Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A I	For th	ne 201	3 calendar year, or tax year beginning , 2013	, and ending			20
В			C Name of organization		D Employer id	entification nu	ımber
В	Check if a	pplicable:	GIRL SCOUTS OF WESTERN OHIO				
	Addr		Doing Business As		31-067	9091	
_	Name	e change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone n	umber	
	Initia	l return	4930 CORNELL ROAD		(513) 48	9-1025	
	Term	inated	City or town, state or province, country, and ZIP or foreign postal code				
	Amer		CINCINNATI, OH 45242-1804		G Gross receip	its \$ 17	7,950,535.
		cation	F Name and address of principal officer: RONI J. LUCKENBILL		H(a) Is this a gro	up return for	Yes X No
	pena	aiA	4930 CORNELL ROAD, CINCINNATI, OH 45242-180	4	subordinates H(b) Are all subord		Yes No
ī	Tax-ex	empt st				ch a list. (see instr	ructions)
J			WWW.GIRLSCOUTSOFWESTERNOHIO.ORG		H(c) Group exem	ption number	•
K			nization: X Corporation Trust Association Other	L Year of	formation: 1965 M		
	art l		mmary	1			
	1		/ describe the organization's mission or most significant activities:				
o.	'	GIR	L SCOUTING BUILDS GIRLS OF COURAGE, CONFIDENCE	E. AND CH	ARACTER.		
au au			MAKE THIS WORLD A BETTER PLACE.				
ű	2		this box if the organization discontinued its operations or dispose	d of more than	25% of its not passet		
Governance	1		er of voting members of the governing body (Part VI, line 1a)			3	17.
	4	Mumb	er of independent voting members of the governing body (Part VI, line 1b)	*******	04 Maria (1604 - 1604	4	17.
es			number of individuals employed in calendar year 2013 (Part V, line 2a).			5	245.
ivit						6	14,000.
Activities &	7.	Total	number of volunteers (estimate if necessary)			7a	14,000.
			unrelated business revenue from Part VIII, column (C), line 12			7b	
	- Đ	Net ur	nrelated business taxable income from Form 990-T, line 34		Prior Year		rrent Year
		04	hustone and grounds (Dors VIII line dle)		1,440,20		1,567,264.
Revenue	8	Contri	butions and grants (Part VIII, line 1h).	FOR		_	
	9	Progra	am service revenue (Part VIII, line 2g).	SPECTION	689,06		587,884.
Re	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		525,50		916,153. 7,594,893.
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,538,64		
			revenue - add fines 8 through 11 (must equal Part VIII, column (A), line 12).		11,193,42		0,666,194.
			s and similar amounts paid (Part IX, column (A), lines 1-3)		245,46	0	207,864.
	14		its paid to or for members (Part IX, column (A), line 4)		7 660 40		7 212 506
Expenses	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,662,40	0	7,312,596.
ens	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)	· · · · · -		-	23,400.
Exp	ь		fundraising expenses (Part IX, column (D), line 25)  415,751		2 700 25		5 506 040
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,792,35		3,529,840.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,700,22		1,073,700.
- 07		Reven	ue less expenses. Subtract line 18 from line 12		-506,80		-407,506.
Net Assets or Fund Balances				-	Beginning of Current Y		d of Year
sse 3ala	20		assets (Part X, line 16)		34,178,39	_	5,293,85 <u>9</u> .
at A	21		iabilities (Part X, line 26)	-	347,37		278,836.
			sets or fund balances. Subtract line 21 from line 20,		33,831,02	3. 35	5,015,023.
	rt II		nature Block				
			f perjury, I declare that I have examined this return, including accompanying schedul complete. Declaration of preparer (other than officer) is based on all information of whic			my knowledge	and belief, it is
		Ť	1.1.1000		ال سند	chil	
Sig	n		Signature of officer		5 /	7/17	
He			Pour I Luckenbill CEO		Date		
			Now The second s				
			Type or print name and title	Date		DTIM	
Paid	i	I .	Type preparer's name Preparer's signature	Date	Check	if PTIN	
	parer	114	RON HERSHEEGER aarond. XInsly	5/9/1	• •		
	Only	Firm's	name ▶ BKD, LLP			44-01602	
			address > 312 WALNUT STREET, SUITE 3000 CINCINNATI, OH 45202		Phone no.	513-621-	8300
May	the II	RS disc	cuss this return with the preparer shown above? (see instructions)				es No
For	Paper	work i	Reduction Act Notice, see the separate instructions.			For	m <b>990</b> (2013)

For	m 990 (2013) Page <b>2</b>
P	art III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
	GIRL SCOUTING BUILDS GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER, WHO
	MAKE THIS WORLD A BETTER PLACE.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$3,350,159, including grants of \$207,864. )(Revenue \$5,406,552. ) GIRL SCOUTS OF WESTERN OHIO, IN AN INCLUSIVE, GIRL-DRIVEN ENVIRONMENT, HELPS PREPARE 50,000 GIRL MEMBERS FOR LIVING TODAY,
	AS WELL AS FOR LIVING RESPONSIBLE ADULT LIVES THROUGH THE GIRL
	SCOUT PROGRAM, WHICH INCLUDES TROOP ACTIVITIES, PROGRAM
	OPPORTUNITIES, SUMMER CAMP, AND GIRL SCOUTS IN THE SCHOOL DAY.
	,
4b	(Code: ) (Expenses \$ 1,340,064. including grants of \$ ) (Revenue \$ )
	GIRL SCOUTS OF WESTERN OHIO WILL SERVCE ONE OUT OF SIX GIRLS IN THE OHIO REGION WITH A HIGH QUALITY PROGRAM EXPERIENCE, ENSURING
	THAT ALL GIRLS WHO WISH TO JOIN HAVE THE OPPORTUNITY TO DO SO.
	THE THE STATE WHO RED TO COLD HAVE THE STEERING TO BO BO.
	(Code:)(Expenses \$4,831,661. including grants of \$)(Revenue \$2,703,351) GIRL SCOUTS OF WESTERN OHIO WILL HELP PREPARE GIRLS FOR LIVING IN TODAY'S WORLD THROUGH RECRUITMENT, SCREENING, TRAINING AND SUPPORT OF A DIVERSE CORE OF 14,000 VOLUNTEERS, WHO WILL SUPPORT GIRLS
	THROUGH THE DELIVERY OF THE GIRL SCOUT PROGRAM.
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses > 9.571.884.

Part	Checklist of Required Schedules		Τ	T				
			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		X	<u> </u>				
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	<u> </u>				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to							
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)							
	election in effect during the tax year? If "Yes," complete Schedule C, Part II							
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							
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors							
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		i					
	"Yes," complete Schedule D, Part I	6		X				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,							
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х					
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"							
	complete Schedule D, Part III	8	-	X				
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		X				
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	Х					
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.			1,111				
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		37					
	complete Schedule D, Part VI	11a	X					
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	116		Х				
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		^				
¢	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х				
ئہ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110	-+					
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х				
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X				
	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	Х					
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"							
	complete Schedule D. Parts XI and XII	12a	Х					
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		Х				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ				
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,							
	fundraising, business, 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		X				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		ļ					
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other							
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	$\rightarrow$	X				
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	X					
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on							
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X					
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?							
	If "Yes," complete Schedule G, Part III	19		_ <u>X</u>				
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	$\dashv$	<u>X</u>				
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? , , , , ,	20b						

Part	IV Checklist of Required Schedules (continued)			raye =
	The Different Continued Continued		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		v
22	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			l
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		
	employees? If "Yes," complete Schedule J	23	Х	
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		Х
h	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		_^
C		270		
	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		
25 a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any		i	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	:		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b	ĺ	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			v
20	Part I	31		_X
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
b				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	.	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI	27		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	$\dashv$	- 21
50	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	
	THE THE PROPERTY OF THE PROPER		990 (	2013)

Form 990 (2013)

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Par				
	Check if Schedule O contains a response or note to any line in this Part V	• • •		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable,	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	12		
	Statements, filed for the calendar year ending with or within the year covered by this return . 245			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			• • •
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			v
	account)?	4a		X
þ	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	-		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	oa		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	e L		
_	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
٠	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	231		
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:	:		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		ì	
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources		1	
	against amounts due or received from them.)	12-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
	Is the organization licensed to issue qualified health plans in more than one state?	134		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule</i> O	14b		
2.7	and the second s			

Part VI

GIRL SCOUTS OF WESTERN OHIO

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule	O. See	instruc	ctions				
	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	17						
ıu	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.		1					
b	Enter the number of voting members included in line 1a, above, who are independent 1b	17						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wi	th						
_	any other officer, director, trustee, or key employee?			X				
3	Did the organization delegate control over management duties customarily performed by or under the dire			1				
	supervision of officers, directors, or trustees, or key employees to a management company or other person?.	- 1		X				
4				X				
5								
6	Did the organization have members or stockholders?		Х					
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		† <del></del>					
7a	one or more members of the governing body?	1	X					
<b>h</b>	Are any governance decisions of the organization reserved to (or subject to approval by) member							
b	stockholders, or persons other than the governing body?			X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
0	•	<i>i</i> g						
	the year by the following: The governing body?	. 8a	X					
a	Each committee with authority to act on behalf of the governing body?		X					
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		1					
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9		х				
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Rever		le )					
	(1)		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapter							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	1 1	X					
11a		·						
b		'						
12a		12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		-					
-	rise to conflicts?	12b	X					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes							
_	describe in Schedule O how this was done	12c	Х	l				
13	Did the organization have a written whistleblower policy?		Х					
14	Did the organization have a written document retention and destruction policy?		Х					
15	Did the process for determining compensation of the following persons include a review and approval to							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	-						
a	The organization's CEO, Executive Director, or top management official		Х					
b	Other officers or key employees of the organization		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nt						
	with a taxable entity during the year?	16a		Χ				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	e						
	organization's exempt status with respect to such arrangements?	16b						
Sect	ion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶_IN,OH,							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 if applicable), 990-T (Section 6104 if ap	ion 501(	c)(3)s	only)				
	available for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of	interest	policy	, and				
	financial statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books and records of	f the						
	organization: ▶GIRL SCOUTS OF WESTERN OHIO, 4930 CORNELL ROAD, CINCINNATI, OH 45242-1804 513-489-1025							

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Form 990 (2013)

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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontr	actors								

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (fist an)	(da i	not c unle	Pos heck ss pe	C) sition more	e than o	one an	(D) Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted fine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)JODY WAINSCOTT	10.00				İ					
CHAIRPERSON		Х		X			ļ	0	0	0
(2)SUSAN GANTZ MATZ	2.00									
2ND VICE CHAIR PERSON		Х	ĺ	Х				0	0	0
(3)ELLEN IOBST	2.00									
1ST VICE CHAIR PERSON		Х		Х	İ			0	0	0
(4)JERRY BROSE SECRETARY	2.00	Х		X				0	0	0
(5)DAVE KYLANDER	1.00	21		45						~
BOARD MEMBER		Х	ĺ					0	0	0
(6)MARJORIE HOUCK	1.00	22								°
BOARD MEMBER		Х						0	0	0
(7)KAREN HUELSMAN	2.00									~
TREASURER		Х		Х				0	0	0
(8)CATHERINE INGRAM BOARD MEMBER	1.00	Х						0	0	0
(9)ANN HARTMANN	1.00							, , ,		
BOARD MEMBER		Х						o	o	0
(10)ANGELA GRANATA	1.00				$\Box$			-		
BOARD MEMBER	-†	Х				i		0	0	0
(11)CHERYL TYLER-FOLSOM BOARD MEMBER	1.00	Х						0	0	
(12)CHRISTI WEST BOARD MEMBER	1.00	Х						0	0	0
(13)PATRICIA NEAL-MILLER BOARD MEMEBER	1.00	Х						0	0	0
(14)KANDI STAPLES BOARD MEMBER	1.00	Х						0	0	0

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BOARD MEMBER  10 BARBARA COSTRA 1.00 BOARD MEMBER  17) SUSAN REDMAN-RENGSTORF 1.00 BOARD MEMBER  18) SUSAN REDMAN-RENGSTORF 1.00 BOARD MEMBER  19) SUSAN OSBORN 10 CHIEF EXECUTIVE OFFICER 10 CHIEF STRATEGY OFFICER 11, 40,00 BOARD MEMBER 12, 40,00 BOARD MEMBER 13, 40,00 BOARD MEMBER 14, 00 BOARD MEMBER 156,816. 17, 00 BOARD MEMBER 16, 00 BOARD MEMBER 17) SUSAN OSBORN 18, 00 BOARD MEMBER 18, 00 BOARD MEMBER 18, 00 BOARD MEMBER 19) SUSAN OSBORN 1156,816. 115,414	Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and l	Hig	hest Compensat	ed Employees	(contin	ued)
1.00   N. IMBER FENDER   1.00   N.   N.   N.   N.   N.   N.   N.	• •	Average hours per week (list any	box,	unte	Pos heck ss pe d a c	sition more	is both or/trus	ап	Reportable compensation from	Reportable compensation fro related	m ·	Estimated amount of other
15   KIMBER FENDER   1.00   X   0   0   0   0   0   0   0   0		organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization		0	rganization and related
16 BABBARA QOSTRA	15) KIMBER FENDER	1.00										
BOARD MEMBER   1.00   0   0   0   0   0   0   0   0   0	BOARD MEMBER		X						0		0	(
10) SUBAN REDMAN-RENGISTORF 1.00 x 10 RONT 3, LOCKENBILL 40.00 x 156,816. 0 14,032   18) RONT 3, LOCKENBILL 40.00 x 156,816. 0 14,032   19) SUSAN OSBORN 50.00 x 115,414. 0 12,143   19) SUSAN OSBORN 50.00 x 115,414. 0 12,143   10) SUBAN OSBORN 50.00 x 115,414. 0 12,143   10) SUBAN REDMAN-RENGISTORF 50.00 x 12,143   10) SUBAN REDMAN-RENGISTORF 50.00 x 14,032   10) SUBAN RESMAN-RENGISTORF 50.00 x 14,032   10) SUBAN RESMAN-RENGISTORF 50.00 x 14,032   10) SUBAN RESMAN-RENGISTORF 50.00 x 14,032   115,616. 0 14,032   115,616. 0 12,143   115,616. 0 12,143   115,616. 0 12,143   115,616. 0 12,143   115,616. 0 12,143   115,616. 0 12,143   115,414. 0	16) BARBARA OOSTRA	1.00										
EDARO MEMBER   X			X	ļ				<u></u>	0		0	(
18) RONI J. LUCKENBILL   40.00   X   156,816.   0   14,092		1.00										
SUSAN OSBORN  CHIEF STRATEGY OFFICER  40.00  CHIEF STRATEGY OFFICER  10 Sub-total  C Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)  Total quadrines of individuals (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of related organization or individual for services rendered to the organizations greater than \$150,000? If Yes," complete Schedule J for such individual for services rendered to the organizations greater than \$150,000? If Yes," complete Schedule J for such individual for such person  1 Complete this table for your five highest compensation from any unrelated organization or individual for such person  1 Complete this table for your five highest compensation from the organization. Report compensation for the calendar year ending with or within the organizations tax year.  (A)  Name and business address  1 Total number of independent contractors (including but not limited to those listed above) who received  2 Total number of independent contractors (including but not limited to those listed above) who received  2 Total number of independent contractors (including but not limited to those listed above) who received  2 Total number of independent contractors (including but not limited to those listed above) who received		40.00	X						U		U	(
CHIEF STRATEGY OFFICER    115,414.   0   12,143	<del></del>	40.00							156 916			14 002
CHIEF STRATEGY OFFICER    X		40.00				A			130,010.		4	14,032.
1b Sub-total continuation sheets to Part VII, Section A 272, 230 0 26, 235 d Total (add lines 1b and 1c) 272, 230 0 26, 235 d Total (add lines 1b and 1c) 272, 230 0 26, 235 d Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   2		1					Х		115.414.		0	12.143.
c Total from continuation sheets to Part VII, Section A 272,230. 0 26,235 d Total (add lines 1b and 1c). 272,230. 0 26,235  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual											Ť	
c Total from continuation sheets to Part VII, Section A 272,230. 0 26,235 d Total (add lines 1b and 1c). 272,230. 0 26,235  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual								İ				
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c Total from continuation sheets to Part VII, Section A 272,230. 0 26,235 d Total (add lines 1b and 1c). 272,230. 0 26,235  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												
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c Total from continuation sheets to Part VII, Section A	1b Sub-total					-		•	0		0	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   2 Yes Note:  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	c Total from continuation sheets to Part VII, S	ection A						•	272,230.		0	26,235.
reportable compensation from the organization   2    Yes   No.	d Total (add lines 1b and 1c)							▶	272,230.		0	26,235.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual					d at	ove	) who	re	ceived more than \$	\$100,000 of		
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	reportable compensation from the organization	1 •	2	2								<del>, , , , , , , , , , , , , , , , , , , </del>
employee on line 1a? If "Yes," complete Schedule J for such individual												Yes No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received											2	v
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	· · · · · · · · · · · · · · · · · · ·										3	A
individual											189	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person											4	x
for services rendered to the organization? If "Yes," complete Schedule J for such person												
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received											5	X
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received												
Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received	compensation from the organization. Report o											(
		ress								vices		
					ited			e lis	sted above) who	received		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII. (B) (C) (D) Unrelated Related or Revenue Total revenue exempt business excluded from tax function revenue under sections revenue 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1,036,568 1b d Related organizations 1d 1e 41,543. e Government grants (contributions) . . All other contributions, giffs, grants, and similar amounts not included above . 1f 489,153. Noncash contributions included in lines 1a-1f: \$ \_ Total. Add lines 1a-1f . . . . . . . . . . . . . . . . . <u>....</u>> ,567,264 Program Service Revenue **Business Code** 2a PROGRAM SERVICE FEES 713990 587.884. 587.884 All other program service revenue . . . . 587.884 Investment income (including dividends, interest, and other similar amounts)..... Income from investment of tax-exempt bond proceeds . . . . 5 b Less: rental expenses . . . Rental income or (loss) . . C d Net rental income or (loss) . . . . . . (ii) Other (i) Securities 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . . . . 290,396. 204,380. Gain or (loss) . . . . . . . . 494,776. 494,776 8a Gross income from fundraising Other Revenue events (not including \$ \_ of contributions reported on line 1c). 50.552. See Part IV, line 18 . . . . . . . . . . a b Less: direct expenses . . . . . . . . . bl c Net income or (loss) from fundraising events . . . . . . . . . . . . . . 35,019 35,019. 9a Gross income from gaming activities. See Part IV, line 19 . . . . . . . . a b Less: direct expenses . . . . . . . . b 10a Gross sales of inventory, less 14,790,827. b Less: cost of goods sold . . . . . . . . bl 7,268,808. Net income or (loss) from sales of inventory. <u>...,.</u>,▶ 7,522,019 7.522.019 Miscellaneous Revenue **Business Code** MISCELLANEOUS 900099 11a ь 37,855. 10,666,194. 8,109,903. 989,027.

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respo				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	207,864.	207,864.		
3	Grants and other assistance to governments, organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	166,408.	146,368.	12,938.	7,102.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	5,314,322.	4,674,347.	413,178.	226,797.
8	Pension plan accruals and contributions (include section				
_	401(k) and 403(b) employer contributions)	743,398.	653,874.	57,798.	31,726.
9		669,908.	589,235.	52,084.	28,589.
10	Payroll taxes	418,560.	368,155.	32,542.	17,863.
	Fees for services (non-employees):				
	Management	o			
	Legal	11,396.	9,771.	1,413.	212.
	: Accounting	50,028.	42,895.	6,203.	930.
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17.	23,400.			23,400.
	f Investment management fees	67,382.		67,382.	
	Other, (If line 11g amount exceeds 10% of line 25, column				
3	(A) amount, list line 11g expenses on Schedule O.)	569,399.	488,564.	80,549.	286.
12	Advertising and promotion	30,252.	25,939.	3,751.	562.
13	Office expenses	516,240.	442,636.	64,006.	9,598.
14	Information technology	0			
15	Royalties	0			
16	Occupancy	543,894.	466,347.	67,435.	10,112.
17	I	238,137.	204,731.	26,689.	6,717.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	158,493.	135,895.	19,651.	2,947.
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	931,600.	793,528.	102,876.	35,196.
23	Insurance	295,133.	242,009.	44,270.	8,854.
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	BAD DEBTS	105,863.	105,863.		
	MISCELLANEOUS	595.	-37,565.	33,300.	4,860.
С	TROOP RELATED DISBURSEMENTS	11,428.	11,428.		
d					
e	All other expenses				
	Total functional expenses. Add lines 1 through 24e	11,073,700.	9,571,884.	1,086,065.	415,751.
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)	O			

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Part X Balance Sheet

Page 11

	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	728,141.	1	550,801
	2	Savings and temporary cash investments	633,041.	2	506,760
	3	Pledges and grants receivable, net	673,427.	3	776,962
	4	Accounts receivable, net	95,403.	4	101,411
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	C	5	
,c		organizations (see instructions). Complete Part II of Schedule L		6	
ets	7	Notes and loans receivable, net	C	7	
Assets	8	Inventories for sale or use	239,798.	8	259,466
	9	Prepaid expenses and deferred charges	95,702.	9	125,648
.	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 27, 987, 075.			
	b	Less: accumulated depreciation	13,166,613.	10c	12,065,937
	11	Investments - publicly traded securities	17,754,488.	11	20,012,878
	12	Investments - other securities. See Part IV, line 11	0	12	
,	13	Investments - program-related. See Part IV, line 11	0	13	
-	14	Intangible assets	0	14	
1	15	Other assets. See Part IV, line 11	791,786.	15	893,996
-	16	Total assets. Add lines 1 through 15 (must equal line 34)	34,178,399.	16	35,293,859
,	17	Accounts payable and accrued expenses	281,385.	17	220,288
-	18	Grants payable	10,384.	18	6,775
-	19	Deferred revenue	55,607.	19	51,773
1	20	Tax-exempt bond liabilities	0	20	
g 2	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
4/	22	Loans and other payables to current and former officers, directors,			· <u>-</u> :
g		trustees, key employees, highest compensated employees, and			
ڐ		disqualified persons. Complete Part II of Schedule L	0	22	
2	23	Secured mortgages and notes payable to unrelated third parties	0	23	
12	24	Unsecured notes and loans payable to unrelated third parties	0	24	
1	25	Other liabilities (including federal income tax, payables to related third			•
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	
12	26	Total liabilities. Add lines 17 through 25	347,376.	26	278,836
S		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🐰 and complete lines 27 through 29, and lines 33 and 34.			
Fund Balances	27	Unrestricted net assets	30,485,349.	27	31,398,497
g 2	28	Temporarily restricted net assets	1,005,142.	28	1,087,193
<u> </u>	29	Permanently restricted net assets	2,340,532.	29	2,529,333
or Fur		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
S 3	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
43	32	Retained earnings, endowment, accumulated income, or other funds		32	
<b>*</b>		Total net assets or fund balances	33,831,023.	33	35,015,023.
<b>≝</b>  3					

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b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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3h

### SCHEDULE A

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

OMB No. 1545-0047

Open to Public inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number GIRL SCOUTS OF WESTERN OHIO 31-0679091 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type II c Type III-Functionally integrated d Type III-Non-functionally integrated Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported (iv) is the (v) Did you notify (vi) is the (vii) Amount of monetary organization in organization (described on lines 1-9 the organization organization in support col. (i) listed in above or IRC section in col. (i) of your coi. (i) organized your governing (see instructions)) in the U.S.? support? document? Yes Yes Yes No Nο (A) (B) (C) (D)

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

Schedule A (Form 990 or 990-EZ) 2013

(E)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,810,306.	1,555,458.	1,763,909.	1,440,209.	1,567,264.	8,137,146.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						C
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,810,306.	1,555,458.	1,763,909.	1,440,209.	1,567,264.	8,137,146.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4.						8,137,146.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	1,810,306.	1,555,458.	1,763,909.	1,440,209.	1,567,264.	8,137,146.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	290,531.	283,120.	452,987.	497,576.	421,377.	1,945,591.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH-1	94,714.	115,454.	114,985.	109,863.	72,874.	507,890.
11	Total support. Add lines 7 through 10						10,590,627.
12	Gross receipts from related activities, etc. (s	,				12	80,071,900.
13	First five years. If the Form 990 is forganization, check this box and stop here			d, third, fourth,	or fifth tax year	ras a section 5	501(c)(3)
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2013 (lin					14	76.83%
15	Public support percentage from 2012	Schedule A, Par	t II, line 14			15	76.25%
16a	331/3% support test - 2013. If the of						
	this box and stop here. The organization						
D	331/3% support test - 2012. If the o	-					
47.	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part IV how the organization meets the	meets the "fact	ts-and-circumsta	ances" test, che	ck this box and	d stop here. Ex	plain in
b	organization	2012. If the organization meets on meets the "fa	anization did no the "facts-and- acts-and-circum	t check a box o circumstances" stances" test. Ti	on line 13, 16a test, check thi he organization	, 16b, or 17a, a s box and <b>sto</b> qualifies as a p	p here.
18	supported organization	did not check a	box on line 13,	16a, 16b, 17a,	or 17b, check th	his box and see	
						hedule A (Form 990	

Page 3

Part III Support Schedule for Organizations Described in Section 50
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(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513		ļ				
4	Tax revenues levied for the						
7	organization's benefit and either paid						1
	to or expended on its behalf		İ				
5	The value of services or facilities						
J							
	furnished by a governmental unit to the						
	organization without charge						1
6	Total. Add lines 1 through 5						
/ a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
900	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
		(4) 2000	(2) 20 10	(5) 25 11	(4) 25 (2	(0, 20, 0	(1) 1012
9 10 a	Amounts from line 6						
	payments received on securities loans,						
	rents, royalties and income from similar						
b	Unrelated business taxable income (less						
U	section 511 taxes) from businesses						
	· · · · · · · · · · · · · · · · · · ·						
_	acquired after June 30, 1975						
	Add lines 10a and 10b				·		
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on	-					
12	Other income. Do not include gain or						
	loss from the sale of capital assets		'				
40	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,		i	ļ			
	and 12.)  First five years, If the Form 990 is for		-1	مد خاشتیندگا	E:54L 4		(-)/(2)
14		_			•	,	
202	organization, check this box and stop here. tion C. Computation of Public Sup						
15	Public support percentage for 2013 (line 8,					15	%
16	Public support percentage from 2012 Sche					16	%
_	tion D. Computation of Investmen					10	/0
17	Investment income percentage for 2013 (lir			3 column (f))		17	%
18	Investment income percentage for 2013 (iii					18	——————————————————————————————————————
	33 1/3 % support tests - 2013. If the org						
134	17 is not more than 331/3%, check thi						
h	33 1/3 % support tests - 2012. If the orga	_	_	-	•		
IJ	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		•	•			

Page 4

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II	- OTHER INCOME				ATTACHMENT 1	
DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
SPECIAL EVENTS			7,540.	15,186.	35,019.	57,745.
OTHER INCOME	94,714.	115,454.	107,445.	94,677.	37,855.	450,145.
TOTALS	94,714	115,454.	114,985		72,874	507,890

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2013

Employer identification number

GIRL SCOUTS OF WESTER	N OHIO	31-0679091				
Organization type (check one)		01 00/0001				
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion				
	501(c)(3) taxable private foundation					
	out(o)(o) taxable private roundation					
	overed by the <b>General Rule</b> or a <b>Special Rule.</b> , (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See				
General Rule						
	iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 c ne contributor. Complete Parts I and II.	r more (in money or				
Special Rules						
under sections 509(a	(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support to a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the 000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form II.	year, a contribution of				
during the year, total	7), (8), or (10) organization filing Form 990 or 990-EZ that received from a contributions of more than \$1,000 for use exclusively for religious, charitatises, or the prevention of cruelty to children or animals. Complete Parts I, It,	ole, scientific, literary,				
during the year, cont not total to more that year for an exclusively	7), (8), or (10) organization filing Form 990 or 990-EZ that received from a ributions for use exclusively for religious, charitable, etc., purposes, but them \$1,000. If this box is checked, enter here the total contributions that were religious, charitable, etc., purpose. Do not complete any of the parts unless ration because it received nonexclusively religious, charitable, etc., contributions.	se contributions did received during the s the <b>General Rule</b> tions of \$5,000 or				
990-EZ, or 990-PF), but it <b>must</b>	s not covered by the General Rule and/or the Special Rules does not file Sc answer "No" on Part IV, line 2, of its Form 990; or check the box on line H certify that it does not meet the filing requirements of Schedule B (Form 990	of its Form 990-EZ or on its				

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 4_		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$5,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$6,750.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$\$538.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$11,542.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
10		\$5,008.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$\$530,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12		\$\$.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_13		\$\$.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$101,955.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$52,882.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$8,500.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$7,218.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$6,30 <u>4</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(p)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$5,000.	Person X Payroll Noncash

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,500.	Person Payroil Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 26 _		\$5,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
_ 27 _		\$5,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28_		\$5,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
29_		\$20,000.	Person  Payrofl  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30_		\$5,000.	Person  Payroli  Noncash  (Complete Part II for noncash contributions.)

(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
31		\$\$.	Person  Payroli  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
32		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
33		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
34		\$\$.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
35		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
36_		\$\$5,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

Employer identification number

31-0679091

### Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) ADVERTISING BILLBOARDS 33 25,800. 03/28/2013 (a) No. (C) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$50 GIFT CARDS \_35\_ 25,000. 12/04/2013 (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

Employer identification number

31-0679091

Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.							
	For organizations completing Part III, contributions of \$1,000 or less for the	enter the total of exc e year. (Enter this in	clusively religious formation once.	, charitable, etc.,				
	Use duplicate copies of Part III if additi	ional space is neede	ed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, an	nd ZIP + 4	Relatio	onship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4		Relatio	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held				
	,							
	(e) Transfer of gift							
	1-1,							
	Transferee's name, address, an	d ZIP + 4	Relatio	nship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held				
		(e) Transfe	r of gift	<u>L</u>				
	Transferee's name, address, and	d ZIP + 4	Relatio	nship of transferor to transferee				

### SCHEDULE D (Form 990)

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047 മെ ∙ • •

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

	2013
	Open to Public
	Inspection
ati	on number

Nam	e of the organization		Emp	oloyer identification number
GI	RL SCOUTS OF WESTERN OHIO			31-0679091
Pa	rt I Organizations Maintaining Donor Advise Complete if the organization answered "Y	ed Funds or Other Similar Funds or A 'es" to Form 990, Part IV, line 6.	Ассои	nts.
		(a) Donor advised funds	(1	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a	dvisors in writing that the assets held in	donor	advised
-	funds are the organization's property, subject to the	<del>-</del>		
6	Did the organization inform all grantees, donors, and			
-	only for charitable purposes and not for the benefit	-		
	conferring impermissible private benefit?			
Pa	t II Conservation Easements. Complete if th	e organization answered "Yes" to For	rm 990	), Part IV, line 7.
1	Purpose(s) of conservation easements held by the			· · · · · · · · · · · · · · · · · · ·
	Preservation of land for public use (e.g., recre	ation or education) Preservation of	of an hi	storically important land area
	X Protection of natural habitat	Preservation of	of a cer	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution in	the fo	rm of a conservation
	easement on the last day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements		2a	2.
b	Total acreage restricted by conservation easements		2b	104.00
c	Number of conservation easements on a certified h	istoric structure included in (a)	2c	
d	Number of conservation easements included in (c)	acquired after 8/17/06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, trans	ferred, released, extinguished, or termin	ated by	the organization during the
	tax year 🕨			
4	Number of states where property subject to conserve	vation easement is located <b>&gt;</b>		1
5	Does the organization have a written policy regarding	ng the periodic monitoring, inspection, ha	indling	
	violations, and enforcement of the conservation eas			
6	Staff and volunteer hours devoted to monitoring, ins	specting, and enforcing conservation eas	ements	s during the year
	500.			
7	Amount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easemer	nts duri	ing the year
_	<b>▶</b> \$18,500.			
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of se	ection 1	70(h)(4)(B)
_	(i) and section 170(h)(4)(B)(ii)?			Yes 🖎 No
9	In Part XIII, describe how the organization reports of	onservation easements in its revenue and	a expen	ise statement, and
	balance sheet, and include, if applicable, the text of organization's accounting for conservation easemen		iai state	ements that describes the
Da	t III Organizations Maintaining Collections		r Simil	ar Accate
1 4	Complete if the organization answered "			di Assets.
4 =		· · · · · · · · · · · · · · · · · · ·		a statement and balance about
1a	If the organization elected, as permitted under SFA works of art, historical treasures, or other similar	assets held for public exhibition, educ	cation,	or research in furtherance of
	public service, provide, in Part XIII, the text of the foo	otnote to its financial statements that des	cribes t	these items.
þ	If the organization elected, as permitted under SI			
	works of art, historical treasures, or other similar		cation,	or research in furtherance of
	public service, provide the following amounts relating.  (i) Revenues included in Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X	* * * * * * * * * * * * * * * * * * * *		• • • • • • • • • • • • • • • • • • • •
2	If the organization received or held works of art,			
2	following amounts required to be reported under SF.			ioi manda gam, provide me
а	Revenues included in Form 990, Part VIII, line 1	AO 110 (AOC 900) relating to these items	₹.	<b>▶</b> s
b	Assets included in Form 990, Part X			<b>&gt;</b> \$
-	Panerwork Reduction Act Notice see the Instructions for I			Schedule D (Form 990) 2013

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Р	ad	е	_

Pa	rt    Organizations Maintaini	ng Collections of	Art, Historical	Freasures,	or Other Si	milar Asse	ets (con	tinued)
3	Using the organization's acquisition collection items (check all that app		other records, chec	k any of th	e following th	at are a sig	nificant ι	use of its
a	Public exhibition		d Loan	or exchang	e programs			
b	Scholarly research		e Other					
c	Preservation for future gene	rations						
4	Provide a description of the organ	nization's collections	and explain how	they furthe	r the organizat	ion's exemp	t purpos	e in Part
	XIII.			•	_			
5	During the year, did the organization	n solicit or receive d	lonations of art, hist	orical treas	ures, or other s	imilar		
	assets to be sold to raise funds rath						Yes	No
Pa	rt IV Escrow and Custodial Ar or reported an amount or	rangements. Com	plete if the orgar				0, Part I	V, line 9,
	Is the organization an agent, truste included on Form 990, Part X? If "Yes," explain the arrangement in						Yes	No No
	ii 103, explain the arrangement ii	ir ait Ail and compli	cic the following tai	JIC,	T	Amount		
	Beginning balance			2 3002 4-		Aniount		
d	Additions during the year				<del> </del>			
e	Distributions during the year			the Control of				
f	Ending balance							
2a	Did the organization include an am		0.40 E			· · · · · · · · · · · · · · · · · · ·		T-T-1
	If "Yes," explain the arrangement in				rouidad in Dart		Yes	No No
Pa	Endowment Funds. Com	(a) Current year	(b) Prior year	(c) Two year		ree years back	(e) Four	years back
1a	Beginning of year balance	1,914,727.	1,831,923.			782,501.		38,494.
b	Contributions	1,014,127.	1,031,023.	1,000	, 001. 1,	702,001.		50,000
	Net investment earnings, gains,							30,000.
•	and losses	183,774.	87,719.	_ 3∩ 3∩	,355.	79,778.	1 3	23,160.
d	Grants or scholarships	100,,,1.	0,,,,		, , , , , ,	,,,,,,,,		25,100.
	Other expenditures for facilities							
•	and programs	19,775.	4,915.	_ 1	,627.	1,628.		29,153.
f	Administrative expenses	10,770.	4,515.		102.7.	1,020.		27,133.
g	End of year balance	2,078,726.	1,914,727.	1,831	922 1	860,651.	1 7	82,501.
2	Provide the estimated percentage					000,001.	±, /	02,001.
a	Board designated or quasi-endown		%	commit (a))	neia as.			
h	Permanent endowment > 96.3		- '0					
D	Temporarily restricted endowment	► 3.6056 %						
·	The percentages in lines 2a, 2b, an		10%					
33	Are there endowment funds not in	•		are held an	d administered	for the		
Ja	organization by:	are possession or an	c organization that	are nele an	a administered	ioi tiio	T.	es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations				60 000 KOROK	360 00 10 400	3a(ii)	X
h	If "Yes" to 3a(ii), are the related org					rational and a rational	3b	
4	Describe in Part XIII the intended u						35	
خ			Sit o drigo mineria rai	143.				
Pai	Land, Buildings, and Equi Complete if the organiza	fion answered "Yes	s" to Form 990, Pa	art IV, line	11a. See Forr	n 990, Part	X, line	10.
	Description of property	(a) Cost or o	other basis (b) Cost of	r other basis	(c) Accumulated		l) Book valu	
4-	Lond	(investi	<del>' ' ' '</del>	ther)	depreciation		1 00	E 622
1a h	Ruildings	85 S		05,623.	15 001 10	0		5,623.
b	Buildings	REERE S		01,901.	15,921,13	0.	4,28	0,763.
C	Leasehold improvements -	Property and the second		10 716		1	0 71	0 716
d	Equipment	142147 - PC-		18,716.				8,716.
e T-+-	Other			60,835.	V-1.1			0,835.
ı ota	I. Add lines 1a through 1e. (Column	(a) must equal Form	ээυ, нап X, column	(២), Ilne 10	(C).)		12,06	5,937.

Р	age	4
_		-

Part VII	Investments - Other Securities.	"Voo" to Form 000	Port IV line 11h See Form 900	Port V line 12
	Complete if the organization answered			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1) Financia	al derivatives			<del></del>
(2) Closely-	held equity interests			
(3) Other				
/ A \				
(B)				
(C)				
(D)	· <b></b>			
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII	Investments - Program Related.			
	Complete if the organization answered	"Yes" to Form 990,		
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mar	
			Cost or end-or-year mar	Ket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	"Vas" to Form 000	Dort IV line 41d Cas Form 000	Dort V. line 15
	Complete if the organization answered		Part IV, life 1 Id. See Form 990.	
745	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5) (6)			<del>-</del>	
(7)				<u> </u>
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) li	ne 15 )	<b>.</b>	
Part X	Other Liabilities.	10.71.71.71.71		
1 art X	Complete if the organization answered	"Yes" to Form 990.	Part IV. line 11e or 11f. See Ford	m 990, Part X,
	line 25.	,	,	•
1.	(a) Description of liability	(b) Book value		
	al income taxes			
(2)	ar mount and			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			E BLOWNELE WAY	
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>		
	r uncertain tax positions. In Part XIII, provide the t		e organization's financial statements that re	ports the

Part.	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Returnation Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	'n.	
1	Total revenue, gains, and other support per audited financial statements	1	12,190,012.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	<u> </u>	12,190,012.
a		-	
b	Donated services and use of facilities 2b	4	
C	Recoveries of prior year grants  Other (Describe in Part VIII.)	-	
d	Other (Describe in Part XIII.)	-	1 501 500
e	Add lines 2a through 2d	2e	1,591,506.
3	Subtract line 2e from line 1	3	10,598,506.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b. 4a 67, 382	-	
b	Other (Describe in Part XIII.) 4b 306	-	67 600
	Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c	67,688.
5 Dort		5	10,666,194.
Part :	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	urii.	
1	Total expenses and losses per audited financial statements	1	11,006,012.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		· · · · · · · · · · · · · · · · · · ·
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b	1	
С	Other losses 2c	1	
d	Other (Describe in Part XIII.)  2d	1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	11,006,012.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 67, 382.		
b	Other (Describe in Part XIII.)  4b 306		
	Add lines 4a and 4b	4c	67,688.
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	4c 5	67,688. 11,073,700.
c 5 Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.	5	11,073,700.
5 Part 2 Provide	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, lines 1b and 2b; Part	5 art V, I	11,073,700.
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	11,073,700.
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, lines 1b and 2b; Part	5 art V, I	11,073,700.
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	11,073,700.
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	11,073,700.
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	11,073,700.
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	11,073,700.
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	11,073,700.
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	11,073,700.
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	11,073,700.
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	11,073,700.
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	11,073,700.
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	11,073,700.
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	11,073,700.
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	11,073,700.
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	11,073,700.
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	11,073,700.
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	11,073,700.
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	11,073,700.
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	11,073,700.
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	11,073,700.
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	11,073,700.
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	11,073,700.
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	11,073,700.

Page 5

### Supplemental Information (continued)

PART II, LINE 9

REVENUE AND EXPENSES

REPORTED WITHIN THE INCOME AND EXPENSES OF THE CAMP PROPERTY CONTAINING THESE EASEMENTS.

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

FORM 990, SCHEDULE D, PART V, LINE 4

THE INCOME DERIVED FROM THESE ACCOUNTS IS USED BY THE ORGANIZATION FOR OPERATIONS AND SUBSIDIES FOR CAMP REGISTRATION FEES. THERE IS NOT A RESTRICTION AS TO USE.

FIN 48

FORM 990, SCHEDULE D, PART X, LINE 2

THE COUNCIL IS EXEMPT FROM INCOME TAXES UNDER SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. HOWEVER, THE COUNCIL IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME. THE COUNCIL'S TAX YEARS STILL SUBJECT TO EXAMINATION BY TAXING AUTHORITIES ARE YEARS SUBSEQUENT TO 2010.

PART XI, LINE 4B

OTHER CHANGES

GAIN ON DISPOSALS OF FIXED ASSETS \$306

\$306

# Part XIII Supplemental Information (continued)

PART XII, LINE 4B

OTHER CHANGES

GAIN ON DISPOSALS OF FIXED ASSETS

Schedule D (Form 990) 2013

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

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Information about Schedule G /Form 990 or 990-F7\ and its instructions is at www.irs.gov/form000

OMB No. 1545-0047

Internal Neverlae dervice	Tabout ochedale o (i omi	7 330 01 330-	-2) and 113 iii.	SHUCKORS IS AC WWW.N		inspection
Name of the organization					Employer identification	
GIRL SCOUTS OF WESTERN OHIO					31-0679091	
Part I Fundraising Activities. Confirm 990-EZ filers are no				"Yes" to Form 9	90, Part IV, line	17.
1 Indicate whether the organization	raised funds through	any of the	following	activities. Check a	all that apply.	
a X Mail solicitations	e		_	non-government g		
b X Internet and email solicitations	s f	Soli	citation of	government grants	S	
c X Phone solicitations	g			ising events		
d X In-person solicitations						
2a Did the organization have a writter	n or oral agreement v	with any in	dividual (in	cluding officers, d	irectors, trustees _	
or key employees listed in Form 9	90, Part VII) or entity	in connec	ction with p	rofessional fundra	ising services?	X Yes No
<b>b</b> If "Yes," list the ten highest paid in		(fundraise	ers) pursua	nt to agreements	under which the	fundraiser is to be
compensated at least \$5,000 by th	e organization.					
	-					
(i) Name and address of individual			draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		or control of butions?	from activity	fundraiser listed in	(or retained by) organization
	·				col. (i)	organization
4	GD 3.14	Yes	No			
1	GRANT		l	22.000	20 400	
JUST WRITE SOLUTIONS 2	WRITING		X	23,300.	23,400.	-100
2			}		i	
3						
3						
4					1	
7						
5						
6						
7						
8						
				İ		
9						
					1	
10						
	<u> </u>			23,300.	23,400.	-100.
3 List all states in which the organiz	ration is registered o	r licensed	to solicit	contributions or t	nas been notified	it is exempt from
registration or licensing.						
						<del></del>
			<del></del> -		· · · · · · · · · · · · · · · · · · ·	·
			<del></del>			

Pa	art i	Fundraising Events. Complete than \$15,000 of fundraising ever gross receipts greater than \$5,0	nt contributions and gro			
			(a) Event #1 WOMEN OF DISTIN (event type)	(b) Event #2 WOMEN OF LEADE (event type)	(c) Other events  1. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	33,332.	8,480.	8,740.	50,552
_		Less: Contributions	33,332.	8,480.	8,740.	50,552
	4	Cash prizes				
		Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages		2,542.	6,550.	9,092
Direct	8	Entertainment				
	9	Other direct expenses	1,795.	3,216.	1,430.	6,441
	10 11 rt	Direct expense summary. Add tines 4 Net income summary. Subtract line 1 Gaming. Complete if the orga	0 from line 3, column (d)	) <i></i>	<b>▶</b> [	15,533 35,019
		than \$15,000 on Form 990-E	Z, line 6a.		·	(d) Total gaming (add
Revenue		_	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (e))
_		Gross revenue				
Expenses		Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes %	Yes% No	
i	7	Direct expense summary. Add lines 2	through 5 in column (d)			
	8	Net gaming income summary. Subtra-	ct line 7 from line 1, colu	ımn (d)		
	ls	nter the state(s) in which the organization the organization licensed to operate gand "No," explain:		of these states?		YesNo
		ere any of the organization's gaming lid 'Yes," explain:	censes revoked, susper			Yes No

Schedule G (Form 990 or 990-EZ) 2013

Sched	Jule G (Form 990 or 990-EZ) 2013 Page 3
11	Does the organization operate gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
a	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address >
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address >
16	Gaming manager information:
	Name ►
	Gaming manager compensation ▶\$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
·· a	Is the organization required under state law to make charitable distributions from the gaming proceeds to
•	retain the state gaming license?
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year > \$
Par	
, a,	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any
	additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2013

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Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047	20-13	Open to Public	Inspection

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

Name of the organization	Employer identification number
GIRL SCOUTS OF WESTERN OHIO	31-0679091
Part i General Information on Grants and Assistance	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	or assistance, and

the selection criteria used to award the grants or assistance?	ures for monitoring the use of grant funds in the United States.	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990	at received more than \$5,000. Part II can be duplicated if additional space is needed.
e selection criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the us	<b>Il Grants and Other Assistance to Governments and Organ</b>	Part IV, line 21, for any recipient that received more than \$
₽	۵ م	Part	

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1 (a) Name and address of organization or government	(p) 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 non-cash assistance	(h) Purpose of grant
(1)							
(2)		15 15 15 15 15 15 15 15					
(3)							
(4)							
(5)		,					
(9)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> </ul>	overnment or	rganizations lister	ed in the line 1 table				
<u> </u>	tructions for	r Form 990.				Schedu	Schedule I (Form 990) (2013)

3E1288 1.000

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 NEMBERSHIP ASSISTANCE TO SPECIFIC INDIVIDUALS	19,220.	153,314.		FMV	VOUCHER FEE
2 SCHOLARSHIPS	10.	13,500,		AMA	VOUCHER PEE
3 SCOUTERSHIPS-PROGRAM/CAMP ASSISTANCE	320.	41,050.		EMV	VOUCHER FEE
4					
£0		!			
9					
7					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	his part to prov	vide the informa	tion required in	Part I, line 2, Part III,	column (b), and any other additional

ORGANIZATION'S PROCEDURE FOR MONITORING USE OF GRANT FUNDS IN U.S.

FORM 990, SCHEDULE I, PART I, QUESTION 2

SCOUTERSHIP AND MEMBERSHIP ASSISTANCE ARE PROVIDED THROUGH A VOUCHER TO

THESE VOUCHERS GENERATE AN INTERNAL TRANSFER OF FUNDS THESE INDIVIDUALS.

FOR REQUIRED DUES OR EVENT FEES FOR THESE INDIVIDUALS.

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### SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.
➤ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GIRL SCOUTS OF WESTERN OHIO

Employer identification number

31-0679091

Par	t I Questions Regarding Compensation			1
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in l	Form	Yes	No
ra	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these item	1		
	First-class or charter travel  Housing allowance or residence for personal us			
	Travel for companions Payments for business use of personal residence		1	İ
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
þ	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding pa or reimbursement or provision of all of the expenses described above? If "No," complete Part	yment		
	explain	"" 1b		
2	explain  Did the organization require substantiation prior to reimbursing or allowing expenses incurred	by all		
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked	in line		
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
<u> </u>	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by	a		
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation commit	ttee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part	111.		
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a	<b> </b>	X
b	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
a	The organization?			X
D	Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.	<u>6b</u>		X
7	•	· ·		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any nor payments not described in lines 5 and 6? If "Yes," describe in Part III			v
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was si		+	X_
0	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," de-			
	in Part III			Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure describ			- 42
•	Regulations section 53.4958-6(c)?	9		

GIRL SCOUTS OF WESTERN OHIO

Schedule J (Form 990) 2013

Page 2

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

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

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

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		(B) Breakdown of W-2 and	of W-2 and/or 1099-MISC	for 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported as deferred in prior Form 990
RONI J. LUCKENBILL	ε	152,316.	0	4,500.	7,593.	6,499.	170,908.	0
1 CHIEF EXECUTIVE OFFICER	3		0	0	i I I I	0		0
	ε							
2	(ii)				 			
	(1)							
rs	<b>E</b>	 	 	 				 
	ε							
4	<b>E</b>				 	 		
	ε			:				
9	(ii)		 	 	:			
	ε		; ; ; ; ; ;					
9	(ii)				! !                 	!		
	€							
7	€			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(1)							
8	(ii)				 	                 	 	
	3							
6	€						 	
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11	3				 			
	\$							
12	€				                 		 	
	ε							
13	€						 	
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14	(ii)							
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15	3	i					 	 
	€	   1   1   1   1						
16	(9)						 	
						•	Schi	Schedule J (Form 990) 2013

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PAGE

Schedule J (Form 990) 2013

Part III Supplemental Information

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

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### SCHEDULE M (Form 990)

### Noncash Contributions

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

OMB No. 1545-0047

Open To Public

Department of the Treasury internal Revenue Service Name of the organization

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

Inspection Employer identification number

GIRL SCOUTS OF WESTERN OHIO

31-0679091 Part I Types of Property (c) (a) (d) Noncash contribution Number of contributions or Method of determining Check if amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g 1 2 Art - Historical treasures . . . . . Art - Fractional interests . . . . . Books and publications Clothing and household goods...... Cars and other vehicles 6 7 8 Securities - Publicly traded . . . . 9 Securities - Closely held stock . . . 10 Securities - Partnership, LLC, 11 Securities - Miscellaneous . . . . 12 Qualified conservation contribution - Historic structures ..... 14 Qualified conservation Real estate - Residential . . . . . . 15 Real estate - Commercial . . . . . 17 19 Food inventory...... Drugs and medical supplies . . . . 20 21 22 23 24 Other ▶( ADVERTISING 25,800. **FMV** 25 25,000 Other ▶( GIFT CARDS X 1. FMV 26 27 Other ►(\_\_\_\_\_ Other ►(\_\_\_\_\_ 28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . . . Yes No 30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? Χ 30a b If "Yes," describe the arrangement in Part II.

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

contributions? . . . . . .

b If "Yes," describe in Part II.

describe in Part II.

Schedule M (Form 990) (2013)

31

32a

Χ

Χ

Part II

Page 2

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

GIRL SCOUTS OF WESTERN OHIO

Employer identification number 31-0679091

ORGANIZATION'S MEMBERS/STOCKHOLDERS

FORM 990, PART VI, QUESTION 6

ACCORDING TO THE COUNCIL BYLAWS, MEMBERS OF THE CORPORATION ARE DEFINED

AS ALL ACTIVE ADULT VOLUNTEERS AND ALL ACTIVE GIRL MEMBERS, 14 YEARS OF

AGE AND OLDER WHO ARE REGISTERED IN THE GIRL SCOUTS MOVEMENT THROUGH THE

COUNCIL.

MEMBERS, STOCKHOLDERS, ETC. WHO MAY ELECT GOVERNING BODY MEMBERS

FORM 990, PART VI, QUESTION 7A

MEMBERS OF THE CORPORATION, ACCORDING TO THE COUNCIL BYLAWS, SHALL ELECT

OFFICERS OF THE COUNCIL, MEMBERS OF THE BOARD OF DIRECTORS, MEMBERS OF

THE BOARD DEVELOPMENT COMMITTEE, AND DELEGATES AND ALTERNATE DELEGATES

TO THE NATIONAL COUNCIL.

FORM 990 PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE FILING

FORM 990, PART VI, QUESTION 11B

THE 2013 FORM 990 WILL BE REVIEWED BY BOTH MANAGEMENT AND THE AUDIT

COMMITTEE PRIOR TO BEING FILED AND WILL BE AVAILABLE TO ALL BOARD MEMBERS

ON THE BOARD WEBSITE.

MONITOR AND ENFORCE COMPLIANCE WITH CONFLICT OF INTEREST POLICY

FORM 990, PART VI, QUESTION 12C

BOARD MEMBERS ARE REQUIRED TO ANNUALLY SIGN THE CONFLICT OF INTEREST

STATEMENT. THIS IS A POLICY OF THE BOARD WHICH STATES THAT BOARD MEMBERS

Employer identification number

31-0679091

MUST AVOID CONFLICT OF INTEREST WITH RESPECT TO THEIR FIDUCIARY

RESPONSIBILITY AND WILL ANNUALLY DISCLOSE THEIR INVOLVEMENTS IN OTHER

ORGANIZATIONS, WITH VENDORS, OR OTHER ASSOCIATIONS WHICH MIGHT BE OR

MIGHT REASONABLY BE SEEN AS A CONFLICT.

COMPENSATION DETERMINATION OF ORG'S CEO, EXEC DIRECTOR, OR TOP MGMT OFFIAL FORM 990, PART VI, QUESTION 15A

THE PROCESS FOR DETERMINING COMPENSATION FOR THE CEO INCLUDES A REVIEW BY A BOARD COMMITTEE, AND APPROVAL BY THE FULL BOARD. IN DEVELOPING THE COMPENSATION, COMPARABLE DATA IS OBTAINED FROM OUR NATIONAL ORGANIZATION, AS WELL AS OTHER NONPROFIT ORGANIZATIONS. THE RATIONALE, DELIBERATION, AND DECISION IS DOCUMENTED IN THE MINUTES OF AN EXECUTIVE SESSION OF THE BOARD.

COMPENSATION DETERMINATION OF OTHER OFFICERS OR KEY EMPLOYEES

FORM 990, PART VI, QUESTION 15B

THE COMPENSATION OF KEY EMPLOYEES OF THE ORGANIZATION ARE BASED ON

COMPARABLE DATA FROM OUR NATIONAL ORGANIZATION. A SALARY SCHEDULE IS

DEVELOPED BY THE NATIONAL ORGANIZATION THAT GRADES POSITIONS AND BANKS

SALARIES BASED ON SCOPE OF POSITION AND COMPARISON WITH SIMILAR POSITIONS

OF OTHER ORGANIZATIONS.

PUBLIC AVAILABILITY OF GOVERNING DOCUMENTS, ETC.

FORM 990, PART VI, QUESTION 19

THE COUNCIL MAKES ITS ANNUAL REPORT AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE. THIS INCLUDES A LISTING OF BOARD MEMBERS AND A DESCRIPTION OF

Employer identification number 31-0679091

MAJOR PROGRAM OFFERINGS. GOVERNING DOCUMENTS AND AUDITED FINANCIAL STATEMENTS ARE PROVIDEDE TO THE GENERAL PUBLIC UPON REQUEST:

FIN 48

FORM 990, PART IV, LINE 11F

THE COUNCIL IS EXEMPT FROM INCOME TAXES UNDER SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. HOWEVER, THE COUNCIL IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME. THE COUNCIL'S TAX YEARS STILL SUBJECT TO EXAMINATION BY TAXING AUTHORITIES ARE YEARS SUBSEQUENT TO 2009.