Form **990**

Department of the

Treasury

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020

DLN: 93493090012422 OMB No. 1545-0047

> Open to Public Inspection

| | | nue Service | <u> </u> | | | | | | | | | |
|--------------------------------|-------------------------------------------------------------------------------------|--------------|----------------------------------------------------------|----------------------------------------------|-----------------|-----------------------------------|------------------------------------|--------------------|--|--|--|--|
| | | | alendar year, or tax year begin C Name of organization | ning 10-01-2020 , and ending 09 | 9-30-2021 | D. Farradari | : | | | | | |
| | | pplicable: | GIRL SCOUTS OF EASTERN MASSAC | HUSETTS | | DEMPIOY | er identifi | cation number | | | | |
| | | - | INC | | | 04-270 | 3281 | | | | | |
| | ☑ Address ch ☐ Name char ☐ Initial retur ☐ Final return/t ☐ Amended r ☐ Application | - | Doing business as | | | | | | | | | |
| | | | | | | E Telephor | ne number | | | | | |
| | | | Number and street (or P.O. box if m 265 BEAVER STREET | ail is not delivered to street address) Room | n/suite | | | | | | | |
| ш Ар | plicatio | on penaing | City or town, state or province, cour | atry, and ZID or foreign postal code | | (844) 3 | 06-4736 | | | | | |
| | | | WALTHAM, MA 02452 | icity, and 21F or foreign postar code | | C Cross re | soints # 10 | 765 072 | | | | |
| | | | F Name and address of principa | l officer: | 11/-> * | | ceipts \$ 19 | | | | | |
| | | | JAMES CRONAN | il officer. | | s this a group re | turn for | | | | | |
| | | | 265 BEAVER STREET | | | ubordinates? Tre all subordina | tes | □Yes ☑No | | | | |
| r Ta | v-ever | npt status: | WALTHAM, MA 02452 | | - ` ´ ir | ncluded? | | ∐Yes ∐No | | | | |
| | | <u>'</u> | ☑ 501(c)(3) ☐ 501(c)() ◄ (| (insert no.) 4947(a)(1) or 527 | | f "No," attach a | • | • | | | | |
| J W | ebsit | :e:▶ WW | W.GSEMA.ORG | | "(c) (| Group exemption | number i | • | | | | |
| | | | | | L Year of | formation: 1980 | M State o | of legal domicile: | | | | |
| K Forr | n of o | rganization: | ✓ Corporation ☐ Trust ☐ Asso | ciation ☐ Other ► | 1 | ionnadom 1900 | MA | n regal delinence | | | | |
| Pa | ırt I | Sumi | marv | | | | | | | | | |
| | 1 8 | Briefly des | cribe the organization's mission o | | | | | | | | | |
| e e | <u> </u> | GIRL SCO | JTING BUILDS GIRLS OF COURAG | E, CONFIDENCE AND CHARACTER WI | HO MAKE THE | WORLD A BETT | TER PLACE | <u> </u> | | | | |
| SE E | | | | | | | | | | | | |
| Ě | - | | | | | | | | | | | |
| Š | | | | continued its operations or disposed o | of more than | 25% of its net a | ssets. | | | | | |
| 5 | l | | of voting members of the governing | | | | 3 | 21 | | | | |
| νo vo | l | | · | the governing body (Part VI, line 1b) | | | 4 | 21 | | | | |
| Ě | 5 | Total num | nber of individuals employed in ca | lendar year 2020 (Part V, line 2a) . | | | 5 | 169 | | | | |
| Activities & Governance | 6 | Total num | nber of volunteers (estimate if neo | essary) | | | 6 | 10,942 | | | | |
| ď | l | | | VIII, column (C), line 12 | | | 7a | 80,447 | | | | |
| | b | Net unrel | ated business taxable income fror | n Form 990-T, line 39 | <u> </u> | | 7b | | | | | |
| | | | | | | Prior Year | | Current Year | | | | |
| <u>9</u> : | 8 | Contribut | ions and grants (Part VIII, line 1h) | | | 1,398, | 090 | 3,697,920 | | | | |
| Ravenua | 9 | Program | ram service revenue (Part VIII, line 2g) | | | | | | | | | |
| Α. S | ı | | nt income (Part VIII, column (A), l | | | 872, | 840 | 1,309,440 | | | | |
| | 11 | Other rev | enue (Part VIII, column (A), lines | 5, 6d, 8c, 9c, 10c, and 11e) | | 8,280, | | 5,278,24 | | | | |
| | | | | st equal Part VIII, column (A), line 12) |) | 11,354, | 723 | 12,596,999 | | | | |
| | 13 | Grants ar | nd similar amounts paid (Part IX, c | olumn (A), lines 1–3) | | 108, | 526 | 238,19 | | | | |
| | 14 | Benefits p | paid to or for members (Part IX, co | olumn (A), line 4) | | | 0 | | | | | |
| 8 | 15 | Salaries, | other compensation, employee be | nefits (Part IX, column (A), lines 5–10 |)) | 8,540, | 835 | 6,998,57 | | | | |
| Expenses | 16 a | Professio | nal fundraising fees (Part IX, colur | mn (A), line 11e) | | | 0 | | | | | |
| S | b | Total fundr | aising expenses (Part IX, column (D), | line 25) ▶970,690 | | | | | | | | |
| ш | l | • | penses (Part IX, column (A), lines | • | | 3,588, | 899 | 3,803,420 | | | | |
| | l | - | enses. Add lines 13–17 (must equ | | | 12,238, | 260 | 11,040,18 | | | | |
| | 19 | Revenue | less expenses. Subtract line 18 fro | om line 12 | | -883, | 537 | 1,556,810 | | | | |
| § 6 | | | | | Begin | ning of Current Y | 'ear | End of Year | | | | |
| Net Assets or Fund Balances | 20 | Total asse | ets (Part X, line 16) | | | 23,892, | 113 | 26,027,10 | | | | |
| A B | l | | ilities (Part X, line 26) | | | 3,269, | | 2,651,62 | | | | |
| ž Š | l | | s or fund balances. Subtract line 2 | | | 20,623, | | 23,375,484 | | | | |
| | rt II | | ature Block | | | 20,023, | 013 | 23,3,3,10 | | | | |
| | | | | ined this return, including accompany | ing schedules | s and statement | s, and to t | the best of my | | | | |
| | edge nowle | | f, it is true, correct, and complete | . Declaration of preparer (other than o | officer) is bas | sed on all inform | ation of w | hich preparer has | | | | |
| япу к | IIOWIE | suge. | | | | | | | | | | |
| | | ***** | • | | | 2022-03-31 | | | | | | |
| Sign | | Signatu | ure of officer | | | Date | | | | | | |
| Here | ; | | CRONAN CHIEF FINANCIAL OFFICER | | | | | | | | | |
| | | 17 | r print name and title | | _ | | | | | | | |
| _ | _ | P | rint/Type preparer's name | Preparer's signature | Date 2022-03-30 | | PTI N P0 1 561688 | | | | | |
| Paid | | ļ_ | AAEGDAG TAIG | 1 | 1 | self-employed | | | | | | |
| - | oare | 71 | irm's name ► AAFCPAS INC | | | Firm's EIN ► 04 | -25/1/80 | | | | | |
| Use | On | ily ြ | irm's address ▶ 50 WASHINGTON STRE | ET | | Phone no. (508) | 366-9100 | | | | | |
| | | | WESTBOROUGH, MA | 01581 | | | | | | | | |
| Mav + | he ID | S discuss | this return with the preparer show | wn above? (see instructions) | | - | | es 🗆 No | | | | |

| Form | 990 (2020) | | | | | Page 2 |
|------|------------------------|-------------------------|-------------------|---------------------------|-------------------------------------------------------------------------|---------------|
| Pa | rt III Statement | of Program Service | e Accomplis | hments | | |
| | Check if Sche | dule O contains a respo | onse or note to a | any line in this Part III | | 🗹 |
| 1 | | organization's mission: | | • | | |
| GIRL | SCOUTING BUILDS G | IRLS OF COURAGE, CO | NFIDENCE AND | CHARACTER, WHO MA | KE THE WORLD A BETTER PLACE. | |
| _ | 5.1.1 | | | | | |
| 2 | Did the organization | ☐ Yes ☑ No | | | | |
| | the prior Form 990 o | | | | | ∟ Yes ⊻ No |
| | , | ese new services on Sch | | | | |
| 3 | - | cease conducting, or m | nake significant | changes in how it cond | lucts, any program | |
| | | | | | | 🗌 Yes 🗹 No |
| | If "Yes," describe the | ese changes on Schedu | e O. | | | |
| 4 | Section 501(c)(3) an | | ons are required | to report the amount | largest program services, as mea of grants and allocations to others | |
| 4a | (Code: |) (Expenses \$ | 3,809,589 | including grants of \$ | 89,141) (Revenue \$ | 1,872,784) |
| | See Additional Data | | | | | |
| 4b | (Code: |) (Expenses \$ | 4,627,734 | including grants of \$ | 122,868) (Revenue \$ | 5,602,870) |
| | See Additional Data | | | | | |
| 4c | (Code: |) (Expenses \$ | 366,528 | including grants of \$ | 26,184) (Revenue \$ | 645) |
| | See Additional Data | | | | | |
| 4d | Other program servi | ces (Describe in Sched | ule O.) | | | |
| | (Expenses \$ | incl | uding grants of | \$ |) (Revenue \$ |) |
| 4e | Total program serv | vice expenses ► | 8,803,8 | 51 | | |

| Form | 990 (2020) | | | Page 3 |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|---------------|
| Par | 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 Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞 | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | No |
| 5 | Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 0 | | |
| | 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? <i>If "Yes,"</i> 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? If "Yes," complete Schedule D, Part V | 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. | | | |
| | 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 | |
| | 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 | Yes | |
| | 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 2 | 11c | | No |
| | 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 |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | No |
| Т | 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," | 19 | | No |

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Nο

No

19

20a

20b

21

| orm 9 | 90 (2020) | | | Page 4 |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|---------------|
| Part | Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| c | 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 | |
| ā | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| t | 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 | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d [| Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit cransaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| t | 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 |
| c | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| ē | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III | 27 | | No |
| | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV nstructions for applicable filing thresholds, conditions, and exceptions): | | | |
| | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b A | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | No No |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | No |
| | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| | 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 |
| | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| | Nas 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 |
| | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that s treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | 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 | • ; | | |
| 1a i | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 64 | | Yes | No |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0 | | | |
| с [| Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |

| Par | tV Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | rage 3 | | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|---------------|--|--|--|
| | Enter the number of employees reported on Form W-3, Transmittal of Wage and | 1 | | | | | |
| | 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 | | | | |
| 3а | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Yes | | | | |
| b | 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 | | | | |
| | 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)? If "Yes," enter the name of the foreign country: | 4a | | No | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No ——— | | | |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No | | | |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | | | | |
| | 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? | | Yes | | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | | | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No | | | |
| g | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | | | |
| h | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | | | |
| 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 | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | |
| | Gross income from members or shareholders | | | | | | |
| ь | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | | | | | |
| | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | | | | |
| | Enter the amount of reserves on hand | 1/2 | | No | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14a 14b | | No | | | |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess | -70 | | | | | |
| | parachute payment(s) during the year? | 15 | | No | | | |
| 0 | If "Yes," complete Form 4720, Schedule O. | 16 | | No | | | |

| -orm | 990 (2020) | | | Page | | | | | | |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|------------|--|--|--|--|--|--|
| Par | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI | respo | onse to | lines 🔽 | | | | | | |
| 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 21 | | | | | | | | | |
| | 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 | b Enter the number of voting members included in line 1a, above, who are independent 1b 21 | | | | | | | | | |
| 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? | \vdash | | No | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | Yes | | | | | | | |
| 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? | 7 b | | No | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | | |
| a | The governing body? | 8a | Yes | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No | | | | | | |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal Revenue | e Code | e.) | | | | | | | |
| | | | Yes | No | | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | Yes | | | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | Yes | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | | | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | | | | | | | |
| 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 | Other officers or key employees of the organization | 15b | Yes | | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No | | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | | | | | | | | |
| | | 16b | | | | | | | | |
| | ection 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-A 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: | | | | | | | | | |

(A)

Name and title

Part VII

(F)

Estimated

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

• 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.

(C)

Position (do not check more

(D)

Reportable

(E)

Reportable

See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(B)

Average

hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation director/trustee) any hours organization organizations from the for related (W-2/1099-(W-2/1099organization and Individual trustee or director Highest compensatemployee Former organizations MISC) MISC) related Institutional Trustee below dotted organizations employee line) Ē See Additional Data Table

compensation from the organization \blacktriangleright 0

Part VII

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

Page 8

| | Name and title Average hours per week (list any hours for related Average hours per week (list any hours for related | | | | | | | (E) Reportable compensatior from related organizations | compensation from the | | | | |
|-----|------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----|--------|------|-----|----------|--------------------------------------------------------|----------------------------------|-----------------------------|----------|---------------|-----------------|
| | | organizations below dotted line) | | | | | | | organizati relate organiza | ed | | | |
| See | Additional Data Table | | | | | | | | | | | | |
| | | | | | | | | | | | + | | |
| | | | | | | | | | | | \perp | | |
| | | | | | | | | | | | + | | |
| | | | | | | | | | | | \perp | | |
| | | | | | | | | | | | + | | |
| | | | | | | | | | | | | | |
| c | Sub-Total | art VII, Section | Α. | | | | * | | 922,060 | | 0 | | 62,040 |
| 2 | Total number of individuals (including of reportable compensation from the | | | e list | ed a | bov | e) who | rece | eived more than \$ | 100,000 | | | |
| 3 | Did the organization list any former line 1a? If "Yes," complete Schedule | | | ee, k | ey e | mpl | oyee, d | or hi | ghest compensate | d employee on | 3 | Yes | No No |
| 4 | For any individual listed on line 1a, is organization and related organization individual | | | | | | | | | m the | 4 | Vas | 110 |
| 5 | Did any person listed on line 1a receiservices rendered to the organization | | | | | | | | | lividual for | 5 | Yes | No |
| S | ection B. Independent Contract | | | | | | | | | | | | |
| 1 | Complete this table for your five high from the organization. Report compe | | | | | | | | | | npens | ation | |
| | | (A) and business addre | | , | | | | | | (B) cription of services | \Box | (C) Compen | |
| | | | | | | | | | | | \dashv | | |
| | | | | | | | | | | | -+ | | |

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

| Part | VIII | Statement | of F | Revenue | | | | | | |
|--------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|------------------|---------------------|------------|------------------------|-------------------|----------------------------------|--------------------------------|-----------------------------------------------|
| | | Check if Scheo | dule | O contains a | respo | onse or note to any | (A) Total revenue | (B) Related or exempt function | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| | 1- | Federated campaig | ~~~ | | <u> </u> | 104,321 | | revenue | | 512 - 514 |
| nts nts | | Membership dues | | <u> </u> | 1a 1b | 104,321 | | | | |
| s, Grants Amounts | | Fundraising events | | <u> </u> | 1c | 69,037 | | | | |
| s, C An | | Related organizati | | <u> </u> | 1d | | | | | |
| Gift ilar | | Government grants (| | | 1e | 2,578,538 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | f | All other contribution and similar amounts above | s, gif not ir | ts, grants, | 1f | 946,024 | | | | |
| Contributic and Other | g | Noncash contribution | s incl | uded in | Ì | | | | | |
| ntr d C | | lines 1a - 1f:\$ | | | 1 g | 23,604 | | | | |
| <u>ة</u> ن | h | Total. Add lines 1a | a-1f | | • • | | 3,697,920 | | | |
| | _ | CAMPING | | | | Business Code | 1,872,033 | 1,872,033 | | |
| a) | 2a | CAMPING | | | | 813410 | 2,57.2,555 | , , | | |
| Program Service Revenue | b | MEMBERSHIP | | | | 813410 | 268,245 | 268,245 | | |
| ice R | c | GIRL PROGRAMS | | | | 813410 | 166,314 | 166,314 | | |
| Serv | d | ADULT PROGRAMS | | | | 813410 | 3,405 | 3,405 | | |
| ogram | е | OTHER PROGRAMS | | | | 813410 | 1,395 | 645 | 750 | |
| ĞΞ | f | All other program | serv | vice revenue | | | | | | |
| | | Total. Add lines 2 | | | | 2,311,392 | | | | |
| | | Investment income | | | | | 1 | | | |
| | 5 | similar amounts) . | | | • | • | | | | 286,412 |
| | | Income from invest Royalties | | | | | - | | | |
| | 5 | Royalties | ı. | (i) Rea | | (ii) Personal | | | | |
| | | | | (1) 113 | ·· | (, | | | | |
| | | Gross rents | 6a | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | | | |
| | С | Rental income | 6c | | | | | | | |
| | , | or (loss) I Net rental income | | | | | _ | | | |
| | | - Het Ferrar meeme | | (i) Secur | | (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory | | 10,47 | 7 | | | | | | |
| | b | Less: cost or other basis and sales expenses | 7b | 3,0 | 557,939 | 2,493 | 3 | | | |
| | | Gain or (loss) | 7 c | <u> </u> | 015,044 | <u> </u> | | | | 4 022 020 |
| | | I Net gain or (loss) Gross income from fu | | | | · · · • | 1,023,028 | | | 1,023,028 |
| Other Revenue | U. | (not including \$ contributions reporte | d on | 69,037 of line 1c). | | | | | | |
| ě, | | See Part IV, line 18 | | | 8a | 77,269 | | | | |
| 7 | | Less: direct expent Net income or (los | | | 8b | 44,376 | | | | 32,893 |
| ŧ | | . Net income or (los | 33) 11 | om ranarais | IIIg ev | ents • | 7 | | | |
| | 9a | Gross income from See Part IV, line 19 | | | 1 | | | | | |
| | | | | | 9a 9b | | | | | |
| | | • Less: direct expen • Net income or (los | | | | ies | | | | |
| | | (100 | , | 99 | | ···· | | | | |
| | 10 | aGross sales of inve | | | | 0.400.400 | | | | |
| | ı | Less: cost of good | | | 10a 10b | 8,499,192 3,464,166 | | | | |
| | | - | | | | | | 4,955,329 | 79,697 | |
| | _ | Net income or (los Miscellaneo | | | invent | Business Code | , . | | · | |
| | 11 | laother revenue | | | | 900099 | 9 210,328 | 210,328 | | |
| | | | | | | - | | | | |
| | ŀ | , | | | | | | | | |
| | ď | | | | | | | | | |
| | | All other revenue | | | | | | | | |
| | | Total. Add lines 1 | | | | > | 240.220 | | | |
| | 12 | ? Total revenue. S | ee ir | nstructions | | | 210,328 | | | |
| | | | | | | | 12,596,999 | 7,476,299 | 80,447 | 1,342,333 Form 990 (2020) |

| Form 990 (2020) | | | | Page 10 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------|-------------------------------------|--------------------------|
| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co | omnlete all columns | All other organization | ns must complete colu | mn (A) |
| Check if Schedule O contains a response or note to an | | _ | | |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 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 | 238,193 | 238,193 | | |
| 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 | 599,669 | 197,016 | 311,772 | 90,881 |
| 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 | 4,766,201 | 3,952,709 | 216,785 | 596,707 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 808,113 | 626,884 | 77,808 | 103,421 |
| 9 Other employee benefits | 488,396 | 394,955 | 36,614 | 56,827 |
| 10 Payroll taxes | 336,191 | 264,103 | 28,759 | 43,329 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 39,610 | | 39,610 | |
| c Accounting | 59,900 | 29,657 | 30,243 | |
| d Lobbying | | , , , , , , | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 77,304 | | 77,304 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 205,191 | 196,365 | 77,551 | 8,826 |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 885,370 | 765,287 | 98,513 | 21,570 |
| 14 Information technology | , | , | · | · · |
| 15 Royalties | | | | |
| 16 Occupancy | 541,124 | 407,500 | 118,635 | 14,989 |
| 17 Travel | 37,646 | 35,268 | 1,078 | 1,300 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0,,010 | 33,233 | 27070 | 1,555 |
| 19 Conferences, conventions, and meetings | 49,569 | 39,241 | 6,168 | 4,160 |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 550,122 | 414,276 | 120,607 | 15,239 |
| 23 Insurance | 254,234 | 191,454 | 55,738 | 7,042 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a PROGRAM EXPENSES | 879,526 | 879,526 | | |
| b EQUIPMENT COSTS | 187,671 | 141,328 | 41,145 | 5,198 |
| c DONATED GOODS | 23,606 | 23,606 | | |
| d MEMBERSHIP DUES | 12,547 | 6,483 | 4,863 | 1,201 |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 11,040,183 | 8,803,851 | 1,265,642 | 970,690 |
| 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). | | | | |

Form 990 (2020)

Page **11**

461,228 796,456 234,928

1,133,250

102.328

115,298

6,993,870

13,547,934

2,513,516

128,297

929,658

211.463

1,510,500

2.651.621

18,784,146

4,591,338

23,375,484

26,027,105

Form 990 (2020)

26,027,105

| Check if Schedule O | contains a | a response | or note | to any | line in | this P | art IX | |
|---------------------|------------|------------|---------|--------|---------|--------|--------|---|
| | | | | | | | | Τ |
| | | | | | | | | |

| | | Beginning of year | | End of year |
|---|----------------------------------------|-------------------|---|-------------|
| L | Cash-non-interest-bearing | 1,181,355 | 1 | |
| 2 | Savings and temporary cash investments | 270,744 | 2 | |
| Ł | Pledges and grants receivable net | 187 267 | 2 | |

10,315,349

6 7

9

10c

11

12 13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

158.950

126,964

7,477,582

11,520,818

2.762.254

110,290

23,892,113

1,488,454

270.146

1,510,500

3.269.100

16,495,120

4,127,893

20,623,013

23,892,113

Pledges and grants receivable, net . 95.889 4 Accounts receivable, net . Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . . Assets Inventories for sale or use . . Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other 17,309,219

10a 10b

basis. Complete Part VI of Schedule D Investments—publicly traded securities .

b Less: accumulated depreciation 11

Investments—program-related. See Part IV, line 11

12 13 14 Intangible assets .

15 Other assets. See Part IV, line 11 . . .

Investments—other securities. See Part IV, line 11 . Total assets. Add lines 1 through 15 (must equal line 33) .

Accounts payable and accrued expenses .

16 17 18 Grants payable .

19 Deferred revenue . . . 20 Tax-exempt bond liabilities . . 21

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key

22

employee, creator or founder, substantial contributor, or 35% controlled entity Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties .

Liabilities 23 24 25

and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

Organizations that follow FASB ASC 958, check here <a> \square and

26

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Fund Balances

ō 29

Assets 30

27

28

31

32

33

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

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

Retained earnings, endowment, accumulated income, or other funds

Yes

Nο

Form 990 (2020)

2c

3a

3h

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

Audit Act and OMB Circular A-133?

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Additional Data

Software ID:

Software Version:

EIN: 04-2703281

Name: GIRL SCOUTS OF EASTERN MASSACHUSETTS

INC

Form 990 (2020)

Form 990, Part III, Line 4a:

RESTRICTIONS AND PRECAUTIONS).

GIRL SCOUT CAMPS AND OUTDOOR EXPERIENCES PROVIDE OPPORTUNITIES FOR CAMPERS TO DISCOVER, CONNECT, AND TAKE-ACTION IN WAYS THAT BUILD THEIR COURAGE, CONFIDENCE, AND CHARACTER. GSEMA CAMPS OFFER CAMPERS UNIQUE AND ADVENTUROUS OPPORTUNITIES IN THE OUTDOORS, INCLUDING ARCHERY, ROCK CLIMBING, ROPES COURSES, SWIMMING, SURVIVAL CAMPING, AND MORE! OUR CAMP PROPERTIES HOST SUMMER DAY CAMP AND RESIDENT CAMP, YEAR-ROUND OUTDOOR PROGRAMS, AND TROOP, AND GROUP CAMPING, WHAT WE LEARNED IN 2021, IS THAT CAMP AND OUTDOOR PROGRAMMING CAN BE RUN DURING A

PANDEMIC. SAFETY IS A CORNERSTONE OF GIRL SCOUTING. IN RESPONSE TO THE COVID-19 PANDEMIC, WE TOOK SPECIAL PRECAUTIONS TO KEEP OUR CAMPERS AND STAFF SAFE AND HEALTHY, INCLUDING INCREASED CLEANING MEASURES, REDUCED CAPACITIES, ADJUSTED PROGRAM AND OPERATIONAL PROCEDURES, AND DETAILED TRAINING FOR OUR SUMMER CAMP AND FULL-TIME STAFF.AT GSEMA, OUR OUTDOOR AND CAMP PROGRAMS ARE DESIGNED TO PROVIDE OUTDOOR FUN THROUGHOUT

THE SUMMER BY OFFERING FOUR DAY CAMPS AT CEDAR HILL, MAUDE EATON, RICE MOODY AND WIND-IN-THE-PINES AND FOUR RESIDENT CAMPS WITH UNIQUE FEATURES AT FAVORITE (SAILING), RUNELS (BACK PACKING TRIPS), WABASSO (KAYAKING AND HIKING), AND WIND-IN-THE-PINES (HIGH ADVENTURE ELEMENTS). ALL CAMPS OFFER TRADITIONAL CAMP EXPERIENCES SUCH AS OPENING CEREMONIES, OUTDOOR COOKING, CAMPFIRE SING-ALONGS, NATURE ACTIVITIES AND

CRAFTS.THROUGHOUT THE TROOP YEAR, VOLUNTEERS, FAMILIES AND GIRL SCOUTS CAN PARTICIPATE IN A VARIETY OF OUTDOOR EXPERIENCES THAT ARE INTENTIONALLY PROGRESSIVE TO MEET THE NEEDS OF EVERYONE. MEMBERS MIGHT START OUT AT A DAY PROGRAM SUCH AS THE OUTDOOR FALL FESTIVAL (SUITABLE FOR FAMILIES AND YOUNGER GIRL SCOUTS). AS GIRL SCOUTS AND VOLUNTEERS EXPLORE OUTDOOR EXPERIENCES, THEY MAY ATTEND AN OVERNIGHT PROGRAM LIKE GAL'S NIGHT OUT OR TROOP CAMPING. THESE PROGRAMS OFFER OUR MEMBERS THE OPPORTUNITY TO LEARN NEW SKILLS. CHALLENGE BY CHOICE. AND DEVELOP TEAMWORK AND SELF-CONFIDENCE, OUTDOOR ACTIVITIES MAY INCLUDE ENVIRONMENTAL STEWARDSHIP, ARCHERY, BOATING, HIKING, LOW AND HIGH ROPES CHALLENGE COURSES OR CLIMBING WALLS.LAST YEAR WE PROVIDED SERVICES AND PROGRAMS FOR JUST OVER 3,900 PARTICIPANTS WHO TOOK PART IN OUR SUMMER CAMPS AND 2.596 PARTICIPANTS WHO TOOK PART IN OUR YEAR-ROUND OUTDOOR PROGRAMS AND TROOP CAMPING (REDUCED NUMBERS DUE TO COVID-19

Form 990, Part III, Line 4b: GIRL SCOUT PROGRAM ACTIVITIES - THE GIRL SCOUTS OF EASTERNMASSACHUSETTS SUPPORTS GIRLS' ADVANCEMENT IN LEADERSHIP BY PROVIDINGLEADERSHIP PROGRAM OPPORTUNITIES SUCH AS A YEARLONG EXPERIENCE ON THEGIRL AND TEEN LEADERSHIP COMMITTEE OR AN OPPORTUNITY TO PARTICIPATE IN THE

TO 12TH GRADE CAN EXERCISE THEIR LEADERSHIP SKILLS TOCREATE CHANGE IN THEIR COMMUNITIES BY EARNING HIGHEST AWARDS: BRONZE(JUNIOR GIRL SCOUTS), SILVER (CADETTE GIRL SCOUTS), AND GOLD (SENIORAND AMBASSADOR GIRL SCOUTS). ALL THREE AWARDS GIVE GIRLS THE CHANCE TOAFFECT CHANGE IN THE

ENTREPRENEURSHIP SERIES, WHICH IS A FIVE-WEEK-LONG PROGRAM DURING WHICH GIRL SCOUTS CONCIEVE, PITCH, AND PLAN THEIR OWN BUSINESS, GIRLS IN 4TH

MEETING TO COMPLETE GIRL SCOUT BADGES AND JOURNEYS.

COMMUNITY WHILE GAINING ESSENTIAL LIFE SKILLS. GIRLS LEARN TO FIND AND USE THEIR VOICE TO SPEAK UP FOR THEMSELVES AND OTHERS COUNCIL AND PARTNER

PROGRAMS FOCUS ON DEVELOPING LIFE SKILLS IN THE AREAS OF STEM, ART AND CULTURE, COOKING, CIVIC ENGAGEMENT, FINANCIAL LITERACY AND PERSONAL SKILL DEVELOPMENT SUCH AS PUBLIC SPEAKING. OFTEN TIMES GIRLS, VOLUNTEERS AND FAMILIES ARE LOOKING FOR UNIQUE EXPERIENCES OUTSIDE OF THEIR TROOP

COMMUNITY ENGAGEMENT PROGRAMMING - GSEMA AIMS TO ADDRESS AND REMOVE BARRIERS TO PARTICIPATING IN GIRL SCOUTS TO FAMILIES AND CAREGIVERS IN THE TARGET COMMUNITIES BY PROVIDING: * ASSISTANCE WITH MEMBERSHIP AND PROGRAM COST AS NEEDED * ACCESS TO UNIFORMS WITH FINANCIAL ASSISTANCE IF NEEDED * A SAFE, FAMILIAR, AND ACCESSIBLE COMMUNITY LOCATION* BACKGROUND-CHECKED AND TRAINED STAFF AND/OR VOLUNTEERS* ACCESS TO SPECIAL STEM AND LEADERSHIP EVENTS. AND OUTDOOR PROGRAMS AT GIRL SCOUT PROPERTIES WITH TRANSPORTATION AVAILABLE* OPPORTUNITIES TO LEARN ABOUT

COLLEGE AND CAREER OPTIONS, FROM FEMALE MENTORS IN THEIR LOCAL COMMUNITIES AND PROFESSIONAL FEMALES IN THEIR CHOSEN CAREERS, ESPECIALLY IN AREAS THAT ADDRESS THE GENDER GAP AND STEREOTYPES* OPTIONS TO APPLY FOR FINANCIAL AID FOR OTHER GIRL SCOUT EXPERIENCES SUCH AS SUMMER CAMP

AND TRAVEL* FAMILY ENGAGEMENT OPPORTUNITIES* TRANSLATED COMMUNICATIONS AND MATERIALS

Form 990, Part III, Line 4c:

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation compensation week (list person is both an officer from the from related any hours and a director/trustee) organization organizations from the

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

| | any nours | and a director, trastee) | | | | | | (iv a // aga | organizations | | |
|--------------------------|-------------------------------------------------------|-----------------------------------|-----------------------|----|--------------|------------------------------|--------|----------------------|----------------------|----------------------------------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| CAITRIONA TAYLOR | 40.00 | | | | | | | | | | |
| FORMER CEO (UNTIL 03/21) | | | | X | | | | 183,057 | 0 | 9,883 | |
| BARBARA FORTIER | 40.00 | | | ., | | | | 1.55.00.1 | | | |
| CEO | | | | X | | | | 165,224 | 0 | 8,490 | |
| JAMES CRONAN | 40.00 | | | х | | | | 148,912 | 0 | 11,261 | |
| CHIEF FINANCIAL OFFICER | | | | | | | | | | | |

Χ

Х

Х

Х

Χ

15,665

1,551

7,648

7,542

0

0

0

0

0

0

0

0

101,805

101,155

100,228

| BARBARA FORTIER | 10.00 | | _v | | 165,224 | |
|---------------------------|-------|--|--------------|---|---------|--|
| CEO | | | ^ | | 103,224 | |
| JAMES CRONAN | 40.00 | | х | | 148,912 | |
| CHIEF FINANCIAL OFFICER | | | ^ | | | |
| MICHELLE HARRIS | 40.00 | | | _ | 121,679 | |
| CHIEF ADVANCEMENT OFFICER | | | | ^ | 121,679 | |
| KATHERINE LE LACHEUR | 40.00 | | | | | |

40.00

40.00

5.00

1.50

1.50

Χ

Χ

Χ

.......

.

and Independent Contractors

CHIEF OPERATING OFFICER

SR. DIRECTOR OF FINANCE

BOARD CHAIR & PRESIDENT

BOARD SECOND VICE CHAIR

LYNN SAUNDERS CUTTER

BOARD 1ST VICE CHAIR

SR. DIRECTOR OF HUMAN RESOURCES

LAURE DONKIN

JOY DUNCAN

TRICIA TILFORD

JANE PUFFER

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer compensation week (list from the from related and a director/trustee)

0

0

0

0

0

0

0

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

| | any hours | and a director/trustee) | | | | | | organization | organizations | from the | |
|-----------------------------------|-------------------------------------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|----------------------------------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| JANE LUNDQUIST BOARD TREASURER | 1.50 | X | | x | | | | 0 | 0 | 0 | |
| DIANE LONGTIN BOARD SECRETARY | 1.50 | х | | х | | | | 0 | 0 | 0 | |
| ELIZABETH FITZULA | 0.50 | Х | | | | | | 0 | 0 | 0 | |

| DIANE LONGTIN | 1.50 | X | v | | 0 | |
|-------------------|------|-----|---|--|---|--|
| BOARD SECRETARY | | ^ | ^ | | 0 | |
| ELIZABETH FITZULA | 0.50 | Х | | | 0 | |
| BOARD MEMBER | | | | | | |
| KELLY CORWIN | 0.50 | X | | | 0 | |
| BOARD MEMBER | | , , | | | Ĭ | |
| LINDA SCHULLER | 0.50 | | | | | |

0.50

0.50

0.50

0.50

0.50

......

.

Χ

Χ

Х

Χ

Χ

Χ

and Independent Contractors

LINDA SCHULLER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

MOLLY FRANKEL

BOARD MEMBER

TERESA EPPERSON

JENNIFER GALVAGNA

DEE HADLEY

DIANE MCLOUGHLIN

.......

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation

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

| | any hours | and a director/trustee) | | | | |) | organization | organizations | from the | |
|----------------------------|-------------------------------------------------------|-----------------------------------|-----------------------|--|--------------|------------------------------|--------|----------------------|----------------------|----------------------------------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| DEB TAFT BOARD MEMBER | 0.50 | Х | | | | | | 0 | 0 | 0 | |
| JOE SKELLY BOARD MEMBER | 0.50 | х | | | | | | 0 | 0 | 0 | |
| KIM REINERT | 0.50 | Х | | | | | | 0 | 0 | 0 | |

0

0

0

0

0

0

0

0.50

0.50

0.50

0.50

0.50

.......

.......

.

Χ

Χ

Χ

Х

Χ

Χ

Χ

| BOARD MEMBER | |
|----------------|------|
| KIM REINERT | 0.50 |
| BOARD MEMBER | |
| TREVOR FRANKEL | 0.50 |
| BOARD MEMBER | |
| SELENA JOE | 0.50 |

BOARD MEMBER

JEANNETTE BUNTIN

MARGARITA POLANCO

RADHIKA BANSIL

MARCIA METZ

PAT CHADWICK

BOARD MEMBER (AS OF 05/2021)

......

BOARD MEMBER (AS OF 05/2021)

BOARD MEMBER (AS OF 05/2021)

BOARD MEMBER (UNTIL 05/2021)

BOARD MEMBER (UNTIL 05/2021)

......

and Independent Contractors

and Independent Contractors (A) Name and Title

BOARD MEMBER (UNTIL 05/2021)

BOARD MEMBER (UNTIL 05/2021)

BOARD MEMBER (UNTIL 05/2021)

TRACY CURLEY

SONTA KWON

CRYSTAL SEKERAK

| | for related organization below dotte line) |
|------|-----------------------------------------------------|
| | 0. |
| •••• | |

.

(B)

Average

hours per

Χ

than one box, unless person is both an and a director/tr

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

Institutiona

(C)

| ١ | offic | |
|---|------------------------------|--|
| | Highest compensated employee | |
| | | |
| | | |
| | | |

Position (do not check more

compensation from the organization (W- 2/1099-MISC)

(D)

Reportable

(E)

Reportable

compensation

from related

organizations

(W- 2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related

organizations

week (list any hours .50 0.50 0.50

| efile GRAPHIC print - DO NOT PROCESS | | | | | As Filed Data - | | DLN: 9 | DLN: 93493090012422 | | | | | | |
|--------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------|--------------------------------------------------------|---------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------|------------------------|--|--|--|--|--|
| SCI | 1ED | ULE A | D | hlic C | harity Statu | e and Dul | olic Supp | ort | OMB No. 1545-0047 | | | | | |
| | m 990 | | | if the or | ganization is a sect 4947(a)(1) nonexe Attach to Form | ion 501(c)(3) empt charitable | organization or trust. | | 2020 | | | | | |
| | | the Treasury | ▶ Go to <u>v</u> | vww.irs. | ormation. | Open to Public Inspection | | | | | | | | |
| Nam | e of th | he organiza | t ion MASSACHUSETTS | | | | | Employer identific | ation number | | | | | |
| INC | | | | | (41) | | | 04-2703281 | | | | | | |
| Pa The o | | | | | s (All organization it is: (For lines 1 thro | | | see instructions. | | | | | | |
| 1 | rganiz | | • | | sociation of churches | • | | (A)(i) | | | | | | |
| 2 | | · | | • | | | | (~)(-) | | | | | | |
| 3 | | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | | | |
| 4 | | · | | | - | | | - | ntor the beenitalle | | | | | |
| 7 | Ш | 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: | | | | | | | | | | | | |
| 5 | | 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.) | | | | | | | | | | | | |
| 6 | | A federal, s | tate, or local govern | ment or | governmental unit de | scribed in sectio | on 170(b)(1)(A | ı)(v). | | | | | | |
| 7 | | | ition that normally r 0(b)(1)(A)(vi). (0 | | | s support from a | governmental u | nit or from the gener | al public described in | | | | | |
| 8 | | A communi | ty trust described in | section | 170(b)(1)(A)(vi). | (Complete Part I | I.) | | | | | | | |
| 9 | | | | | scribed in 170(b)(1) e instructions. Enter | | | with a land-grant coll college or university: | ege or university or a | | | | | |
| 10 | ✓ | 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.) | | | | | | | | | | | | |
| 11 | | An organiza | tion organized and | operated | exclusively to test fo | r public safety. S | ee section 509 | (a)(4). | | | | | | |
| 12 | | more public | ly supported organi | zations de | | 09(a)(1) or sec | ction 509(a)(2 | s of, or to carry out th). See section 509(a s 12e, 12f, and 12g. | | | | | | |
| a | | Type I. A so | upporting organizat | ion opera gularly ap | ted, supervised, or c | ontrolled by its s | upported organiz | zation(s), typically by of the supporting orga | | | | | | |
| b | | Type II. A manageme | supporting organiza | tion supe organiza | tion vested in the sar | | | organization(s), by havinge the supported orga | ~ | | | | | |
| c | | Type III f | ınctionally integra | ited. A si | | | | nd functionally integra | ted with, its | | | | | |
| d | | Type III n | on-functionally in integrated. The org | tegrated anization | . A supporting organi | ization operated fy a distribution | in connection wi | th its supported orgar an attentiveness req | | | | | | |
| e | | Check this | oox if the organizati | on receiv | | nation from the I | | pe I, Type II, Type II | I functionally | | | | | |
| f | Enter | the number | of supported organi | zations | | | | <u> </u> | | | | | | |
| g | | | | | oported organization(| | | | | | | | | |
| | organization organization in your governing document? monetary su | | | | | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | | | | | |
| | | | | | | Yes | No | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Total | | | tion Act Notice, se | | | Cat. No. 11285 | | Schedule A (Form 9 | | | | | | |

| Sch | nedule A (Form 990 or 990-EZ) 2020 | | | | | | Page 2 |
|-------------|------------------------------------------------------------------------------|-----------------------|--------------------|---------------------|---------------------------|----------------------|-----------------|
| P | Part II Support Schedule for | Organizations | Described in S | ections 170(b |)(1)(A)(iv) ar | nd 170(b)(1)(A |)(vi) |
| | (Complete only if you ch | | | | | | under Part III. |
| | If the organization failed | to qualify unde | r the tests listed | below, please | complete Part I | II.) | |
| | Section A. Public Support Calendar vear | | I | | I | | |
| | (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not include any "unusual grant.") | | | | | | |
| 2 | Tax revenues levied for the | | | | | | |
| _ | organization's benefit and either paid | | | | | | |
| _ | to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by | | | | | | |
| | each person (other than a governmental unit or publicly | | | | | | |
| | supported organization) included on | | | | | | |
| | line 1 that exceeds 2% of the amount | | | | | | |
| 6 | shown on line 11, column (f) Public support. Subtract line 5 from | | | | | | |
| | line 4. | | | | | | |
| S | Section B. Total Support | T | ı | | | 1 | |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 7 | | | | | | | |
| 8 | | | | | | | - |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | | | | | | | |
| _ | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | 1 | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | _ |
| 11 | | | | | | | |
| 12 | 10 Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | |
| | First 5 years. If the Form 990 is for t | | | | | | zation check |
| | this box and stop here | = | | | • | | zation, check |
| | Section C. Computation of Publi | | | | <u> </u> | | |
| | Public support percentage for 2020 (li | | | column (f)) | | 14 | |
| | Public support percentage for 2019 Sc | | | | | 15 | |
| | a 33 1/3% support test—2020. If the | | | | | | hox |
| 100 | and stop here. The organization qual | | | | | | |
| b | 33 1/3% support test—2019. If th | ne organization did | not check a box of | n line 13 or 16a, | and line 15 is 33 i | | k this |
| _ | box and stop here. The organization | | | | | | |
| 17 a | a 10%-facts-and-circumstances tes | t—2020. If the org | ganization did not | check a box on lir | ne 13, 16a, or 16b | , and line 14 | |
| | is 10% or more, and if the organization | n meets the "facts | -and-circumstanc | es" test, check thi | s box and stop h e | e re. Explain | |
| | in Part VI how the organization meets | | | - | | | . 🗆 |
| _ | organization | | | | | | ▶□ |
| b | 10%-facts-and-circumstances tes 15 is 10% or more, and if the organis | | | | | | |
| | Explain in Part VI how the organization | | | | | | |
| | supported organization | | | | | | ▶□ |
| 18 | | on did not check a | box on line 13, 1 | 6a, 16b, 17a, or 1 | 17b, check this box | k and see | |
| | instructions | | | | | | ▶□ |
| | | | | | Schodu | le A (Form 990 o | r 990-F7\ 2020 |

20

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

| | the organization fails t | | | | | | r Part II. If |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------|------------|------------|-----------|---------------|
| S | ection A. Public Support | · · · | | • • | ' | | |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | • • • • • • • • • • • • • • • • • • • • | 1,515,114 | 1,520,686 | 1,391,570 | 1,398,090 | 2,629,882 | 8,455,342 |
| 2 | merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 10,614,791 | 11,428,673 | 11,990,027 | 8,999,165 | 7,265,971 | 50,298,627 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 12,129,905 | 12,949,359 | 13,381,597 | 10,397,255 | 9,895,853 | 58,753,969 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | 56,488 | 60,686 | 48,969 | 50,731 | 44,640 | 261,514 |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | 0 |
| c | Add lines 7a and 7b | 56,488 | 60,686 | 48,969 | 50,731 | 44,640 | 261,514 |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 58,492,455 |
| S | ection B. Total Support | | | | | | |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 9 | | 12,129,905 | 12,949,359 | 13,381,597 | 10,397,255 | 9,895,853 | 58,753,969 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 313,232 | 345,759 | 336,873 | 346,218 | 286,412 | 1,628,494 |
| | Unrelated business taxable income | | | | | | |

| | the organization without charge | | | | | | |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------|------------|------------|-----------|------------|
| 6 | Total. Add lines 1 through 5 | 12,129,905 | 12,949,359 | 13,381,597 | 10,397,255 | 9,895,853 | 58,753,969 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | 56,488 | 60,686 | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | 0 |
| С | Add lines 7a and 7b | 56,488 | 60,686 | 48,969 | 50,731 | 44,640 | 261,514 |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 58,492,455 |
| Se | ction B. Total Support | | | | | | |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 9 | Amounts from line 6 | 12,129,905 | 12,949,359 | 13,381,597 | 10,397,255 | 9,895,853 | 58,753,969 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 313,232 | 345,759 | 336,873 | 346,218 | 286,412 | 1,628,494 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| С | Add lines 10a and 10b. | 313,232 | 345,759 | 336,873 | 346,218 | 286,412 | 1,628,494 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | 36,363 | 39,031 | 24,484 | 20,931 | 80,447 | 201,256 |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 50,762 | 98,291 | 115,827 | 57,984 | 210,328 | 533,192 |

| С | Add lines 10a and 10b. | 313,232 | 345,759 | 336,873 | 346,218 | 286,41 | .2 1,628,494 | | | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------|-------------------|------------|-----------|--------------|--|--|--|
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | 36,363 | 39,031 | 24,484 | 20,931 | 80,44 | 201,256 | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 50,762 | 98,291 | 115,827 | 57,984 | 210,32 | 533,192 | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.). | 12,530,262 | 13,432,440 | 13,858,781 | 10,822,388 | 10,473,04 | 61,116,911 | | | |
| 14 | | | | | | | | | | |
| | check this box and stop here | | | | | | | | | |
| Se | ction C. Computation of Public | | | | | | | | | |
| 15 | Public support percentage for 2020 (| ine 8, column (f) | divided by line 13, | column (f)) | | 15 | 95.710 % | | | |
| 16 | Public support percentage from 2019 | Schedule A, Part | III, line 15 | | | 16 | 96.090 % | | | |
| Se | ction D. Computation of Inves | tment Income | Percentage | | | | | | | |
| 17 | Investment income percentage for 20 |)20 (line 10c, colu | ımn (f) divided by | line 13, column (| f)) | 17 | 2.660 % | | | |
| 18 | 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | | | | | | | | | |
| 19a | 19a 331/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not | | | | | | | | | |
| | more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | | | |

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

Page 4

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

amendment to the organizing document).

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

6

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section 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 Part VI 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | | |
| | III section 309(a)(1) or (2). | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and | | | |
| | 3c below. | 3a | ı | |
| 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 Part VI when and how the organization made the | | | |
| | determination. | | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? | | | |

| | m section ses (a)(1) or (2). | 2 | | | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|--|--|
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and | | | | |
| | 3c below. | 3a | | | |
| 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 Part VI when and how the organization made the | | | | |
| | determination. | | | | |
| 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 Part VI 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 box 12a or 12b in Part I, answer lines 4b and 4c below. | | | | |
| | | | | | |

| | the public support tests under section 509(a)(2)? If res, describe in Part VI when and now the organization made the | | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|--|
| | determination. | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? | | | |
| | If "Yes," explain in Part VI 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 box 12a or 12b in Part I, answer lines 4b and 4c below. | | | |
| 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. | | | |
| С | 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)? 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported | | | |
| | | | | |

| С | Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? | | | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| | If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you | | | | |
| | checked box 12a or 12b in Part I, answer lines 4b and 4c below. | | | | |
| 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. | | | | |
| С | 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)? 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. | | | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b | | | | |

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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

| Pā | rt IV Supporting Organizations (continued) | | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|-----|--|
| | | | Yes | No | |
| 11 | 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 lines 11b and 11c below, the governing body of a supported organization? | 11a | | | |
| h | A family member of a person described in 11a above? | 11a | | | |
| | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part | 11c | | | |
| | VI. | | | | |
| 5 | ection B. Type I Supporting Organizations | | Yes | No | |
| 1 | Did the officers, 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 Part VI 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 | 163 | 140 | |
| 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. | | | | |
| _ | ection C. Type II Supporting Organizations | | | | |
| | ection c. Type 11 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 Part VI 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | | | |
| 3 | By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant | 2 | | | |
| , | 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 Part VI 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 instruct | ions): | | | |
| | The organization satisfied the Activities Test. Complete line 2 below. | | | | |
| | b 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 (see | instru | ctions) | | |
| 2 | Activities Test. Answer lines 2a and 2b 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 Did the activities described in line 2a 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 Part VI 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 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | | |
| | 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? If "Yes" or "No" provide details in Part VI . | 3a | | | |
| | b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard. | 3b | | | |

Schedule A (Form 990 or 990-EZ) 2020 Page 6 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 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 Add lines 1 through 3 4 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) 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 | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1 b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| e | Discount 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 0.015 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 0.035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| | | 1 | | |

5 Income tax imposed in prior year 5 **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

| _1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------|---|--|
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 | |
| | | | |

| 7 Total annual distributions. Add lines 1 through 6. | 7 | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|-----|-------------------------------------------|
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | | | 8 | |
| 9 Distributable amount for 2020 from Section C, line 6 | 9 | | | |
| 10 Line 8 amount divided by Line 9 amount | | | 10 | |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributi Pre-2020 | ons | (iii) Distributable Amount for 2020 |
| 1 Distributable amount for 2020 from Section C, line 6 | | | | |
| 2 Underdistributions if any for years prior to 2020 | | | | |

| 8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------|-----|-------------------------------------------|
| 9 Di | stributable amount for 2020 from Section C, line 6 | 9 | | | |
| 10 Lin | e 8 amount divided by Line 9 amount | 10 | | | |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributio Pre-2020 | ons | (iii) Distributable Amount for 2020 |
| 1 Dis | tributable amount for 2020 from Section C, line 6 | | | | |
| (re | derdistributions, if any, for years prior to 2020 asonable cause required <i>explain in Part VI</i>). e instructions. | | | | |
| 3 Exc | ess distributions carryover, if any, to 2020: | | | | |
| a Fr | om 2015 | | | | |

| 10 Line 8 amount divided by Line 9 amount | 10 | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|--|-------------------------------------------|
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | | (iii) Distributable Amount for 2020 |
| 1 Distributable amount for 2020 from Section C, line 6 | | | | |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions. | | | | |
| 3 Excess distributions carryover, if any, to 2020: | | | | |
| a From 2015 | | | | |
| b From 2016 | | | | |
| c From 2017 | | | | |
| d From 2018 | | | | |
| e From 2019 | | | | |
| f Total of lines 3a through e | | | | |
| q Applied to underdistributions of prior years | | | | |

Schedule A (Form 990 or 990-EZ) (2020)

h Applied to 2020 distributable amount i Carryover from 2015 not applied (see

4 Distributions for 2020 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2020 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

instructions)

See instructions.

d Excess from 2019.

a Excess from 2016. **b** Excess from 2017. c Excess from 2018.

e Excess from 2020.

3j and 4c. 8 Breakdown of line 7:

\$

| Schedule A (| Form 990 or 990-EZ) 2020 Page 8 |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part VI | 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 |
| | |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

DLN: 93493090012422

OMB No. 1545-0047

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public

Internal Revenue Service

(Form 990)

► Attach to Form 990. Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** GIRL SCOUTS OF EASTERN MASSACHUSETTS INC 04-2703281 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area ✓ Protection of natural habitat Preservation of a certified historic structure ✓ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2b Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2020

following amounts required to be reported under FASB ASC 958 relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

| Sched | dule D (Form 990) 2020 | | | | | | | Page 2 |
|------------|-----------------------------------------------------|-----------------------------------------|-------------------------------|-------------------------------------|-------------|-----------------------------|-----------------------|--------------------------|
| Part | Organizations | Maintaining Co | llections of Art, H | listorical Tre | asures, | or Other | Similar Assets (| continued) |
| 3 | Using the organization's items (check all that app | | n, and other records, | check any of th | ne followin | g that are a | significant use of it | s collection |
| а | Public exhibition | | | d 🗆 1 | oan or ex | change prog | ırams | |
| b | Scholarly research | 1 | | e 🗌 (| Other | | | |
| c | Preservation for fu | uture generations | | | | | | |
| 4 | Provide a description of Part XIII. | | llections and explain h | now they furthe | r the orga | nization's e | xempt purpose in | |
| 5 | During the year, did the assets to be sold to raise | | | | | | | es 🗆 No |
| Par | | ustodial Arrange e organization ansv | ements. wered "Yes" on For | m 990, Part I | V, line 9, | or reporte | ed an amount on | Form 990, Part |
| 1a | Is the organization an agincluded on Form 990, P | | | | | | | es 🗆 No |
| b | If "Yes," explain the arra | angement in Part XII | I and complete the fo | llowing table: | | | Amount | |
| c | Beginning balance | - | · | - | | 1c | | |
| d | Additions during the yea | | | | | 1 d | | |
| е | Distributions during the | | | | | 1e | | |
| f | Ending balance | • | | | | 1f | | |
| 3 - | - | | | | | | | |
| 2a | Did the organization incl | | • | • | | | , | es ∐ No |
| | If "Yes," explain the arra | - | I. Check here if the ex | (planation has I | peen provi | ded in Part i | XIII ⊔ | |
| Pai | rt V Endowment F | | wered "Yes" on For | m 990 Part I | V line 10 | 1 | | |
| | Complete ii the | , organization ansi | (a) Current year | (b) Prior year | | | (d) Three years back | (e) Four years back |
| 1 a | Beginning of year balance | | 3,547,304 | 3,487,3 | 392 | 3,442,155 | 3,449,634 | 3,191,538 |
| b | Contributions | | 1,550 | 49,6 | 580 | 1,000 | 1,400 | |
| С | Net investment earnings, | gains, and losses | 503,099 | 132,0 |)10 | 152,363 | 112,896 | 258,096 |
| d (| Grants or scholarships . | | | | | | | |
| | Other expenditures for fac | | | | | | | |
| , | and programs | | 100,000 | 121, | 778 | 108,126 | 121,775 | |
| f, | Administrative expenses | | | | | | | <u> </u> |
| g | End of year balance . | | 3,951,953 | 3,547,3 | 304 | 3,487,392 | 3,442,155 | 3,449,634 |
| 2 | Provide the estimated pe | ercentage of the curr | ent year end balance | (line 1g, colum | n (a)) hel | d as: | | |
| а | Board designated or qua | ısi-endowment ▶ | | | | | | |
| b | Permanent endowment i | | | | | | | |
| С | Term endowment ▶ | 43.660 % | | | | | | |
| | The percentages on lines | s 2a, 2b, and 2c shou | ıld equal 100%. | | | | | |
| 3а | Are there endowment fu organization by: | nds not in the posses | ssion of the organizat | ion that are hel | d and adn | ninistered fo | r the | Yes No |
| | (i) Unrelated organization | ons | | | | | 3 | a(i) Yes |
| | (ii) Related organization | | | | | | 3 | a(ii) No |
| b | If "Yes" on 3a(ii), are the | | | | | | | 3b |
| 4 | Describe in Part XIII the | | | vment funds. | | | | |
| Par | | gs, and Equipme | | 000 5- : - | M 15 | 1- C | 000 D- 1 V !! | 10 |
| | Complete if the Description of property | e organization ansv (a) Cost or ot | wered "Yes" on For | m 990, Part I or other basis (ot | | 1a. See Fo Accumulated o | | ne 10. (d) Book value |
| | Description of property | (investme | | or orner nasis (or | (6) | necumulated (| acpi eciation | (a) book value |

826,739

19,066

11,949,573

1,851,462

2,662,379

1a Land . .

d Equipment .

 ${f e}$ Other .

b Buildings

 ${f c}$ Leasehold improvements

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

7,334,092

1,535,840

1,435,827

9,590

826,739

9,476

315,622

1,226,552

6,993,870

4,615,481

| Part VII | Investments—Other Securities. Complete if the organization answered "Yes" on F | orm 990 Part IV 1 | ne 11h | See Form 000 I | Part Y line | 12 |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------|---------------------------------------|----------------|------------------------------------------------------|
| | (a) Description of security or category | (b) Book value | iie IIL | | d of valuatior | 1: |
| (1) Financia | (including name of security) I derivatives | | | cost or ena-of | yeai inarket | value |
| (2) Closely-(3) Other | held equity interests | | | | | |
| (A) MUNICIF | PAL BONDS | 2,513,516 | | | F | |
| (D) | | | | | | |
| (E) | | | | | | |
| (F) | | | | | | |
| (G) | | | | | | |
| (H) | | | | | | |
| (I) | | | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 12.) | 2,513,516 | | | | |
| Part VIII | Investments—Program Related. | | | | | |
| | Complete if the organization answered 'Yes' on F | orm 990, Part IV, li | ne 11c | . See Form 990, (b) Book value | (c) Metho | 13. od of valuation: d-of-year market value |
| (1) | | | | | | value |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| (10) | | | | | | |
| Total. (Colum | n (b) must equal Form 990, Part X, col.(B) line 13.) | | • | | | |
| Part IX | Other Assets. Complete if the organization answered 'Yes' on Fo | orm 990, Part IV, lir | ne 11d. | See Form 990, Par | t X, line 15. | |
| (1) | (a) Description | | | | |) Book value |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| (10) | | | | | | |
| | mn (b) must equal Form 990, Part X, col.(B) line 15.) | | | | • | |
| Part X | Other Liabilities. | 000 5 1 7/1 | | | | 1: 25 |
| 1. | Complete if the organization answered 'Yes' on Fo | | <u>ie 11e</u> | or 11f.See Form | 990, Part X | (b) Book value |
| (1) Federal | income taxes | | | | | |
| (2) | | | | | | 1 |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| | n (b) must equal Form 990, Part X, col.(B) line 25.) | the feature to 11 | | ion's financial state | monts that | nove the |
| | or uncertain tax positions. In Part XIII, provide the text of 's liability for uncertain tax positions under FIN 48 (ASC 7 | | | | | _ |

2

а

b

4

b

C 5

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Part XII

Schedule D (Form 990) 2020

Page 4

13.759.726

1,240,031

12,519,695

44,376

77,304

11.040.183

Schedule D (Form 990) 2020

10,962,879

2c d Other (Describe in Part XIII.) 2d 62,383 е 2e Subtract line **2e** from line **1** 3

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Subtract line 2e from line 1

Add lines **4a** and **4b**

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total expenses and losses per audited financial statements

Net unrealized gains (losses) on investments

Donated services and use of facilities

Add lines **4a** and **4b**

Donated services and use of facilities . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

77,304

4a 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

> 2a 2b

> 2c

2d

4a

4b

Explanation

2a

2b

3 4c 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

44,376

77.304

2e

3

4c

5

1,177,648

77,304 12,596,999 11,007,255

| Page 5 | chedule D (Form 990) 2020 | | | | | |
|---------------|-----------------------------------------------|------------------|--|--|--|--|
| | art XIII Supplemental Information (continued) | | | | | |
| | Explanation | Return Reference | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Schedule D (Form 990) 2020

Additional Data

Software Version:

EIN: 04-2703281

INC

Name: GIRL SCOUTS OF EASTERN MASSACHUSETTS

Supplemental Information

REVENUE ON THE CONSERVATION EASEMENT DURING THE YEAR.

Software ID:

Explanation

Return Reference

THE GIRL SCOUTS OF EASTERN MASSACHUSETTS, INC. DID NOT INCUR ANY EXPENSES OR GENERATE ANY

| Supplemental Information | |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Return Reference | Explanation |
| PART V, LINE 4: | GSEMA'S ENDOWMENT FUNDS ARE TO BE USED FOR THE FOLLOWING DONOR DESIGNATED PURPOSES: PROGRA M AND PROPERTY PROJECTS FINANCIAL AID GIRL SCOUTING IN VARIOUS CITIES AND TOWNS |

| Supplemental Information | | | | | |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Return Reference | Explanation | | | | |
| PART X, LINE 2: | UNCERTAIN TAX POSITION FOOTNOTE: THE COUNCIL ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN A CCORDANCE WITH ASC TOPIC 740, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNC ERTAINTY 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 T AX RETURN. THE COUNCIL HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUAL IFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT SEPTEMBER 30, 2021. THE COUNCIL'S INFORMATION AND TAX RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STAT E JURISDICTIONS. | | | | |

| Supplemental Information | | | | | | |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Return Reference | Explanation | | | | | |
| • | CHANGE IN CARRYING VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST 18,007. SPECIAL EVENT E XPENSE SHOWN NET ON 990, PART VIII, LINE 8B 44,376. | | | | | |

| Supplemental Information | |
|-------------------------------------------|--------------------------------------------------------------------|
| Return Reference | Explanation |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | SPECIAL EVENT EXPENSE SHOWN NET ON 990, PART VIII, LINE 8B 44,376. |

s

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493090012422 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization GIRL SCOUTS OF EASTERN MASSACHUSETTS INC 04-2703281 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2020

| | rt II Fundraising Events. Comple | | | | |
|----------------|--------------------------------------------------------------------------------------|----------------------------|-------------------------|-------------------------|---------------------------------|
| | than \$15,000 of fundraising e gross receipts greater than \$! | | gross income on Form | 990-EZ, lines 1 and 6 | 6b. List events with |
| | gross receipts greater than \$. | (a)Event #1 | (b) Event #2 | (c)Other events | (d) Total events |
| | | GOLF TOURNAMENT | FALMOUTH ROAD | 3 | (add col. (a) through col. (c)) |
| | | (event type) | RACE | (total number) | Con. (C) |
| | | | (event type) | | |
| | | | | | |
| <i>a</i> . | | | | | |
| Revenue | | | | | |
| eve | | | | | |
| ã | | | | | |
| | | | | | |
| | 1 Gross receipts | 126,061 | 20,245 | | 146,306 |
| | · | | 20,213 | | |
| | 2 Less: Contributions | 69,037 | | | 69,037 |
| | line 2) | 57,024 | 20,245 | | 77,269 |
| | 4 Cash prizes | | | | |
| s | 5 Noncash prizes | 6,405 | | | 6,405 |
| Expenses | 6 Rent/facility costs | 1,000 | | | 1,000 |
| ×pe X | 7 Food and beverages | 29,563 | | | 29,563 |
| ਲ ਲ | 8 Entertainment | 675 | | | 675 |
| Direct | 9 Other direct expenses | 1,600 | 5,133 | | 6,733 |
| _ | 10 Direct expense summary. Add lines 4 t | hrough 9 in column (d) | | | 44,376 |
| | 11 Net income summary. Subtract line 10 | - | | | |
| Pai | t III Gaming. Complete if the org | | s" on Form 990, Part I | V, line 19, or reported | 32,893 I more than \$15,000 |
| | on Form 990-EZ, line 6a. | <u> </u> | · | | 1 |
| KIE | | (a) Bingo | (b) Pull tabs/Instant | (c) Other gaming | (d) Total gaming (add |
| Revenue | | | bingo/progressive bingo | | col.(a) through col.(c)) |
| ž | 1 Gross revenue | | | | |
| တ္တ | | | | | |
| ens(| 2 Cash prizes | | | | |
| ភ្នំ | 3 Noncash prizes | | | | |
| Direct Expense | 4 Rent/facility costs | | | | |
| 200 | | | | | |
| | 5 Other direct expenses | □ Vos % | ☐ Yes % | Yes % | |
| | 6 Volunteer labor | ☐ Yes% | | <u></u> | |
| | • volunteer labor | ∐ No | ∐ No | ∐ No | |
| | 7 Direct expense summary. Add lines 2 t | hrough 5 in column (d) | | | |
| | 8 Net gaming income summary. Subtrac | t line 7 from line 1 colum | n (d) | • | |
| | | | | | |
| 9 | Enter the state(s) in which the organizat | | | | |
| a b | a Is the organization licensed to conduct gaming activities in each of these states? | | | | |
| U | • | | | | |
| 4.0 | M | | | | |
| 10a | Were any of the organization's gaming lie If "Yes," explain: | | | e tax year? | ☐ Yes ☐ No |
| h | at 100, CAPIGITI | | | | |
| b | | | | | |

| Sche | dule G (Form 990 or 990-EZ) 2020 | | | | | F | Page 3 |
|------|----------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------|----------------|---------------|---------|---------------|
| 11 | Does the organization conduct ga | ming activities with nonmember | s? | | · 🗌 Yes | □No | |
| 12 | Is the organization a grantor, ben formed to administer charitable g | | member of a partnership or other | entity | ·□Yes | _ | |
| 13 | Indicate the percentage of gaming | g activity conducted in: | | | | | |
| а | The organization's facility . | | | 13 | Ba | | % |
| b | An outside facility | | | 13 | ВЬ | | % |
| 14 | Enter the name and address of th | e person who prepares the orga | nization's gaming/special events bo | oks and record | ds: | | |
| | Name ► | | | | | | |
| | Address | | | | | | |
| 15a | Does the organization have a conrevenue? | tract with a third party from who | om the organization receives gamin | - | · 🗆 Yes | Пис | |
| b | If "Yes," enter the amount of gam | ning revenue received by the org | anization 🕨 \$ | | □ les | | |
| | amount of gaming revenue retain | ed by the third party 🕨 \$ | | | | | |
| c | If "Yes," enter name and address | of the third party: | | | | | |
| | Name ▶ | | | | | | |
| | Address > | | | | | | |
| | | | | | | | |
| 16 | Gaming manager information: | | | | | | |
| | Name ▶ | | | | | | |
| | Gaming manager compensation | • \$ | | | | | |
| | Description of services provided ▶ | • | | | | | |
| | ☐ Director/officer | ☐ Employee | ☐ Independent contra | ctor | | | |
| 17 | Mandatory distributions: | | | | | | |
| а | Is the organization required unde retain the state gaming license? | | stributions from the gaming procee | eds to | · 🗆 Yes | Пы | |
| b | Enter the amount of distributions in the organization's own exempt | • | uted to other exempt organizations | or spent | □ res | | |
| Pa | | | * ions required by Part I, line 2b | . columns (ii | i) and (v): a | nd Part | |
| | | | licable. Also provide any additi | | | | s |
| | Return Reference | | Explanation | | | | |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

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

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

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

DLN: 93493090012422

Open to Public Inspection

| nternal Revenue Service | | | | | | | |
|----------------------------------------------------------|-------------------------------------------------|-----------------------------------------|----------------------------------------------------|------------------------------------------|-------------------------------------------------------------|----------------------------------------------|---------------------------------------|
| ame of the organization IRL SCOUTS OF EASTERN MA | SSACHUSETTS | | | | | Employer identific | ation number |
| NC | | | | | | 04-2703281 | |
| | mation on Grants | | | | | | |
| Does the organization m the selection criteria use | aintain records to sub d to award the grants | estantiate the amount of or assistance? | the grants or assistance, | the grantees' eligibility | for the grants or assistanc | e, and | ☑ Yes ☐ No |
| | - ' | = | se of grant funds in the U | | | | |
| | | | and Domestic Governme ditional space is needed. | ents. Complete if the o | rganization answered "Yes" | on Form 990, Part IV, line | 21, for any recipient |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| 1) | | | | | | | |
| 2) | | | | | | | |
| 3) | | | | | | | |
| 4) | | | | | | | |
| 5) | | | | | | | |
| 6) | | | | | | | |
| 7) | | | | | | | |
| 8) | | | | | | | |
| 9) | | | | | | | |
| 10) | | | | | | | |
| 11) | | | | | | | |
| 12) | | | | | | | |
| | | - | | | | | |
| | | | | | | | |

(Form 990)

Department of the

Treasury

(2) PROGRAM AWARDS

(3) COMMUNITY INITIATIVES

(1) CAMPERSHIP

Schedule I (Form 990) 2020

Part III

(3)

(4)

(5)

(6)

(7)

Part IV Return Reference

PART I, LINE 2:

Explanation

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(c) Amount of

cash grant

89.141

122,868

26,184

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(b) Number of

recipients

297

2014

130

ASSISTANCE, FILES ARE RETAINED BASED ON OUR RETENTION POLICY.

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

(d) Amount of

noncash assistance

FAIR MARKET VALUE FAIR MARKET VALUE

FAIR MARKET VALUE

(e) Method of valuation (book,

FMV, appraisal, other)

Page 2

(f) Description of noncash assistance

Schedule I (Form 990) 2020

SEE SCHEDULE I, PART IV

SEE SCHEDULE I, PART IV

SEE SCHEDULE I, PART IV

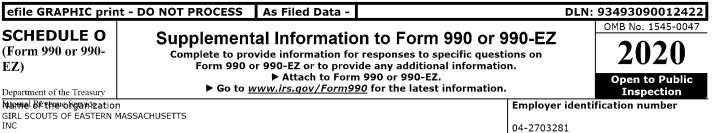
| efil | e GRAPHIC pr | rint - DO NOT PROCESS | As Filed Data | a - | DLN: 934 | 9309 | 0012 | 422 |
|------------|---------------------------------------------|----------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------|----------------------|-----------------|--------|----------|
| Sch | nedule J | C | ompensat | ion Information | ОМІ | 3 No. : | 1545-0 |)047 |
| (Form 990) | | ▶ Attach to Form 990. | | | | | 20 | <u> </u> |
| • | tment of the Treasury al Revenue Service | ► Go to <u>www.irs.go</u> | ov/Form990 for | instructions and the latest informat | | pen to Inspo | | |
| Nar | me of the organiza | | | En | nployer identificati | | | |
| GIR INC | | ERN MASSACHUSETTS | | 04 | -2703281 | | | |
| Pa | rt I Questi | ons Regarding Compensa | ation | ŢŪ. | | | | |
| | | | | | _ | | Yes | No |
| 1a | | | | f the following to or for a person listed or y relevant information regarding these it | | | | |
| | First-class | s or charter travel | | Housing allowance or residence for pers | sonal use | | | |
| | _ | companions | 닏 | Payments for business use of personal | | | | |
| | | nification and gross-up paymen | | Health or social club dues or initiation f | | | | |
| | ☐ Discretion | nary spending account | Ш | Personal services (e.g., maid, chauffeu | r, chef) | | | |
| b | | | | follow a written policy regarding paymer ve? If "No," complete Part III to explain | nt or | 1b | | |
| 2 | | | | or allowing expenses incurred by all | -3 | 2 | | |
| | directors, truste | ees, officers, including the CEO/ | executive Directo | r, regarding the items checked on Line 1 | ar | | | |
| 3 | | | | ed to establish the compensation of the | | | | |
| | | | | not check any boxes for methods CEO/Executive Director, but explain in P | art III. | | | |
| | , | - | | | | | | |
| | _ ' | ation committee ent compensation consultant | ✓ | Written employment contract Compensation survey or study | | | | |
| | | of other organizations | ✓ | Approval by the board or compensation | committee | | | |
| 4 | | - | 990 Part VII. Se | ction A, line 1a, with respect to the filing | | | | |
| • | related organiza | | 330, 1410 111, 00 | color, t, mic 1a, won respect to the timing | , organization or a | | | |
| а | Receive a sever | ance payment or change-of-cor | ntrol payment? . | | | 4a | | No |
| b | Participate in, o | r receive payment from, a supp | lemental nonqual | ified retirement plan? | [| 4b | | No |
| c | | ' ' ' | , | nsation arrangement? | - | 4c | | No |
| | If "Yes" to any o | of lines 4a-c, list the persons an | d provide the app | plicable amounts for each item in Part III | | | | |
| | Only 501(c)(3 |), 501(c)(4), and 501(c)(29 |) organizations | must complete lines 5-0 | | | | |
| 5 | | | · - | the organization pay or accrue any | | | | |
| | | ontingent on the revenues of: | | , , , , | | | | |
| а | The organization | n? | | | | 5a | | No |
| b | Any related orga | anization? | | | [| 5b | | No |
| | If "Yes," on line | 5a or 5b, describe in Part III. | | | | | | |
| 6 | | ed on Form 990, Part VII, Section ontingent on the net earnings o | | the organization pay or accrue any | | | | |
| а | The organization | n? | | | | 6a | | No |
| b | | | | | | 6b | | No |
| | • | 6a or 6b, describe in Part III. | | | | | | |
| 7 | payments not d | escribed in lines 5 and 6? If "Ye | s," describe in Pa | the organization provide any nonfixed rt III | | 7 | | No |
| 8 | subject to the in | nitial contract exception describ | ed in Regulations | red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," descr | | | | N |
| 9 | If "Yes" on line | 8, did the organization also folk | ow the rebuttable | presumption procedure described in Reg | julations section | 9 | | No_ |
| For F | | uction Act Notice, see the In | | | S3T Schedule J | | 990) | 2020 |

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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

| (A) Name and Title | | (B) Breakdown | of W-2 and/or 1099-MISO | C compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation in |
|-------------------------------------------|-----------------|--------------------------|-------------------------------------|-------------------------------------------|--------------------------------|----------------|----------------------|---------------------------------------------------------|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | column (B) reported as deferred on prior Form 990 |
| CAITRIONA TAYLOR ORMER CEO (UNTIL 03/21) | (i) | 183,057 | 0 | 0 | 1,831 | 8,052 | 192,940 | 0 |
| 5EN GEO (ONTIL 05/21) | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 BARBARA FORTIER CEO | (i) | 165,224 | 0 | 0 | 1,652 | 6,838 | 173,714 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 JAMES CRONAN CHIEF FINANCIAL OFFICER | (i) | 148,912 | 0 | 0 | 1,489 | 9,772 | 160,173 | 0 |
| SHIEF FINANCIAE OF ICEN | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | $\vdash \vdash$ | | | | | | | |
| | \square | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | $ \cdot $ | | | | | | | |
| | | | | | | | Schadulo | J (Form 990) 2020 |





| Return Reference | Explanation |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION A, LINE 4 | THE BY-LAWS WERE AMENDED ON MAY 12, 2021. ARTICLE I THE CORPORATION "CLARIFICATION OF APPL ICABILITY OF COUNCIL REFERENCE IN THE BYLAWS TO THE CORPORATION (A SUBSET OF THE OVERALL M EMBERSHIP AND A SUPERSET OF THE VOTING MEMBERS) HINCORPORATION OF NEWLY DEFINED TERMS: VOT ING COUNCIL MEMBER, BOARD, VOTING BOARD MEMBER, ELECTED OFFICER, MEMBER-AT-LARGE, CHAIR/CH AIR OF THE BOARD, REGION "REORDERING OF REFERENCES TO MIRROR ARTICLES AS THEY APPEAR IN THE BYLAWS "FLEXIBILITY OF ANNUAL MEETINGS SCHEDULING "CONSISTENCY OF PROVISIONS FOR MEETINGS, NOTICE, QUORUM ARTICLE II BOARD NOMINATING AND DEVELOPMENT COMMITTEE "REORDERING OF SECT IONS TO MIRROR OTHER ARTICLES "CONSISTENCY OF PROVISIONS FOR ELECTIONS, TERMS, VACANCIES, QUORUM "FLEXIBILITY OF NUMBER OF ALTERNATE NATIONAL COUNCIL DELEGATE NOMINEES PER RECOMMEN DATION OF GSUSA ARTICLE III OFFICERS "REMOVAL OF PAST PRESIDENT AS MEMBER OF THE BOARD, OR IGINAL PURPOSE RELATED TO COUNCIL MERGER/TRANSITION OBSOLETE "REORDERING OF SECTIONS TO MI RROR OTHER ARTICLES, REORGANIZATION OF PROVISIONS "STREAMLINING AND UPDATING OF DUTIES TO MATCH ACTUALITY, PARTICLLARLY WITH RESPECT TO TREASURER "CONSISTENCY OF PROVISIONS FOR ELE CTIONS, TERMS, VACANCIES ARTICLE IV BOARD OF DIRECTORS "REORDERING OF SECTIONS TO MIRROR OTHER ARTICLES, REORGANIZATION OF PROVISIONS STREAML WITH RESPECT TO THE BOARD." CONSISTENCY OF VOTING PRIVILEGE LANGUAGE WITH POSITION DESCRIPTION - POSITION INCLUDES RIGH T TO VOTE ON CERTAIN MATTERS "NUMERICAL AND PERCENTAGE THRESHOLDS, INCLUDING QUORUM, REMAIN 1 THE SAME/DO NOT FACTOR IN GIRL MEMBERS OF THE BOARD." CONSISTENCY OF PROVISIONS FOR ELECTIONS, TERMS, VACANCIES, MEETINGS, NOTICE, QUORUM ARTICLE V REGIONAL DELEGATES "REORDERING OF SECTIONS TO MIRROR OTHER ARTICLES." CONSISTENCY OF PROVISIONS FOR ELECTIONS, TERMS, VACANCIES, MEETINGS, NOTICE, GUORUM ARTICLE V REGIONAL DELEGATES "REORDERING OF SECTIONS TO MIRROR OTHER ARTICLES." CONSISTENCY OF PROVISIONS FOR ELECTION, CONTINUE S FOR DURATION OF TERM, NOT JUST FOR PURPOSES OF ARTICLE VII BACANCY FOR PROVIS |

| Return Reference | Explanation |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI. | LIMINATE IN PERSON OR TELEPHONE NOTICE AS DEFAULT REASONABLE AND SUFFICIENT NOTICE. IN PER SON OR TELEPHONE NOTICE EXPRESSLY PROVIDED IN THE BYLAWS FOR NOT LESS THAN 24 HOURS NOTICE. *EXPANSION |
| SECTION A, | OF "PLACE" DEFINITION FOR TECHNOLOGICAL PLATFORMS. *ADDITION OF GOVERNANCE RE VIEW MANDATE FOR |
| LINE 4 | BEST PRACTICE. ARTICLE X PROPOSALS AND NOMINATIONS TO THE ANNUAL MEETING *CONSISTENCY OF TERMINOLOGY ARTICLE XI AMENDMENTS *CONSISTENCY OF TERMINOLOGY |

| Return Reference | Explanation |
|---------------------|--------------------------------------------------------------------------------------------------------|
| FORM 990, | ALL ADULT VOLUNTEERS AND GIRLS FOURTEEN (14) YEARS OF AGE AND OVER WHO ARE MEMBERS OF THE GIRL |
| PART VI, | SCOUT MOVEMENT REGISTERED THROUGH THE COUNCIL ARE ELIGIBLE TO BE MEMBERS OF THE COUNCIL. THE |
| SECTION A, | VOTING MEMBERS OF THE COUNCIL SHALL CONSIST OF: 1.2.1 REGIONAL DELEGATES (AS DEFINED IN ARTICLE V); |
| LINE 6 | 1.2.2 VOTING MEMBERS OF THE BOARD OF DIRECTORS (AS PROVIDED IN ARTICLE IV, SECTION 4.02) 1.2.3 MEMBERS |
| | OF THE BOARD NOMINATING AND DEVELOPMENT COMMITTEE ("BNDC")(AS DEFINED IN ARTICLE II); AND 1.2.4 |
| | NATIONAL COUNCIL DELEGATES (AS DEFINED IN ARTICLE VI). THE TOTAL NUMBER OF VOTING MEMBERS SHALL BE |
| | NO FEWER THAN FIFTY-SEVEN (57), AND THE NUMBER OF REGIONAL DELEGATES SHALL EXCEED THE TOTAL |
| | NUMBER OF VOTING MEMBERS OF THE BOARD OF DIRECTORS AND MEMBERS OF THE BNDC. |

Return

| Reference | |
|------------|-----------------------------------------------------------------------------------------------------------|
| FORM 990, | THE VOTING MEMBERS OF THE COUNCIL SHALL: 1.3.1 ELECT, AS SET FORTH IN ARTICLE III, SECTION 3.01, OF THESE |
| PART VI, | BYLAWS, THE OFFICERS OF THE COUNCIL (EXCEPT THE CHIEF EXECUTIVE OFFICER) AND OTHER OFFICERS AS |
| SECTION A, | PROVIDED FOR IN ARTICLE III, SECTION 3.02; THE MEMBERS-AT-LARGE OF THE BOARD OF DIRECTORS; THE |
| LINE 7A | MEMBERS OF THE BNDC; AND THE NATIONAL COUNCIL DELEGATES AND ALTERNATE NATIONAL COUNCIL |
| | DELEGATES; 1.3.2 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; 1.3.3 BE |
| | AUTHORIZED TO AMEND THE ARTICLES OF INCORPORATION OF THE COUNCIL AND THESE BYLAWS, EXCEPT AS |
| | STATED IN ARTICLE XI OF THESE BYLAWS; 1.3.4 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; |
| | 1.3.5 CONDUCT SUCH OTHER BUSINESS AS MAY FROM TIME TO TIME COME BEFORE THE MEMBERS |

Explanation

Return Explanation

Reference

LINE 11B

| FORM 990, | THE 990 WILL BE REVIEWED BY THE AUDIT COMMITTEE AND, ONCE APPROVED BY THAT COMMITTEE, WILL BE |
|-----------|-----------------------------------------------------------------------------------------------------|
| PART VI, | DISTRIBUTED TO THE FULL BOARD VIA E-MAIL. BOARD MEMBERS WILL RECEIVE A DEADLINE TO SUBMIT QUESTIONS |
| SECTION B | OR CHANGES THE RETURN WILL BE FILED ONCE THIS DEADLINE HAS PASSED |

Return Explanation

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

| Return Reference | Explanation |
|---------------------|--------------------------------------------------------------------------------------------------|
| FORM 990, | ANNUALLY, THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS CEO COMPENSATION. COMPENSATION IS |
| PART VI, | DETERMINED BY THE EXECUTIVE COMMITTEE AND IS BASED ON COMPARISONS TO OTHER SIMILARLY SIZED GIRL |
| SECTION B, | SCOUT COUNCILS, SIMILARLY SIZED AND MISSIONED NOT-FOR-PROFIT ORGANIZATIONS IN THE GREATER BOSTON |
| LINE 15 | AREA, AND BALANCED AGAINST BUDGETARY REALITIES AND EXECUTIVE COMPENSATION TRENDS IN THE NOT-FOR- |
| | PROFIT SECTOR. CEO COMPENSATION IS APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD. GSEMA, WITH |
| | THE ASSISTANCE OF GIRL SCOUTS OF THE UNITED STATES OF AMERICA (GSUSA), HAS ESTABLISHED SALARY |
| | GRADES AND BANDS FOR ALL POSITIONS. GSEMA (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 Explanation
Reference

FORM 990, THE ORGANIZATION'S GOVERNING DOCUMENTS ARE POSTED ON THE WEB SITE. CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

SECTION C, LINE 19

Return Explanation
Reference

LINE 9:

FORM 990, CHANGE IN CARRYING VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST 18,007.
PART XI.

Return Explanation Reference

FORM 990. THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

PART XII, LINE 2C: