	Current year		2a				
b	Carryover from last year		2b				
С	Total		2c				
3		ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		Int on line 2c exceeds the amount on line 3, what portion of the excess rryover to the reasonable estimate of nondeductible lobbying and					
	political expenditure next year?	myover to the reasonable estimate of hondeductible lobbying and	4				
5		olitical expenditures (see instructions)	5				
Pa	rt IV Supplemental Info	ormation	•				
		Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groe 1 Also, complete this part for any additional information	up list),	, Part II	-A,I	ınes 1	. and
	Return Reference	Explanation					
PAR	,	MEMBERS OF THE STAFF AND BOARD OF THE GIRL SCOUTS OF EAMET WITH OUR CONGRESSIONAL REPRESENTATIVES TO ASK FOHOUSE OF REPRESENTATIVES BILL HR 3902 AND SENATE BILL WERE IN REFERENCE TO THE CHILD PROTECTION IMPROVEMENT DISCUSSED AND PACKETS OF INFORMATION WERE PROVIDED TO	R THEI S 1362 FS ACT	R SUPP BOTH THE B	ORT OF \ ILLS	ON WHICH WER	H E
PAR	ΓΙΙ-Β, LINE 1G	THE \$553 SPENT AS NOTED ON SCHEDULE C PART II-B LINE 1G I ALLOCATION OF STAFF SALARIES FOR TIME SPENT					

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493035011676

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.

Open to Public

emal	Revenue Service	Information about Schedule D (Form	990) and its instructions is at <u>www.ii</u>	rs.gov/form990.	Inspection
	me of the organi			Employer identif	ication number
ΣIΚ	L SCOUTS OF EASIE	ERN MASSACHUSETTS INC		04-2703281	
Pa		izations Maintaining Donor Adv		Funds or Accour	<b>its.</b> Complete if th
	organiz	zation answered "Yes" to Form 990	, Part IV, line 6.  (a) Donor advised funds	(b) Funds a	nd other accounts
	Total number a	t end of year	(a) Bollot davised falles	(B) Tanas a	na other accounts
		ue of contributions to (during year)			
	Aggregate valu	ue of grants from (during year)			
	Aggregate valu	ue at end of year			
	_	zation inform all donors and donor adviso organization's property, subject to the or	<u> </u>	onor advised	┌ Yes ┌ No
	used only for c	zation inform all grantees, donors, and do haritable purposes and not for the benef ermissible private benefit?	<del>_</del>		┌ Yes ┌ No
a		rvation Easements. Complete if	the organization answered "Yes"	to Form 990, Part	IV, line 7.
	Preservation Preservation Preservation Complete lines	conservation easements held by the orga on of land for public use (e g , recreation of natural habitat on of open space s 2a through 2d if the organization held a he last day of the tax year	or education)  Preservation of a Preservation of a	in historically import i certified historic st i the form of a conse	ructure
	easement on the	ne last day of the tax year		Held at 1	the End of the Year
a	Total number o	of conservation easements		2a	the file of the real
b	Total acreage	restricted by conservation easements		2b	47 7
2	Number of con	servation easements on a certified histo	rıc structure ıncluded ın (a)	2c	
d		servation easements included in (c) acq ure listed in the National Register	uired after 8/17/06, and not on a	2d	
	Number of con the tax year ►	servation easements modified, transferr 	ed, released, extinguished, or terminat	ted by the organizati	on during
	Number of stat	tes where property subject to conservati	on easement is located 🛌 👤 1		
		nization have a written policy regarding t f the conservation easements it holds?	he periodic monitoring, inspection, hai	ndling of violations,	and Yes V No
	Staff and volun	nteer hours devoted to monitoring, inspec	cting, and enforcing conservation ease	ements during the ye	ar
	A mount of exp ▶ \$	enses incurred in monitoring, inspecting	, and enforcing conservation easemen	ts during the year	
		nservation easement reported on line 2(c 70(h)(4)(B)(ii)?	l) above satisfy the requirements of se	ection 170(h)(4)(B)(	」) 「Yes
	balance sheet,	escribe how the organization reports cor , and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financia		
ŧΤí	t IIII Organ	izations Maintaining Collection ete if the organization answered "Y	s of Art, Historical Treasures,	, or Other Simila	ar Assets.
a	works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	ts held for public exhibition, education	, or research in furth	
b	If the organiza works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse the following amounts relating to these	16 (ASC 958), to report in its revenue ts held for public exhibition, education	e statement and bala	
	(i) Revenue in	cluded in Form 990, Part VIII, line 1		<b>►</b> \$	
	(ii) Assets inc	luded in Form 990, Part X			
	If the organiza	tion received or held works of art, histori ints required to be reported under SFAS		for financial gain, pr	
a	Revenue includ	ded in Form 990, Part VIII, line 1		<b>►</b> \$	
ь		ed in Form 990, Part X		, <u></u>	
	maacta iliciuut	Samioni 220, Fait A		<b>F</b> ⊅	

Part	Organizations Maintaining Co	llections of Art,	His	<u>torical</u>	<u>Treas</u>	ures, or Ot	ther Si	<u>imilar As</u>	sets (d	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ls, ch	eck any	of the fol	lowing that a	re a sıgı	nıfıcant use	e of its	
а	Public exhibition		d	┌ Lo	an or exc	hange progra	ams			
b	Scholarly research		e	┌ ot	her					
c	Preservation for future generations									
4	Provide a description of the organization's c Part XIII	ollections and explai	n hov	v they fur	ther the	organızatıon'	s exemp	ot purpose	ın	
5	During the year, did the organization solicit	or receive donations	ofar	t, historio	al treas	ures or other	sımılar		_	
	assets to be sold to raise funds rather than								☐ Yes	☐ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar					n answered	l "Yes"	to Form 9	990, 	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other interme	dıary	for contr	ıbutıons	or other ass	ets not		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follow	ving table		_				
						_		Ar	nount	
С	Beginning balance					_	1c			
d	Additions during the year					L	1d			
e	Distributions during the year					<del>-</del>	1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21,	for escro	worcust	todıal accour	ıt lıabılıt	:y?	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	expla	anation h	as been	provided in P	art XIII			Γ
Pa	rt V Endowment Funds. Complete		ans	wered "	_					
		(a)Current year	(b)	Prior year	<del>- ` ´</del>	wo years back	(d)Three		(e)Four	years back
1a	Beginning of year balance	3,057,235		2,859,4	_	2,764,909		2,456,322		2,478,326
b	Contributions	19,433		10,0	00	1,813		20,940		12,510
С	Net investment earnings, gains, and losses	-47,177		195,0	04	146,391		288,797		-32,423
d	Grants or scholarships									
e	Other expenditures for facilities and programs	12,371		7,2	17	53,665		1,150		2,091
f	Administrative expenses									
g	End of year balance	3,017,120		3,057,2	:35	2,859,448		2,764,909		2,456,322
2	Provide the estimated percentage of the cur	rent year end balanc	e (lın	e 1g, col	umn (a))	held as				
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment ► 71 990 %									
C	Temporarily restricted endowment > 28 The percentages in lines 2a, 2b, and 2c sho	010 % uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiza	tion t	that are h	eld and	admınıstered	for the			
	organization by								Yes	+
	(i) unrelated organizations							3a	• •	No No
ь	(ii) related organizations							3a(		1 110
4	Describe in Part XIII the intended uses of t	·								
	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line	<b>ent.</b> Complete ıf tl				wered 'Yes'	to For	m 990, Pa	art IV, I	ine
	Description of property	10.			t or other vestment)	(b)Cost or ot basis (othe		) Accumulated depreciation	d <b>(d)</b> E	Sook value
	_and			1		1,218	.837			1,218,837
	Buildings					10,525		7,699,2	77	2,825,821
	Leasehold improvements					<del> </del>	,222	59,2	_	4,930
	Equipment					2,538	<del>-  </del>	2,158,2		380,200
	Other					1,885		907,6	-	977,921
	I. Add lines 1a through 1e (Column (d) must e		, colu	mn (B), II	ne 10(c).	•				5,407,709
	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,		. ,,	. , , -	•			) (Form	990) 2014

Part VII Investments—Other Securities. Co	mplete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (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)	<b>F</b>	
Part VIII Investments—Program Related. C	complete if the organizati	on answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
		90, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.	anization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		1
		†
		_
		-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>	-
D. La la la la tara francisco de la contra del contra de la contra del contra de la contra del contra de la contra del la contr	do the toyt of the fortunation	

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Ret	urn Complete if
1	the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total revenue, gains, and other support per audited financial statements	1	16,039,406
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	-	10,000,100
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
	,		E00.463
e	Add lines 2a through 2d	2e	-599,462
3	Subtract line 2e from line 1	3	16,638,868
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 69,525		
b	Other (Describe in Part XIII )		
С	Add lines <b>4a</b> and <b>4b</b>	4c	69,525
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	16,708,393
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.	s per Ro	eturn. Complete
1	Total expenses and losses per audited financial statements	1	13,255,043
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a 238,263		
b	Prior year adjustments	1	
С	Other losses	1	
d	Other (Describe in Part XIII )	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	295,181
3	Subtract line <b>2e</b> from line <b>1</b>	3	12,959,862
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 69,525		
ь	Other (Describe in Part XIII ) 4b		
c	Add lines 4a and 4b	4c	69,525
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	13,029,387
	t XIII Supplemental Information		

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

Explanation
THE GIRL SCOUTS OF EASTERN MASSACHUSETTS, INC DID NOT INCUR ANY EXPENSES OR GENERATE ANY REVENUE ON THE CONSERVATION EASEMENT DURING THE YEAR
GSEM'S ENDOWMENT FUNDS ARE TO BE USED FOR THE FOLLOWING DONOR DESIGNATED PURPOSES PROGRAM AND PROPERTY PROJECTS FINANCIAL AID GIRL SCOUTING IN VARIOUS INDIVIDUAL TOWNS
UNCERTAIN TAX POSITION FOOTNOTE THE COUNCIL ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC 740, INCOME TAXES THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE COUNCIL HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT SEPTEMBER 30, 2015 AND 2014 THE COUNCIL'S INFORMATION AND TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE JURISDICTIONS AND GENERALLY REMAIN OPEN FOR THE MOST RECENT THREE YEARS
CHANGE IN CARRYING VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST -10,912 SPECIAL EVENT EXPENSE SHOWN NET ON 990, PART VIII, LINE 8B 56,918
SPECIAL EVENT EXPENSE SHOWN NET ON 990, PART VIII, LINE 8B 56,918

Jenedale 2 (1 31111 33 3) 23 13		1 age 5
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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DLN: 93493035011676

OMB No 1545-0047

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

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. Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization GIRL SCOUTS OF EASTERN MASSACHUSETTS INC							Employer identification number		
JIRL SCOUTS OF EAS	TERN MASS	ACHUSEIISIN	C				04-2703281		
		<b>es.</b> Complete to complete th		janizatio	n answered "Yes" to	Form 9	90, Part IV,	line 17. Form 990-E2	
1 Indicate whether	the organizati	on raised funds	through aı	ny of the f	following activities Che	eck all tha	at apply		
a  Mail solicitati	ons			е	Solicitation of nor	n-governn	nent grants		
<b>b</b> Internet and e	email solicitat	ions		f	Solicitation of gov	ernment	grants		
c   Phone solicita	itions			g	Special fundraisin	ig events			
d  ☐ In-person sol	ıcıtatıons								
					vidual (including office tion with professional f			Г <sub>Yes</sub> Г <sub>N</sub>	
<b>b</b> If "Yes," list the to be compensate				fundraise	rs) pursuant to agreem	ents unde	er which the fu	ndraiser is	
(i) Name and addre ındıvıdual or entity (fundraıs		(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or re fundra	ount paid to tained by) serlisted in ool <b>(i)</b>	(vi) A mount paid to (or retained by) organization	
1			Yes	No					
2									
3									
4									
5									
6									
7									
8									
9									
10									
Fotal				<u> </u>					
3 List all states in w		nızatıon ıs regis	tered or li	censed to	Losolicit contributions o	I or has bee	n notified it is	L exempt from	

Sche	dule	G (Form 990 or 990-EZ) 2014				Page 2		
Pai	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contributi					
			(a) Event #1  LEADING WOMEN (event type)	(b) Event #2  COOKIE CREATION (event type)	(c) O ther events  0 (total number)	(d) Total events (add col (a) through col (c))		
₽	1	Gross receipts	123,908	7,772		131,680		
Revenue	2	Less Contributions	110,588	2,662		113,250		
₩	3	Gross income (line 1 minus line 2)	13,320			18,430		
	4	Cash prizes						
	5	Noncash prizes						
Expenses	6	Rent/facility costs	36,034	10,772		46,806		
ă	7	Food and beverages .						
Direct	8	Entertainment						
ā	9	Other direct expenses .	6,529	3,583		10,112		
	10	Direct expense summary Add lir	nes 4 through 9 ın column	(d)		(56,918)		
	11	Net income summary Subtract li	ine 10 from line 3, column	(d)	•	-38,488		
Par	t II	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than		
Revenue		\$15,000 OH FORM 550 EZ, II	(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						
sesuedy	3	Non-cash prizes						
Д Ç	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	☐ Yes         %           ☐ No	┌ Yes % % No				
	7 Direct expense summary Add lines 2 through 5 in column (d)							
	8	Net gaming income summary Sub	tract line 7 from line 1, co	lumn (d)				
9		ter the state(s) in which the organiz						
a		the organization licensed to conduc				「Yes 「No		
Ь	It"	No," explain						
10a b		re any of the organization's gaming 'Yes," explain				· ·   Yes   No		
_		· · ·						

Sche	edule G (Form 990 or 990-EZ) 2014				Page <b>3</b>				
11	Does the organization conduct gaming	activities with nonn	members?	┌ Yes 「	No No				
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity						
	formed to administer charitable gaming	۱۶		Г <sub>Yes</sub> Г	— No				
13	Indicate the percentage of gaming acti		1 1	, , , ,					
а	The organization's facility		13a		%				
b	An outside facility				%				
14	Enter the name and address of the pers	on who prepares th	ne organization's gaming/special events books and records						
	Name <b>▶</b>								
	Address ►								
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming						
				┌ Yes 「	— <sub>No</sub>				
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by	· ·	the organization <b>&gt;</b> \$ and the						
c	If "Yes," enter name and address of the third party								
	Name 🟲								
	Address 🏲								
16	Gaming manager information								
	Name 🟲								
	Gaming manager compensation 🕨 \$								
	Description of services provided								
	Director/officer	<del>_</del> Employee	☐ Independent contractor						
17	Mandatory distributions								
а	Is the organization required under state	Is the organization required under state law to make charitable distributions from the gaming proceeds to							
	retain the state gaming license?								
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent								
	ın the organızatıon's own exempt actıvı		·						
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr						
	Return Reference		Explanation						

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493035011676 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 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. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization GIRL SCOUTS OF EASTERN MASSACHUSETTS INC 04-2703281 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal, other)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . . .

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

(a)Type of grant or assistance	<b>(b)</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
(1) CAMPERSHIP	422		147,639	FAIR MARKET VALUE	SEE SCHEDULE I, PART IV
(2) PROGRAM AWARDS	235		37,502	FAIR MARKET VALUE	SEE SCHEDULE I, PART IV
(3) EDUCATION AWARDS	2		2,000	FAIR MARKET VALUE	EDUCATIONAL SCHOLARSHIP
(4) MEMBERSHIP	3200		92,683	FAIR MARKET VALUE	SEE SCHEDULE I, PART IV

Part IV Supplemental II	<b>nformation.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
	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

Schedule I (Form 990) 2014

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DLN: 93493035011676

OMB No 1545-0047

**Compensation Information** 

Schedule J (Form 990)

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

04-2703281

Pa	<b>TEL</b> Questions Regarding Compensatio	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II.					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	$\Gamma$	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement or provision of all of the expenses d			1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2			
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all t used by a related organization to establish compens	hat apply	·			
	Compensation committee	Γ	Written employment contract			
	☐ Independent compensation consultant	ᅜ	Compensation survey or study			
	Form 990 of other organizations	<b>▽</b>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		No
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pi	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	tions mu	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of					
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,					
-	subject to the initial contract exception described i					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow th section 53 $4958-6(c)$ ?	e rebutta	able presumption procedure described in Regulations	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) B		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation			( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990	
1 PAM SALKOVITZ, FORMER CHIEF EXEC OFFICER	(i)	157,500	0	0	0	0	157,500	0	
(	ii)	0	0	0	0	0	0	0	

Schedule J (Form 990) 2014

## Part III Supplemental Information

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

T

Return Reference Explanation

Schedule J (Form 990) 2014

DLN: 93493035011676

OMB No 1545-0047

Open to Public Inspection

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

Department of the Treasury

Name of the organization

GIRL SCOUTS OF EASTERN MASSACHUSETTS INC

Internal Revenue Service

# **Noncash Contributions**

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

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

**Employer identification number** 

04-2703281

Pa	Till Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contributior amounts reported on Form 990, Part VIII, line 1g	n Method of noncash contr		_	nts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
<b>17</b>	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other►( LDING MATERIALS AND FIXTURES)	Х	6	52,16	5 2			
26	Other ▶()							
27	Other ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received by th for which the organization completed F				29			
							Yes	No
30a	During the year, did the organization i							
	it must hold for at least three years fr			, and which is not requi	red to be used			
	for exempt purposes for the entire hol	ding period	17			30a		Νo
b	If "Yes," describe the arrangement in	Part II						
31	Does the organization have a gift acc			·		31	 	No
32a	Does the organization hire or use thir contributions?	•	related organizations to s	olicit, process, or sell i	noncash • • •	32a		No
b	If "Yes," describe in Part II							
	If the organization did not report an a describe in Part II	mount in co	olumn (c) for a type of prop	erty for which column (a	a) is checked,			
	describe ili Fait II							

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2014)

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DLN: 93493035011676

OMB No 1545-0047

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## **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the orgai GIRL SCOUTS OF EAS	nization TERN MASSACHUSETTS INC	Employer identification number	
			04-2703281
Return		Explanation	

Return Reference	Explanation
FORM 990,	ALL ADULT VOLUNTEERS AND GIRLS FOURTEEN (14) YEARS OF AGE AND OVER WHO ARE MEMBERS OF THE GIRL SCOUT
PART VI,	MOVEMENT REGISTERED THROUGH THE COUNCIL ARE ELIGIBLE TO BE MEMBERS OF THE COUNCIL ALL MEMBERS OF THE
SECTION A,	COUNCIL SHALL BE VOTING MEMBERS, THE VOTING MEMBERS OF THE COUNCIL SHALL CONSIST OF 1 02 1 DELEGATES
LINE6	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

Return Reference	Explanation
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 U S A, 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

Return Reference	Explanation
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 BOARD MEMBERS WILL RECEIVE A DEADLINE TO SUBMIT CHANGES ONCE THIS DEADLINE HAS PASSED, AT A SUBSEQUENT BOARD MEETING, THE BOARD WILL VOTE TO ACCEPT THE 990

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

ANNUALLY, THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS CEO COMPENSATION AND ESTABLISHES GOALS FOR THE YEAR 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 GOALS AND COMPENSATION ARE APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD 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 COMPENSATION FOR OTHER POSITIONS IS BASED ON THESE SALARY GRADES, INTERNAL EQUITY CONSIDERATIONS, AND BUDGETARY CONSIDERATIONS, AND IS DECIDED BY THE CEO AND/OR CHIEF OFFICER FOR THE FUNCTION, AND THE HUMAN RESOURCES DIRECTOR	Return Reference	Explanation
·	PART VI, SECTION B,	THE YEAR 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 GOALS AND COMPENSATION ARE APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD 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 COMPENSATION FOR OTHER POSITIONS IS BASED ON THESE SALARY GRADES, INTERNAL EQUITY CONSIDERATIONS, AND BUDGETARY CONSIDERATIONS, AND THE HUMAN

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN CARRY ING VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST -10,912