

			** PUBLIC DISCLOSURE COPY **		OMB No. 1545-0047
	Ω	00	Return of Organization Exempt From		
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex		<sup>s)</sup> 2016
Department of the Treasury			Do not enter social security numbers on this form as it may	-	Open to Public
_		enue Service	▶ Information about Form 990 and its instructions is at <u>WWW</u> .		Inspection
				SEP 30, 2017	
	heck if pplicab		organization	D Employer identific	ation number
	Addre	ge GIRL	SCOUTS OF WESTERN OHIO		
	Name   Name	ge Doing bi	usiness as	31-06	579091
	_Initial returr	Number	and street (or P.O. box if mail is not delivered to street address) Room/suit		
	Final	ж	CORNELL ROAD	513-4	<u>489-1025</u>
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	33,212,759.
	Amer returr		INNATI, OH 45242	<b>H(a)</b> Is this a group re	
	Appli tion pend		nd address of principal officer: RONI J. LUCKENBILL	for subordinates?	
		SAME	AS C ABOVE	H(b) Are all subordinates inc	
		empt status:		· ·	list. (see instructions)
		f organization:	GSWO.ORG X Corporation Trust Association Other ► L Yea	H(c) Group exemption	State of legal domicile: OH
	orm o art l				State of legal domicile; On
	1		e the organization's mission or most significant activities: GIRL SCOU	TING BUTLDS G	TRUS OF
6	•	COURAGE	, CONFIDENCE, & CHARACTER, WHO MAKE THE	WORLD A BETT	TER PLACE.
nan	2		x Figure 1 if the organization discontinued its operations or disposed of more		
Governance	3		ing members of the governing body (Part VI, line 1a)		19
	4	Number of inc	19		
s S	5		5	244	
/itie	6		of volunteers (estimate if necessary)		13010
Activities &	7 a		d business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated	business taxable income from Form 990-T, line 34	7b	0.
				Prior Year	Current Year
<u>0</u>	8	Contributions	and grants (Part VIII, line 1h)	1,567,136.	1,774,978.
Revenue	9	-	ce revenue (Part VIII, line 2g)	784,311.	857,064.
Jev Sev	10		come (Part VIII, column (A), lines 3, 4, and 7d)	439,323.	1,071,392.
-			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,632,841.	9,362,682.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,423,611.	13,066,116.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	321,045.	406,416.
	14	•	co or for members (Part IX, column (A), line 4)	8,285,969.	8,862,816.
Expenses	15		undraising fees (Part IX, column (A), line 11e)	0,205,505.	0.
ien en	i Ua		ng expenses (Part IX, column (D), line 25) $\blacktriangleright$ 678, 501.		
ă	17		ex (Part IX, column (A), lines 11a-11d, 11f-24e)	4,326,031.	4,570,740.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,933,045.	13,839,972.
	19	-	expenses. Subtract line 18 from line 12	-509,434.	-773,856.
or				Beginning of Current Year	End of Year
Assets or d Balances	20	Total assets (F		36,872,509.	37,665,403.
Ass	21	Total liabilities	(Part X, line 26)	449,305.	803,986.
Fund			fund balances. Subtract line 21 from line 20	36,423,204.	36,861,417.
	art II	-			
			declare that I have examined this return, including accompanying schedules and stater		knowledge and belief, it is
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowledge.	

Sign	Signature of officer		Date							
Here	RONI J. LUCKENBILL, CE	0								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Check PTIN							
Paid	MAXWELL M. SULLIVAN, CPA	MAXWELL M. SULLIVAN	02/14/18 self-employed P01679066							
Preparer	Firm's name 🕨 CLARK, SCHAEFER,	HACKETT & CO.	Firm's EIN ► 31-0800053							
Use Only	Firm's address 🖌 1 EAST 4TH STREE'	Т								
	CINCINNATI, OH 45202 Phone no.513-241-3111									
May the I	RS discuss this return with the preparer shown abo	ve? (see instructions)	X Yes No							

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

Pai	n 990 (2016) GIRL SCOUTS OF WESTERN OHIO 31-0679091 Page
	rt III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	GIRL SCOUTING BUILDS GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER, WHO
	MAKE THE WORLD A BETTER PLACE.
	MARE THE WORDD A DETTER TEACE:
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X N
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
F	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 7,029,979. including grants of 406,416.) (Revenue 8 857,064.
	GIRL SCOUTS OF WESTERN OHIO, IN AN INCLUSIVE, GIRL-DRIVEN ENVIRONMENT,
	HELPS PREPARE 40,838 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.
łb	(Code:) (Expenses \$2,144,851. including grants of \$) (Revenue \$9,277,051.
	THE GIRL SCOUT COOKIE PROGRAM IS MUCH MORE THAN SELLING COOKIES. GIRLS
	LEARN 5 VALUABLE SKILLS-GOAL SETTING, DECISION MAKING, MONEY
	MANAGEMENT, PEOPLE SKILLS, AND BUSINESS ETHICS-ASPECTS ESSENTIAL TO
	LEADERSHIP, SUCCESS, AND LIFE. WHEN A GIRL SCOUT SELLS COOKIES, SHE'S
	BUILDING A LIFETIME OF SKILLS AND CONFIDENCE. EIGHTY PERCENT OF ALL
	FEMALE BUSINESS OWNERS PARTICIPATED IN THE GIRL SCOUT COOKIE PROGRAM.
	GIRL SCOUTS SELLING GIRL SCOUT COOKIES SET THEIR OWN MONEY-EARNING
	GOALS FOR THE SEASON, WHETHER IT'S GOING ON A DESTINATION, GIVING BACK
	TO THE COMMUNITY, OR PARTICIPATING IN ANOTHER EXCITING ADVENTURE. THE
	GIRL SCOUT COOKIE PROGRAM IS A GIRL-LED ACTIVITY, WITH PARENTAL
	SUPERVISION AND VOLUNTEER SUPPORT.
	(Code: ) (Expenses \$ 3,049,172. including grants of \$ ) (Revenue \$ 99,361.
łC	(Code:) (Expenses \$3,049,172. including grants of \$) (Revenue \$99,361. GIRL SCOUTS OF WESTERN OHIO WILL HELP PREPARE ONE OUT OF SIX GIRLS IN
	THE OHIO REGION FOR LIVING IN TODAY'S WORLD THROUGH RECRUITMENT,
	SCREENING, TRAINING AND SUPPORT OF A DIVERSE CORE OF 13,010 VOLUNTEERS,
	WHO WILL SUPPORT GIRLS THROUGH THE DELIVERY OF THE GIRL SCOUT PROGRAM.
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Hd	WHO WILL SUPPORT GIRLS THROUGH THE DELIVERY OF THE GIRL SCOUT PROGRAM.
Id	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
ld le	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
d e	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
e	Other program services (Describe in Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses ▶ 12,224,002.

13390214 758050 4000009-886

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Form	990	(2016)	

			Yes	No
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? // "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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			
Ũ	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			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10		10	x	
4.4	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		x	
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С				v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		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 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		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	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		х

Form **990** (2016)

GIRL SCOUTS OF WESTERN OHIO Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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 I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"			
	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 entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
<b>•</b> •	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
32		00		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 11
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 55		
54		34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
55a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 55a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form 990 (2016)

Form	990 (2016) GIRL SCOUTS OF WESTERN OHIO 31-0679	091	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 13			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 244			
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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders <b>11a</b>			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	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? If "No." provide an explanation in Schedule O	14b		
			aan	(0040)

Form <b>990</b>	(2016)
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Form 990 (2016)
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### GIRL SCOUTS OF WESTERN OHIO

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

					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
-	officer, director, trustee, or key employee?		ŀ	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the			_		
U U	of officers, directors, or trustees, or key employees to a management company or other person?	•		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9		F	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6			Г	6	х	
0 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			•		
1a				7a	х	
h	more members of the governing body?			<i>1</i> a	11	
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			76		x
~	persons other than the governing body?		·····	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	, ,	ŀ	0-	х	
a	The governing body?			8a oh	X	
b	Each committee with authority to act on behalf of the governing body?		·····	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			•		v
00	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)				
~			Г	10	Yes X	N
	Did the organization have local chapters, branches, or affiliates?		·····	10a	Δ	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•			37	
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before filing the fo	rm?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		ŀ			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	<u>X</u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		·····	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y	,				
	in Schedule O how this was done			12c	<u>X</u>	
3	Did the organization have a written whistleblower policy?			13	X	
4	Did the organization have a written document retention and destruction policy?		·····	14	Х	
5	Did the process for determining compensation of the following persons include a review and approva	l by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		L			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's				
	exempt status with respect to such arrangements?			16b		
ec.	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>					
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(c)(3)s	only) ava	ailable	)	
	for public inspection. Indicate how you made these available. Check all that apply.					
		in Schedule O)				
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	· · ·	cy, and f	inanci	al	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records:	•			
	LINDA ODENBECK - 513-489-1025					
	4930 CORNELL ROAD, CINCINNATI, OH 45242					

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

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (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 report-

able 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)	(B) (C)							(D)	(E)	(F)
Name and Title	Average	e (do no		Position (do not check more than one		Reportable	Reportable	Estimated		
	hours per	box	box, unless person is b officer and a director/tr		on is both an		compensation	compensation	amount of	
	week					1711113		from	from related	other
	(list any hours for	directo				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isated		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	Individual trustee or director	nstitutional trustee		Key employee	est co oyee	e			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) ELLEN IOBST	2.00									
CHAIR		X		Х				0.	0.	0.
(2) VICTORIA NILLES	2.00									
1ST VICE CHAIR		X		Х				0.	0.	0.
(3) ANN HARTMANN	2.00									
2ND VICE CHAIR		X		Х				0.	0.	0.
(4) KIMBER FENDER	2.00									
SECRETARY		X		Х				0.	0.	0.
(5) ZO REDMAN	2.00									
TREASURER		X		Х				0.	0.	0.
(6) CASSIE BARLOW	1.00									
BOARD MEMBER		X						0.	0.	0.
(7) PATRICE BORDERS	1.00									
BOARD MEMBER		X						0.	0.	0.
(8) SUSAN GANTZ MATZ	1.00									
BOARD MEMBER		X						0.	0.	0.
(9) ANGELA GRANATA	1.00									
BOARD MEMBER		X						0.	0.	0.
(10) THERESA HIRSCHAUER	1.00									
BOARD MEMBER		X						0.	0.	0.
(11) SHANNON GLASS	1.00									
BOARD MEMBER		X						0.	0.	0.
(12) MICHELLE KRUMMEN	1.00									
BOARD MEMBER		X						0.	0.	0.
(13) JENNY MICHAEL	1.00									
BOARD MEMBER		X						0.	0.	0.
(14) LA COSTA MOORE	1.00									
BOARD MEMBER		X						0.	0.	0.
(15) SUSAN REDMAN-RENGSTORF	1.00									
BOARD MEMBER		X						0.	0.	0.
(16) BILL SCHRETTER	1.00									
BOARD MEMBER		X						0.	0.	0.
(17) REBECCA WESTLAKE	1.00	1								
BOARD MEMBER		X						0.	0.	0.
690007 11 11 16										Form <b>990</b> (2016)

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Form 990 (2016)

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2016.05050 GIRL SCOUTS OF WESTERN OH 40000091

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Form 990 (2016) GIRL SCOU									31-067	<u> </u>	)91	Page <b>8</b>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)								(continued)	<u> </u>			
(A) Name and title	<b>(B)</b> Average hours per week	Average Position (do not check more than one box, unless person is both an					an	(D) Reportable compensation	<b>(E)</b> Reportable compensation		<b>(F</b> Estim amou	ated nt of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	)	oth comper from organi: and re organiz	isation the zation lated
(18) STEPHANIE CIHON	1.00									$\Box$		
BOARD MEMBER (19) ANNA JONES MONNETT	1.00	х						0.	l	).		0.
BOARD MEMBER	1.00	х						0.	C	).		0.
(20) RONI J. LUCKENBILL CEO	40.00			x				189,447.		).	18,	905.
(21) SUSAN OSBORN	40.00											
CSO	40.00			Х				131,813.	(	).	15,	712.
(22) LINDA ODENBECK FINANCE DIRECTOR	40.00			x				97,291.	(	).	14,	045.
1b Sub-total c Total from continuation sheets to Part VI								418,551.		).	48,	662.
d Total (add lines 1b and 1c)								418,551.		).	48,	662.
2 Total number of individuals (including but n- compensation from the organization ►								ceived more than \$100,0	000 of reportable			2
											Ye	s No
<b>3</b> Did the organization list any <b>former</b> officer,										ŀ		x
<ul><li>line 1a? If "Yes," complete Schedule J for set</li><li>For any individual listed on line 1a, is the su</li></ul>										·	3	
and related organizations greater than \$150									-	.	4 X	
5 Did any person listed on line 1a receive or a										Γ		
rendered to the organization? If "Yes." com	plete Schedule	ə J fo	or su	ch r	oerse	on .					5	X
Section B. Independent Contractors	monopoted ind	000	ndor		otro	otor	. +h	at received more than \$	100.000 of compos		ion from	
1 Complete this table for your five highest con the organization. Report compensation for 1	-									Isau	OFFICITI	
(A) Name and business	•		ONE	-				(B) Description of se		C	<b>(C)</b> ompensa	tion
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	0	ot lin	nited	lto	thos 0	e list )	ed	above) who received mo	re than			

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		Check if Schedule O conta	ains a re	sponse	or note to any line				
						<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<u>ທ</u> 1	a	Federated campaigns		1a	783,240.				
		Membership dues		1b					
	с	Fundraising events		1c	197,994.				
		Related organizations		1d					
		Government grants (contributi		1e					
δ.		All other contributions, gifts, grant	,						
	•	similar amounts not included abov		1f	793,744.				
5	g	Noncash contributions included in lines		· · · · ·	10.051				
2	•	Total. Add lines 1a-1f				1,774,978.			
					Business Code	, , ,			
2	-	PROPGRAM FEES AND DUES			713990	857,064.	857,064.		
						,	,		
	b								
lev .	C								
Ê L	d								
	e								
		All other program service rever				857,064.			
	g	Total. Add lines 2a-2f				037,004.			
3		Investment income (including		·	,	475 357			475,357
		other similar amounts)				475,357.			475,557
4		Income from investment of tax							
5		Royalties							
			(i)	Real	(ii) Personal				
6		Gross rents							
		Less: rental expenses							
	С	Rental income or (loss)							
	d	Net rental income or (loss)		<u></u>	►				
7	а	Gross amount from sales of	(i) See	curities	(ii) Other				
		assets other than inventory	13,44	1,141.					
	b	Less: cost or other basis							
		and sales expenses	12,84	5,106.					
	с	Gain or (loss)	59	6,035.					
		Net gain or (loss)				596,035.			596,035
		Gross income from fundraising				,			,
			994.						
		contributions reported on line							
			'		14,041.				
	L	Part IV, line 18							
		Less: direct expenses			27,771.	-13,730.			-13,730
		Net income or (loss) from fund	-		····· ►	-13,730.			-13,750
9	а	Gross income from gaming ac							
		Part IV, line 19							
		Net income or (loss) from gam	-	vities	►				
10	а	Gross sales of inventory, less							
		and allowances			16,550,817.				
	b	Less: cost of goods sold		b	7,273,766.				
	с	Net income or (loss) from sales	s of inve	ntory	►	9,277,051.	9,277,051.		
		Miscellaneous Revenue	e		Business Code				
11	а	MISCELLANEOUS			900099	54,665.	54,665.		
	b	GAIN ON INVOLUNTARY CON	VERSI	DN	900099	44,696.	44,696.		
	с								
	d	All other revenue							
		All other revenue			<b></b>	99,361.			

GIRL SCOUTS OF WESTERN OHIO

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Form 990 (2016)

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GIRL SCOUTS OF WESTERN OHIO Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	406,416.	406,416.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	467 010		26 146	
_	trustees, and key employees	467,213.	415,785.	26,146.	25,282
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	5,843,392.	5,200,180.	327,006.	316,206
7	Other salaries and wages	5,045,594.	5,200,100.	527,000.	510,200
8	Pension plan accruals and contributions (include	937,555.	834,354.	52,467.	50,734
^	section 401(k) and 403(b) employer contributions)	1,035,864.	921,841.	57,969.	56,054
9	Other employee benefits	578,792.	515,082.	32,390.	31,320
0	Payroll taxes Fees for services (non-employees):	570,752.	515,002.	52,550.	51,520
1					
a b	Management Legal	16,113.	11,726.	3,561.	826
	Accounting	39,000.	28,382.	8,618.	2,000
	Lobbying		20,0020	0,0101	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	81,508.		81,508.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)	457,950.	333,271.	101,196.	23,483
2	Advertising and promotion	17,009.	16,435.	224.	350
3	Office expenses	1,172,924.	1,133,363.	15,416.	24,145
4	Information technology				
5	Royalties				
6	Occupancy	954,716.	809,819.	84,870.	60,027
7	Travel	298,600.	266,189.	19,526.	12,885
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	27,635.	20,825.	5,800.	1,010
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	884,233.	782,157.	56,290.	45,786
3	Insurance	252,676.	203,837.	37,044.	11,795
1	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 0.)				
а	MISCELLANEOUS	186,361.	172,956.	8,879.	4,526
a b	TELEPHONE AND POSTAGE	182,015.	151,384.	18,559.	12,072
c		,		,	,.,
d					
e	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	13,839,972.	12,224,002.	937,469.	678,503
<u>,</u> 3	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 Figure if following SOP 98-2 (ASC 958-720)				

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### 13390214 758050 4000009-886

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Form 990 (	2016	)	
Part X	Ba	ance	Sheet

L		Check if Schedule O contains a response or note to a	ny line in this Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		200,118.	1	316,400.
	2	Savings and temporary cash investments		58,882.	2	61,140.
	3	Pledges and grants receivable, net	293,837.	3	285,307.	
	4	Accounts receivable, net		61,034.	4	55,654.
	5	Loans and other receivables from current and former		-		
		trustees, key employees, and highest compensated e	mployees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified p				
		section 4958(f)(1)), persons described in section 4958				
		employers and sponsoring organizations of section 50				
s		employees' beneficiary organizations (see instr). Com	olete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use		242,248.	8	223,444.
	9			172,557.	9	180,245.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	30,195,514.			
	b	Less: accumulated depreciation 10k	18,786,655.	10,651,296.	10c	11,408,859.
	11	Investments - publicly traded securities		24,399,570.	11	24,285,179.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		792,967.	15	849,175.
	16	Total assets. Add lines 1 through 15 (must equal line	34)	36,872,509.	16	37,665,403.
	17	Accounts payable and accrued expenses		384,389.	17	754,703.
	18	Grants payable			18	
	19	Deferred revenue		64,916.	19	49,283.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part N	/ of Schedule D		21	
ş	22	Loans and other payables to current and former office				
Liabilities		key employees, highest compensated employees, and	d disqualified persons.			
iab		Complete Part II of Schedule L			22	
-	23	Secured mortgages and notes payable to unrelated the			23	
	24	Unsecured notes and loans payable to unrelated third	· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, payable				
		parties, and other liabilities not included on lines 17-2	4). Complete Part X of			
		Schedule D		440 205	25	002.000
	26	Total liabilities. Add lines 17 through 25		449,305.	26	803,986.
		Organizations that follow SFAS 117 (ASC 958), che	ck here 🕨 🔼 and			
ses	~=	complete lines 27 through 29, and lines 33 and 34.	_	33,202,172.	07	33,516,654.
anc	27	Unrestricted net assets		524,549.	27	53,510,054. 512,677.
Bal	28	Temporarily restricted net assets	2,696,483.	28	2,832,086.	
pu	29		50) - h h	2,050,405.	29	2,052,000.
ц.		Organizations that do not follow SFAS 117 (ASC 95	os), cneck nere 🕨 🔄			
io s	00	and complete lines 30 through 34.	4		20	
set	30 21	Capital stock or trust principal, or current funds			30	
Asi	31	Paid-in or capital surplus, or land, building, or equipm			31 32	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income	F	36,423,204.	32	36,861,417.
-	33 34	Total net assets or fund balances		36,872,509.	33 34	37,665,403.
	34	Total liabilities and net assets/fund balances		50,074,509.	J4	Eorm <b>990</b> (2016)

Form **990** (2016)

	990 (2016) GIRL SCOUTS OF WESTERN OHIO	31-0	679091	Pac	<sub>је</sub> 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,06		
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,83	9,9	72.
3	Revenue less expenses. Subtract line 2 from line 1	3	-773	3,85	56.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,423		
5	Net unrealized gains (losses) on investments	5	1,21	2,00	69.
6	Donated services and use of facilities	6			
7	nvestment expenses	7			
8	Prior period adjustments	8			
9 (	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	<u>    36,86</u> 3	1,41	<u>17.</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
	Accounting method used to prepare the Form 990: $\hfill \square$ Cash $\hfill X$ Accrual $\hfill \square$ Other		_		
	f the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
			2a		X
	f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
:	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
	Nere the organization's financial statements audited by an independent accountant?		2b	Х	
	f "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
(	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
	f "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	,		37	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	f the organization changed either its oversight process or selection process during the tax year, explain in Sch				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b l			1 1		
	f "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2016)

Department of the Treasury

Internal Revenue Service

0-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.

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.

	OMB No. 1545-0047
	2016
orm990.	Open to Public Inspection
Employer	identification number

L

Name of the organization

Man		GIRL	SCOUTS OF	WESTERN OHIC	)				1-0679091	
Pa	rt I	Reason for Public C				is part.) Se	e instruction	3.		
The	oraan	ization is not a private found								
1	Ŭ.	A church, convention of ch		-		,	1)(A)(i).			
2	$\square$	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	$\square$	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	$\square$	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state:								
5		An organization operated for	or the benefit of a col	leae or university owned	or operate	ed by a go	vernmental u	nit describe	əd in	
Ŭ		section 170(b)(1)(A)(iv). (C			or oppilat	subjuge				
6		A federal, state, or local gov		ontal unit described in	section 17	70(h)(1)(A)	(v)			
7	X	An organization that norma	-				. ,	ne deneral r	public described in	
•		section 170(b)(1)(A)(vi). (C		ndal part of no support if	onna gova	Sminorita		io gonorar p		
8		A community trust describe		1)(A)(vi) (Complete Par	· II )					
9	$\square$	An agricultural research org				ed in coniu	inction with a	land-grant	college	
5		or university or a non-land-g								
		university:	grant concept of agrici			namo, orty	, and state of	and bolloge		
10		An organization that norma	lly rocoivos: (1) moro	than 33 1/3% of its supr	ort from c	ontributio	ne momborel	ain foos an	d gross rocoints from	
10		activities related to its exem						•		
		income and unrelated busir		• •	. ,			••	0	
		See section 509(a)(2). (Con		(1855 36011011 Tax) 110		sses acqui		jai lization a		
11		An organization organized a	•	vely to test for public sat	oty Soo	section 5(	)Q(a)(A)			
12		An organization organized a	•					rry out the	nurposes of one or	
12		more publicly supported or		•	•					
		lines 12a through 12d that								
а		<b>Type I.</b> A supporting orga						-	aivina	
а	L	the supported organization	•	•						
		organization. You must o			majority o				pporting	
b		<b>Type II.</b> A supporting org	•		ion with its	e eunnorte	nd organizatio	n(s) hy hay	ina	
D D	L	control or management o	•				•		•	
		organization(s). You mus			ane perso	113 that 00		ge the supp	Jon ted	
с		Type III functionally inte	•		in connect	tion with a	and functional	lv integrate	d with	
Ū	L	its supported organization						ily intograto	a with,	
d		Type III non-functionally		•	-	-		ted organiz	ration(s)	
u	L	that is not functionally int	•					-		
		requirement (see instructi	•	• •			•	anacontri		
е		Check this box if the orga						II. Type III		
	L	functionally integrated, or					.)po., .)po	, . <b>)</b> po		
f	Ente	er the number of supported o			.99					
a		vide the following information	•	d organization(s).						
	(	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)	
Tota										
LHA	For F	Paperwork Reduction Act N	lotice, see the Instru	uctions for Form 990 or	990-EZ.	632021 09-	21-16 Sche	dule A (For	m 990 or 990-EZ) 2016	

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#### Schedule A (Form 990 or 990-EZ) 2016 GIRL SCOUTS OF WESTERN OHIO Part II

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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	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1440209.	1567264.	2121774.	1567136.	1774978.	8471361.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1440209.	1567264.	2121774.	1567136.	1774978.	8471361.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						8471361.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1440209.	1567264.	2121774.	1567136.	1774978.	8471361.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	497,576.	421,377.	620,704.	486,156.	475,357.	2501170.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	109,863.	72,874.	332,525.	406,802.	99,361.	1021425.
11	Total support. Add lines 7 through 10						11993956.
	Gross receipts from related activities,	etc. (see instructio	ons)			12 82	,621,329.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thire	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
	organization, check this box and stor	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2016 (I					14	70.63 %
	Public support percentage from 2015					15	70.64 %
16a	33 1/3% support test - 2016. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this boy	
	stop here. The organization qualifies		-				
b	<b>33 1/3% support test - 2015.</b> If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual		•				
17a	10% -facts-and-circumstances test	- 2016. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and <b>stop h</b>	<b>ere.</b> Explain in Pa	rt VI how the orgar	ization
	meets the "facts-and-circumstances"	-			•		
b	10% -facts-and-circumstances test	- 2015. If the org	anization did not c	check a box on line	9 13, 16a, 16b, or 1	7a, and line 15 is <sup>-</sup>	10% or
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	<b>stop here.</b> Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test. 7	The organization q	ualifies as a public	ly supported orgar	nization	▶□
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
					Sche	edule A (Form 990	or 990-E7) 2016

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### Schedule A (Form 990 or 990-EZ) 2016 GIRL SCOUTS OF WESTERN OHIO Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	(a) 2012	(b) 2013	(0) 2014	(0) 2013	(e) 2010	
	Gross income from interest,						
100	dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	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 (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization'؛	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and <b>stop here</b>				·····		
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2016 (I	ine 8, column (f) di	ivided by line 13, d	olumn (f))		15	%
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)16</b> (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2015 Schedule A,	Part III, line 17			18	%
19a	<b>33 1/3% support tests - 2016.</b> If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	ə organization qua	lifies as a publicly	supported organiza	ation	
b	<b>33 1/3% support tests - 2015.</b> If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	top here. The org	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	tructions	
63202	23 09-21-16				Sch	edule A (Form 990	0 or 990-EZ) 2016
			15	)			

## Schedule A (Form 990 or 990 EZ) 2016 GIRL SCOUTS OF WESTERN OHIO

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If* "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2016

1

2

3a

3b

Зc

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

## Schedule A (Form 990 or 990-EZ) 2016 GIRL SCOUTS OF WESTERN OHIO Part IV | Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction of the second sec	uctions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	01-		
0	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	30		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b		3b		
	of its supported organizations? If "Yes." describe in Part VI the role plaved by the organization in this regard.	JU	1	

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Schedule A (Form 990 or 990-EZ) 2016

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Part V	Type III Non-Function	nally In	tegrated 5	09(a)	(3) Supporti	ng Organizatio	าร
<u>Schedule A</u>	(Form 990 or 990-EZ) 2016	GIRL	SCOUTS	OF	WESTERN	OHIO	

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integrated	d Type III supporting orga	nization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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### Schedule A (Form 990 or 990-EZ) 2016 GIRL SCOUTS OF WESTERN OHIO

Sert	t V Type III Non-Functionally Integrated 509( ion D - Distributions		(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mot purposos		Ourrent fear
2	Amounts paid to supported organizations to accomplish exemp			
2	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets	s of supported organizations	5	
5				
<u>5</u> 6	Qualified set-aside amounts (prior IRS approval required)			
7	Other distributions (describe in <b>Part VI</b> ). See instructions <b>Total annual distributions.</b> Add lines 1 through 6			
	× *			
8	Distributions to attentive supported organizations to which the (provide details in <b>Part VI</b> ). See instructions	le organization is responsive		
9	Distributable amount for 2016 from Section C, line 6			
	· · · · · · · · · · · · · · · · · · ·			
10	Line 8 amount divided by Line 9 amount	(i)	(;;)	(iii)
		(i) Excess Distributions	(ii) Underdistributions	Distributable
ect	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
с	From 2013			
d	From 2014			
е	From 2015			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
с	Excess from 2014			
d	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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hedule A i	Form 990 or 990 EZ) 2016 GIRL SCOUTS OF WESTERN OHIO	31-0679091 Pag
	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for a	n B, lines 1 and 2; Part IV, Section C, ne 1: Part V. Section B. line 1e: Part V.
	(See instructions.)	
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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

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# 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

2016

Employer identification number

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GIRL	SCOUTS	OF	WESTERN	OHIO
Organization type (check one):				

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 foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions  $_{exclusively}$  for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an  $_{exclusively}$  religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received  $_{nonexclusively}$  religious, charitable, etc., contributions totaling \$5,000 or more during the year  $_{nonexclusively}$  s

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA 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) (2016)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

GIRL SCOUTS OF WESTERN OHIO

Na	me	OT.	orda	<b>DIZ</b>	ation
		•			

Employer identification number

31-0679091

#### Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 783,240. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Χ Person Payroll 58,333. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 3 X Person Payroll 47,439. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page **2** 

623452 10-18-16

13390214 758050 4000009-886

2016.05050 GIRL SCOUTS OF WESTERN OH 40000091

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Name of organization

Employer identification number

31-0679091

GIRL SCOUTS OF WESTERN OHIO

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	01/01/17		01/01/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		   \$	

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13390214 758050 4000009-886

Name of org	janization	Employer identification number				
GTRL S	SCOUTS OF WESTERN OHIO		31-0679091			
Part III	Exclusively religious, charitable, etc., con	tributions to organizations described i	in section 501(c)(7), (8), or (10) that total more than \$1,000 for			
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religion	us, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) \$			
(a) No.	Use duplicate copies of Part III if addition	nal space is needed.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Farti						
ŀ		e) Transfer of gif				
		(e) transier of gir	·			
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(b) Purpose of gift					
		(e) Transfer of gif	ft			
ŀ	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
F		(e) Transfer of gif				
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
ŀ						
		(e) Transfer of gif	π			
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
F	,,,		· · · · · · · · · · · · · · · · · · ·			
623454 10-18-	-16		Schedule B (Form 990, 990-EZ, or 990-PF) (201			

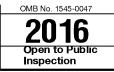
24

13390214 758050 4000009-886

## (Form 990)

## **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Internal Revenue Service Name of the organization

Department of the Treasury

### GIRL SCOUTS OF WESTERN OHIO

Employer identification number 31-0679091

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds	(	<b>b)</b> Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	ed fund	ls
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
		· · · · ·		
Par				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a hist	orically	important land area
	Protection of natural habitat	Preservation of a cer		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a cor	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а				2a
b				2b
c	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			
Ū	year ►		or gaine	
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the per			
Ū	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			······ — —
Ŭ			Joi Tatioi	i caccinente admitg the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion eas	sements during the year
•	► \$		cioni otao	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(	h)(4)(B)(	С.
-				
9	In Part XIII, describe how the organization reports conservation			
-	include, if applicable, the text of the footnote to the organizat			
	conservation easements.			3
Par	t III   Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Si	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue staten	nent and	d balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	nce of p	oublic service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	pes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and ba	lance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec			
	relating to these items:	, , , , , , , , , , , , , , , , , , ,		
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
				<b>N</b>
2	If the organization received or held works of art, historical trea			
•	the following amounts required to be reported under SFAS 1		U 9 F	
а	Revenue included on Form 990, Part VIII, line 1	. , .		▶ \$
				► \$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2016
	08-29-16			
		25		

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Sche		OUTS OF WES						57909		age <b>2</b>
Par	t III   Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, o	r Othe	r Simila	r Asset	s <sub>(conti</sub>	nued)	
3	Using the organization's acquisition, accessio	n, and other records	, check any of the f	ollowing that	t are a si	gnificant (	use of its	collectior	items	;
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	ams					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	le organizatio	on's exer	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	sures, or othe	ər similar	assets	_			_
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered	"Yes" on	Form 99	0, Part IV	, line 9, oi		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia						_	_	_	_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the foll	owing table:							
								Amour	ıt	
С	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance					. <b>1</b> f				<b></b>
2a	Did the organization include an amount on Fo					ity?	L	_ Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V Endowment Funds.</b> Complete if					10				
- u		(a) Current year	(b) Prior year	(c) Two yea			years back	( <b>e)</b> Fou	r voare	hack
10	Beginning of year balance	2,036,836.	1,979,744.		8,726.		914,727		,831,	
1a h	Contributions	2,000,0001	1,515,111	2,0,1	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	-,-	/,/_/		,001,	
0	Net investment earnings, gains, and losses	106,173.	82,839.	-70	0,879.		183,774		87	,719.
о С	Overste en este develoire		-,		,		,	·		
e	Other expenditures for facilities									
Ŭ	and programs		25,747.	2	8,103.		19,775	.	4	915.
f	Administrative expenses		, .		, .		/	-	/	
g	End of year balance	2,143,009.	2,036,836.	1,97	9,744.	2,0	078,726	. 1	,914,	727.
2	Provide the estimated percentage of the curre	, ,			, ,	,	,		<u>, ,</u>	
a	Board designated or quasi-endowment		%	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
b	Permanent endowment  100.00	%								
	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c shou	lld equal 100%.								
3a	Are there endowment funds not in the posses		tion that are held ar	nd administer	red for th	ne organiz	ation			
	by:								Yes	No
	(i) unrelated organizations							3a(i)	X	
								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?					. 3b		
_4	Describe in Part XIII the intended uses of the	organization's endov	vment funds.							
Par	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	l "Yes" on Form 990	Part IV, line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or of	her <b>(b)</b> Cost	or other	(c) A	ccumulat	ed	( <b>d)</b> Boo	k valu	e
		basis (investm	,	(other)	de	preciatior	า			
1a	Land		1,80	5,623.				1,80		
b	Buildings		21,06	5,120.	13,	457,5	30.	7,60	7,5	90.
С	Leasehold improvements									
d	Equipment			9,201.		365,0			4,1	
e	Other		4,24	5,570.	2,	964,1		1,28		
Tota	. Add lines 1a through 1e. (Column (d) must ea	ual Form 990. Part >	(. column (B). line 1	0c.)				11,40	8,8	59.
							Schedu	e D (Forr	n 990)	2016

	OF WECKERN O	цт∩ 21	-0679091 Page 3
Schedule D (Form 990) 2016 GIRL SCOUTS Part VII Investments - Other Securities.	OF WESTERN O	HIO 31	-00/9091 Page a
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		-	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	Description		<b>(b)</b> Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	ə 15.)		

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2016

632053 08-29-16

Sche	dule D (Form 990) 2016 GIRL SCOUTS OF WESTERN O	OIH		31-	0679091 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With	n Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	14,196,677.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,212,069.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	1,212,069.
3	Subtract line 2e from line 1			3	12,984,608.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	81,508.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	81,508.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	13,066,116.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements Wit	h Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			· · · · · · · · · · · · · · · · · · ·
1	Total expenses and losses per audited financial statements			1	13,758,464.
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			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	13,758,464.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	81,508.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	81,508.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	13,839,972.
Pa	rt XIII Supplemental Information.				

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

### 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.

632054 08-29-16

SCHEDULE G Suppleme	ental Information Regarding	Fund	Iraisi	ng or Gaming A	ctiviti	es 📙	OMB No. 1545-0047
(Form 990 or 990-EZ) Complete if th	e organization answered "Yes" on organization entered more than \$15	Form	990, P	Part IV, line 17, 18, o			2016
Department of the Treasury	Attach to Form 990	or Fo	rm 99	0-EZ.			Open to Public Inspection
Name of the organization	about Schedule G (Form 990 or 990-EZ)		Instruc	cuons is at <u>www.ifs.c</u>	E	mployer ide	entification number
	OUTS OF WESTERN OH Complete if the organization answe		es" or	Form 990 Part IV I		51-0679 Form 990-F7	
required to complete this par	t						
<ul> <li>Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special pr oral agreement with any individual Part VII) or entity in connection with pr viduals or entities (fundraisers) pursue	tion of tion of fundra (includ	non-g gover iising ( ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cr or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (or i fui	nount paid retained by) ndraiser d in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.	on is registered or licensed to solicit c	ontrib	utions	or has been notified	l it is exe	əmpt from re	gistration
	ice, see the Instructions for Form 9						990 or 990-EZ) 2016

632081 09-12-16

### Schedule G (Form 990 or 990-EZ) 2016 GIRL SCOUTS OF WESTERN OHIO

<u>31-0679091 Page 2</u>

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990.FZ, lines 1 and 6b, List events with gross receipts greater than \$5,000

		(a) Event #1 WOMEN OF DISTINCTION	(b) Event #2 THIN MINT SPRINT	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
1	I Gross receipts	198,624.	13,411.		212,035
2	2 Less: Contributions	197,994.			197,994
3	Gross income (line 1 minus line 2)	630.	13,411.		14,041
4	4 Cash prizes				
5	5 Noncash prizes				
6	<b>3</b> Rent/facility costs				
7	7 Food and beverages				
8		21,587.	6,184.		27,771
9 1(			0,1011	<b>&gt;</b>	27,771
	<ol> <li>Direct expense cummary. Add mos 4 throug</li> <li>Net income summary. Subtract line 10 from</li> </ol>			•	-13,730
irt	<b>III Gaming.</b> Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or re	eported more than	
	\$15,000 on Form 990-EZ, line 6a.				
	·····	(a) Pingo	(b) Pull tabs/instant	(a) Other gaming	(d) Total gaming (ad
	·····	<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	·····	(a) Bingo		(c) Other gaming	
1		(a) Bingo		(c) Other gaming	
1	I Gross revenue			(c) Other gaming	
1	1 Gross revenue			(c) Other gaming	(d) Total gaming (ad col. (a) through col. (d
1	1 Gross revenue			(c) Other gaming	
2	Gross revenue     Cash prizes     Noncash prizes     Rent/facility costs		bingo/progressive bingo		col. (a) through col. (a)
1 2 3 4 5	Gross revenue     Cash prizes     Noncash prizes     Rent/facility costs		bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
1 2 3 4 5	I Gross revenue         2 Cash prizes         3 Noncash prizes         4 Rent/facility costs         5 Other direct expenses         6 Volunteer labor	%	bingo/progressive bingo	%	col. (a) through col. (
1 2 3 4 5	I Gross revenue         2 Cash prizes         3 Noncash prizes         4 Rent/facility costs         5 Other direct expenses         6 Volunteer labor         7 Direct expense summary. Add lines 2 throug		bingo/progressive bingo	Yes% No►	col. (a) through col. (
1 2 3 4 5 6 7 8	I Gross revenue         2 Cash prizes         3 Noncash prizes         3 Noncash prizes         4 Rent/facility costs         5 Other direct expenses         6 Volunteer labor         7 Direct expense summary. Add lines 2 throug         8 Net gaming income summary. Subtract line	Yes%         No         In 5 in column (d)         7 from line 1, column (d)	bingo/progressive bingo	Yes% No►	col. (a) through col. (
1 2 3 4 5 6 7 8 8	1 Gross revenue         2 Cash prizes         3 Noncash prizes         4 Rent/facility costs         5 Other direct expenses         6 Volunteer labor         7 Direct expense summary. Add lines 2 throug	Yes%         No         A 5 in column (d)         7 from line 1, column (d)         ucts gaming activities:         uctivities in each of these	bingo/progressive bingo	Yes% No	col. (a) through col. (
1 2 3 4 5 6 7 8 8	I       Gross revenue         2       Cash prizes         3       Noncash prizes         3       Noncash prizes         4       Rent/facility costs         5       Other direct expenses         6       Volunteer labor         7       Direct expense summary. Add lines 2 throug         8       Net gaming income summary. Subtract line         9       Net gaming income sum sub sub sub sub sub sub sub sub	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ictivities in each of these	bingo/progressive bingo	□ Yes% □ No ►	col. (a) through col. (
3 4 5 6 7 8 8 8 8	<ul> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> <li>Other direct expenses</li> <li>Other direct expenses</li> <li>Volunteer labor</li> <li>Direct expense summary. Add lines 2 throug</li> <li>Net gaming income summary. Subtract line</li> <li>Enter the state(s) in which the organization cond is the organization licensed to conduct gaming a</li> </ul>	Yes% No No f 5 in column (d) from line 1, column (d) ucts gaming activities: uctivities in each of these evoked, suspended, or te	bingo/progressive bingo	□ Yes% □ No ►	col. (a) through col. (

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

Sch	edule G (Form 990 or 990-EZ) 2016 GIRL SCOUTS OF WESTERN OHIO	<u>31-0</u>	67909:	1 Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No 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?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility		13a	%
b	An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:		
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amou	nt		
	of gaming revenue retained by the third party  \$			
c	s If "Yes," enter name and address of the third party:			
	Name			
	Address			
	Auguess 🕨			
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?		Yes	No No
b	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 🕨 💲			
Pa	<b>IT IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lin	es 9, 9b, 1	0b, <b>1</b> 5b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			
6900	33 09-12-16 Schedule C		000 or 00	0-EZ) 2016
JJ2U	33 09-12-16 Schedule C 31		220 01 98	J-L2/2010

	0-1	(Form 000 or 000 EZ)

SCHEDULE I (Form 990)		0 0 0 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	er Assistand d Individual	ce to Organi s in the Unit	izations, ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Informatic	Compose in the organization distribution of the form 990. ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.cov/form990.	<ul> <li>Attach to Form 990.</li> <li>Form 990) and its instru</li> </ul>	m 990. Instructions is at	www.irs.dov/form99		Open to Public Inspection
Name of the organization	ion GIRL SCOUTS	4 ~	TERN OHIO					Employer identification number 31–0679091
Part I General In	General Information on Grants and Assistance	d Assistance						
<ol> <li>Does the organiz criteria used to a</li> </ol>	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	substantiate the ance?	amount of the grants o	or assistance, the ç	grantees' eligibility	for the grants or assis	tance, and the selection	X Yes
2 Describe in Part I	Describe in Part IV the organization's procedures for monitoring the use	cedures for monito		of grant funds in the United States.	States.			]
Part II Grants and	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	omestic Organiz	ations and Domestic	Governments. C	omplete if the orga	inization answered "Y	es" on Form 990, Part IV	/, line 21, for any
recipient th	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Part II can t	pe duplicated if additio	nal space is neede	.ре			
<b>1 (a)</b> Name and ad or gov	<b>1 (a)</b> Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d government org	anizations listed in the	line 1 table				
_	Enter total number of other organizations listed in the line 1 table	listed in the line 1						
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instructic	ons for Form 990.					Schedule I (Form 990) (2016)

632101 11-01-16

33 33

Schedule I (Form 990) (2016) GIRL SCOUTS OF 1	OF WESTERN O	OHIO			31-0679091 Page 2
<b>rr Assistance to Domestic Indiv</b> plicated if additional space is nee	. Complete if the	organization answe	sred "Yes" on Form 9	90, Part IV, line 22.	
(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 noncash assistance
MEMBERSHIP ASSISTANCE TO SPECIFC INDIVIDUALS	17744	297,199.	.0	MM	VOUCHER FEE
CAMPERSHIPS/SCOUTERSHIP	767	109,217.		PMV	VOUCHER FEE
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	l uired in Part I, line	ə 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
SCOUTERSHIP AND MEMBERSHIP ASSISTANCE	ARE	PROVIDED THROUGH A		VOUCHER TO	
THESE INDIVIDUALS. THESE VOUCHERS G	GENERATE	AN INTERNA	INTERNAL TRANSFER	OF FUNDS	
FOR REQUIRED DUES OR EVENT FEES FOR	THESE	INDIVIDUALS.			
632102 11-01-16		Vε			Schedule I (Form 990) (2016)

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SC	HEDULE J	Comp	ensation Information	(	MB No. 1	545-004	17
(Fo	rm 990)	-	irectors, Trustees, Key Employees, and Highest		20	16	
			Compensated Employees		20	10	)
Depar	tment of the Treasury	Complete if the organiza	Ition answered "Yes" on Form 990, Part Ⅳ, line 23. ► Attach to Form 990.	(	Open to	Publi	ic
Intern	al Revenue Service Infor	rmation about Schedule J	(Form 990) and its instructions is at www.irs.gov/for		Inspe		
Nam	e of the organization			Employer iden			nber
		IRL SCOUTS OF	WESTERN OHIO	31-067	909:	1	
Ра	rt I Questions Regard	ding Compensation					
						Yes	No
1a		•	d any of the following to or for a person listed on Form §	<del>3</del> 90,			1
			ny relevant information regarding these items.				
	First-class or charter trav	el	Housing allowance or residence for persor				1
	Travel for companions		Payments for business use of personal res				1
	Tax indemnification and g		Health or social club dues or initiation fees				
	Discretionary spending a	ccount	Personal services (such as, maid, chauffe	ir, cnei)			
Ь	If any of the hoves on line te	are checked, did the organi:	zation follow a written policy regarding payment or				
b	,	, <b>e</b>			1b		
2	•	•	ursing or allowing expenses incurred by all directors,				
-	• ·	•	tor, regarding the items checked on line 1a?		2		I
		g 020, 2.000.000 2.1000					
3	Indicate which, if any, of the fo	ollowing the filing organizati	on used to establish the compensation of the organizat	ion's			
			ck any boxes for methods used by a related organizatio				
	establish compensation of the	CEO/Executive Director, b	ut explain in Part III.				
	Compensation committee	e	Written employment contract				
	Independent compensati	on consultant	X Compensation survey or study				
	Form 990 of other organi	zations	X Approval by the board or compensation co	ommittee			
							1
4	During the year, did any perso	n listed on Form 990, Part ۱،	VII, Section A, line 1a, with respect to the filing				1
	organization or a related organ	nization:					
а	Receive a severance payment	• • • •			4a		X
b			onqualified retirement plan?		4b		x
С			compensation arrangement?		4c		Х
	If "Yes" to any of lines 4a-c, lis	st the persons and provide t	he applicable amounts for each item in Part III.				1
~			zations must complete lines 5-9.	_			
5			a, did the organization pay or accrue any compensation	1			
_	contingent on the revenues of				5.0		Х
					5a 5b		X
a	If "Yes" on line 5a or 5b, desci				50		<u></u>
6			a, did the organization pay or accrue any compensation	n			1
0	contingent on the net earnings		a, did the organization pay or accide any compensation	1			1
а					6a		Х
					6b		X
~	If "Yes" on line 6a or 6b, desci						
7			a, did the organization provide any nonfixed payments				
			,		7		Х
8			r accrued pursuant to a contract that was subject to th				
					8		Х
9	-		uttable presumption procedure described in				
				<u></u>	9		
		ot Notico, coo the Instruc		Sebodulo		- 000	0046

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

Schedule J (Form 990) 2016

632111 09-09-16

Schedule J (Form 990) 2016 GIRL S	S C S	SCOUTS OF WESTERN	STERN OHIO		31-0679091	091		Page 2
Part II   Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	oldu	yees, and Highest C	Compensated Empl	oyees. Use duplica	te copies if additional s	pace is needed.		
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (i). Do not list any individuals that aren't listed on Form 990, Part VII.	e rep arm 9	oorted on Schedule . 390, Part VII.	l, report compensati	on from the organiz	ation on row (i) and fror	n related organization	s, described in the inst	uctions, on row (ii).
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.	d ind	dividual must equal th	ne total amount of Fo	orm 990, Part VII, Se	ection A, line 1a, applic	able column (D) and (f	<ul> <li>amounts for that indi-</li> </ul>	vidual.
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC 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	compensation	Dellellts	(n)-()(a)	reported as deferred on prior Form 990
(1) RONI J. LUCKENBILL	U.	189.447.	0.	-0	9.939.	8.966.	208.352.	0.
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							Schedu	Schedule J (Form 990) 2016

632112 09-09-16

Schedule J (Form 990) 2016 GIRL SCOUTS OF WESTERN OHIO Part III   Supplemental Information	31-0679091	Page <b>3</b>
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.	part for any additional information.	
	Schedule J (Form 990) 2016	90) 2016

	Complete if the or	ganizations a	answered "Yes" o	n Form 990, Part IV, lines 29	9 or 30.	ZU	IU	)
	tment of the Treasury al Revenue Service					Open To		lic
	Information about	Schedule M	(Form 990) and its	s instructions is at www.irs	.aov/form990.	Inspe		<u> </u>
Nam	e of the organization					identificatio		nber
De	GIRL SCOUTS	OF WES	TERN OHIO			1-0679	091	
Pa	rt I Types of Property		(1)	()		( 1)		
		(a) Check if	<b>(b)</b> Number of	(c) Noncash contribution	Method	(d) of determin	ina	
		applicable	contributions or	amounts reported on	noncash coi			s
			items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property		1	42.004			777 1	
9	Securities - Publicly traded		1	43,864.	STOCK EX(	HANGE	VA	LUE
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
<u>28</u>	Other ()	Jantion during	n the tex year for a	antribution o				
29	Number of Forms 8283 received by the organ							
	for which the organization completed Form 82	200, Part IV, I	Johee Acknowledg	ement 29			Vaa	Na
00-	During the year, did the organization receive t	av aantiikutia		autod in Davit I. Jinaa di thuau a	h 00 that it		Yes	No
JUa			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, e	,			
	must hold for at least three years from the da	10		-		00-		X
L	exempt purposes for the entire holding period	۱ <i>۲</i>				<u>30a</u>		
	If "Yes," describe the arrangement in Part II.	policy that re	ouiros the review o	of any ponstandard contribut	ions?	01		X
31 32a	Does the organization have a gift acceptance Does the organization hire or use third parties		•	•		31		
<b>52</b> 8			-			200		x
h	contributions? If "Yes," describe in Part II.					<u>32</u> a		<u> </u>
33	If the organization didn't report an amount in	column (c) fo	r a type of property	for which column (a) is chec	ked			
	describe in Part II.	010						

**Noncash Contributions** 

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

OMB No. 1545-0047

2016

632141 08-23-16

**SCHEDULE M** 

(Form 990)

# 38

	(Form 990) (2016)						
Part II	Supplemental	Inform	ation. Provid	de the	information red	quired by Par	tΙ
	is reporting in Dad	t L column	(b) the numb	or of a	contributions th	no number of	: it

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


SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.jrs.gov/f	orm990	Open to Public Inspection
Name of the organization		Employer	identification number 679091
FORM 990, PA	RT VI, SECTION A, LINE 6:		
ACCORDING TO	THE COUNCIL BYLAWS, MEMBERS OF THE CORPORATIO	N ARE	DEFINED AS
ALL ACTIVE A	DULT VOLUNTEERS AND ALL ACTIVE GIRL MEMBERS, 1	4 YEAR	S OF AGE
AND OLDER WHO	O ARE REGISTERED IN THE GIRL SCOUTS MOVEMENT T	HROUGH	THE
COUNCIL.			
FORM 990, PA	RT VI, SECTION A, LINE 7A:		
MEMBERS OF T	HE CORPORATION, ACCORDING TO THE COUNCIL BYLAW	S, SHA	LL ELECT
OFFICERS OF '	THE COUNCIL, MEMBERS OF THE BOARD OF DIRECTORS	, MEMB	ERS OF THE
BOARD DEVELO	PMENT COMMITTEE, AND DELEGATES AND ALTERNATE D	ELEGAT	ES TO THE
NATIONAL COU	NCIL.		
FORM 990, PA	RT VI, SECTION B, LINE 11B:		
THE 2014 FOR	M 990 WILL BE REVIEWED BY BOTH MANAGEMENT AND	THE AU	DIT
COMMITTEE PR	IOR TO BEING FILED AND WILL BE AVAILABLE TO AL	L BOAR	D MEMBERS
ON THE BOARD	WEBSITE.		
FORM 990, PA	RT VI, SECTION B, LINE 12C:		
BOARD MEMBER	S ARE REQUIRED TO ANNUALLY SIGN THE CONFLICT O	F INTE	REST
STATEMENT. T	HIS IS A POLICY OF THE BOARD WHICH STATES THAT	BOARD	MEMBERS
MUST AVOID C	ONFLICTS OF INTEREST WITH RESPECT TO THEIR FID	UCIARY	
RESPONSIBILI	TY AND WILL ANNUALLY DISCLOSE THEIR INVOLVEMEN	TS IN	OTHER
ORGANIZATION	S, WITH VENDORS, OR OTHER ASSOCIATIONS WHICH M	IGHT B	E OR MIGHT
REASONABLY B	E SEEN AS A CONFLICT.		

FORM 990, PART VI, SECTION B, LINE 15:

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2016)

 632211
 08-25-16

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Schedule O (Form 990 or 990-EZ) (2016)	Page <b>2</b>
Name of the organization GIRL SCOUTS OF WESTERN OHIO	Employer identification number 31-0679091
THE PROCESS FOR DETERMINING COMPENSATION FOR THE CEO INCLU	DES A REVIEW BY A
BOARD COMMITTEE, AND APPROVAL BY THE FULL BOARD. IN DEVELO	PING THE
COMPENSATION, COMPARABLE DATA IS OBTAINED FROM OUR NATIONAL	L ORGANIZATION,
AS WELL AS OTHER NONPROFIT ORGANIZATIONS. THE RATIONALE, D	ELIBERATION AND
DECISION IS DOCUMENTED IN THE MINUTES OF AN EXECUTIVE SESS	ION OF THE BOARD.
THE COMPENSATION OF KEY EMPLOYEES OF THE ORGANIZATION IS B.	ASED ON
COMPARABLE DATA FROM OUR NATIONAL ORGANIZATION. A SALARY S	CHEDULE IS
DEVELOPED BY THE NATIONAL ORGANIZATION THAT GRADES POSITION	NS AND BANKS
SALARIES BASED ON SCOPE OF POSITION AND COMPARISON WITH SI	MILAR POSITIONS
OF OTHER ORGANIZATIONS.	

FORM 990, PART VI, SECTION C, LINE 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

MAJOR PROGRAM OFFERINGS. GOVERNING DOCUMENTS AND AUDITED FINANCIAL

STATEMENTS ARE PROVIDED TO THE GENERAL PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C:

THE PROCESS HAS NOT CHANGED.

632212 08-25-16

STATE COPY

Name of Organization

Indiana Department of Revenue Indiana Nonprofit Organization's Annual Report

For the Calendar Year or Fiscal Year Beginning 10 01 2016 and Ending 09 30 2017 MM/ DD/ YYYY MM/ DD/ YYYY

Due on the 15th day of the 5th month following the end of the tax year. NO FEE REQUIRED.

GIRL SCOUTS OF WESTERN OHIO 513 489 1025 Address County Indiana Taxpayer Identification Number 4930 CORNELL ROAD City State ZIP Code Federal Identification Number CINCINNATI, OH 31 0679091 45242 Printed Name of Person to Contact Contact's Telephone Number RONI J. LUCKENBILL 513 489 1025

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

Note: If your organization has unrelated business income of more than \$1,000 as defined under Section 513 of the Internal Revenue Code, you must also file Form IT-20NP.

#### Current Information

- 1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
- 2. Indicate number of years your organization has been in continuous existence.
- 3. Attach a schedule, listing the names, titles and addresses of your current officers.
- 4. Briefly describe the purpose or mission of your organization below.

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

Name of Person(s) to Contact Daytime Telephone Number Important: Please submit this completed form and/or extension to: Indiana Department of Revenue, Tax Administration P.O. Box 6481 Indianapolis, IN 46206-6481 Telephone: (317) 232-0129

Extensions of Time to File

Signature of Officer or Trustee

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption. Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.

# 

Change of Address Amended Report Final Report: Indicate Date Closed

Telephone Number

Check if:

CEO Title

Date

		OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 1
NAME AND ADDRESS			TITLE	
ELLEN IOBST 1930 CORNELL ROA CINCINNATI, OH			CHAIR	
/ICTORIA NILLES 1930 CORNELL ROA CINCINNATI, OH			1ST VICE CHAIR	
ANN HARTMANN 1930 CORNELL ROA CINCINNATI, OH			2ND VICE CHAIR	
KIMBER FENDER 1930 CORNELL ROA CINCINNATI, OH			SECRETARY	
IO REDMAN 1930 CORNELL ROA CINCINNATI, OH			TREASURER	
CASSIE BARLOW 1930 CORNELL ROA CINCINNATI, OH			BOARD MEMBER	
PATRICE BORDERS 1930 CORNELL ROA CINCINNATI, OH			BOARD MEMBER	
GUSAN GANTZ MATZ 1930 CORNELL ROA CINCINNATI, OH	D		BOARD MEMBER	
ANGELA GRANATA 1930 CORNELL ROA CINCINNATI, OH			BOARD MEMBER	
THERESA HIRSCHAU 1930 CORNELL ROA CINCINNATI, OH	D		BOARD MEMBER	
SHANNON GLASS 1930 CORNELL ROA CINCINNATI, OH			BOARD MEMBER	

MICHELLE KRUMMEN 4930 CORNELL ROAD CINCINNATI, OH 45242

JENNY MICHAEL 4930 CORNELL ROAD CINCINNATI, OH 45242

LA COSTA MOORE 4930 CORNELL ROAD CINCINNATI, OH 45242

SUSAN REDMAN-RENGSTORF 4930 CORNELL ROAD CINCINNATI, OH 45242

BILL SCHRETTER 4930 CORNELL ROAD CINCINNATI, OH 45242

REBECCA WESTLAKE 4930 CORNELL ROAD CINCINNATI, OH 45242

STEPHANIE CIHON 4930 CORNELL ROAD CINCINNATI, OH 45242

ANNA JONES MONNETT 4930 CORNELL ROAD CINCINNATI, OH 45242

RONI J. LUCKENBILL 4930 CORNELL ROAD CINCINNATI, OH 45242

SUSAN OSBORN 4930 CORNELL ROAD CINCINNATI, OH 45242

LINDA ODENBECK 4930 CORNELL ROAD CINCINNATI, OH 45242 BOARD MEMBER

BOARD MEMBER

## BOARD MEMBER

BOARD MEMBER

#### BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

CEO

CSO

FINANCE DIRECTOR

			** PUBLIC DISCLOSURE CON	PY **		_
	Ω	00	Return of Organization Exempt F	rom Ir	ncome Tax	OMB No. 1545-0047
Forr	'nУ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (	Code (exc	ept private foundations)	2016
Depa	rtment	of the Treasury	Do not enter social security numbers on this form a	as it may b	e made public.	Open to Public
Intern	al Reve	enue Service	Information about Form 990 and its instructions is a			Inspection
<u>A</u> F	or th	e 2016 calend	ar year, or tax year beginning $$ OCT $$ 1 , $$ 2016 $$ and e	ending S	<u>EP 30, 2017</u>	
B C a	heck if pplicab	le: C Name of	organization		D Employer identifica	tion number
	Addre chang	GIRL	SCOUTS OF WESTERN OHIO			
	Name chang		usiness as		31-06	79091
	Initial return	v		Room/suite	E Telephone number	
	Final return	4930	CORNELL ROAD		513-4	89-1025
	termii ated	n- City or t	own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	33,212,759.
	Amen returr		INNATI, OH 45242		H(a) Is this a group retu	ırn
	Applie tion	<sup>ca-</sup> <b>F</b> Name a	nd address of principal officer: RONI J. LUCKENBILL		for subordinates?	Yes X No
	pendi	SAME	AS C ABOVE		H(b) Are all subordinates inclu	ided? Yes No
		empt status: [		r 📃 527	If "No," attach a lis	st. (see instructions)
			GSWO.ORG		H(c) Group exemption	
			X Corporation 🔄 Trust 🦳 Association 🦳 Other ►	L Year (	of formation: 1965 M	State of legal domicile: OH
Ра	rt I	Summary				
9	1		e the organization's mission or most significant activities: GIRL			
Governance			, CONFIDENCE, & CHARACTER, WHO MAKE			
erna	2		k ► if the organization discontinued its operations or dispose	ed of more	1 1	
ŇOK	3					<u> </u>
& (	4		ependent voting members of the governing body (Part VI, line 1b)			244
Activities &	5		of individuals employed in calendar year 2016 (Part V, line 2a)			13010
tivit	6		of volunteers (estimate if necessary)			<u> </u>
Act			d business revenue from Part VIII, column (C), line 12			0.
	a	Net unrelated	business taxable income from Form 990-T, line 34			
	8	Contributions	and grants (Part VIII, line 1h)		Prior Year 1,567,136.	<u>Current Year</u> 1,774,978.
one	9				784,311.	857,064.
Revenue	10	-	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		439,323.	1,071,392.
Re	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,632,841.	9,362,682.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,423,611.	13,066,116.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		321,045.	406,416.
	14		o or for members (Part IX, column (A), line 4)		0.	0.
s	15	-	compensation, employee benefits (Part IX, column (A), lines 5-10)		8,285,969.	8,862,816.
Expenses			undraising fees (Part IX, column (A), line 11e)		0.	0.
bel			ng expenses (Part IX, column (D), line 25) 🕨 678 , 50	1.		
ŵ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		4,326,031.	4,570,740.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,933,045.	13,839,972.
	19	Revenue less	expenses. Subtract line 18 from line 12		-509,434.	-773,856.
s or ces					ginning of Current Year	End of Year
t Assets   d Balanc	20	Total assets (F	Part X, line 16)		36,872,509.	37,665,403.
it As nd B	21		(Part X, line 26)		449,305.	803,986.
Eur	22		iund balances. Subtract line 21 from line 20		36,423,204.	36,861,417.
Pa	rt II	Signature				
			declare that I have examined this return, including accompanying schedules			nowledge and belief, it is
true,	corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of white	cn preparer	nas any knowledge.	
<u>o</u> .		Signature	e of officer		Date	
Sigr		l' -	J. LUCKENBILL, CEO		Duto	
Her			rint name and title			
		1, 2, 0,				

	F 2					
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN
Paid	MAXWELL M. SULLIVAN, CPA	MAXWELL M.	SULLIVAN,	02/14/	18 self-employed	P01679066
Preparer	Firm's name 🕨 CLARK, SCHAEFER,	HACKETT &	CO.	F	irm's EIN 🕨 🔅	31-0800053
Use Only	Firm's address 🖌 1 EAST 4TH STREE	т				
	CINCINNATI, OH 4	5202		P	hone no. 513 -	-241-3111
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)				X Yes No
632001 11-1	1-16 LHA For Paperwork Reduction Act Note	ce, see the separate i	nstructions.			Form <b>990</b> (2016)

4		

	990 (2016) GIRL SCOUTS OF WESTERN OHIO 31-0679091 Page
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	GIRL SCOUTING BUILDS GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER, WHO
	MAKE THE WORLD A BETTER PLACE.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
ŀ	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 \$ 7,029,979. including grants of \$ 406,416.) (Revenue \$ 857,064.
	GIRL SCOUTS OF WESTERN OHIO, IN AN INCLUSIVE, GIRL-DRIVEN ENVIRONMENT,
	HELPS PREPARE 40,838 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.
	beoord in the behood bat:
łb	(Code:) (Expenses \$ 2,144,851. including grants of \$) (Revenue \$ 9,277,051.
	THE GIRL SCOUT COOKIE PROGRAM IS MUCH MORE THAN SELLING COOKIES. GIRLS
	LEARN 5 VALUABLE SKILLS-GOAL SETTING, DECISION MAKING, MONEY
	MANAGEMENT, PEOPLE SKILLS, AND BUSINESS ETHICS-ASPECTS ESSENTIAL TO
	LEADERSHIP, SUCCESS, AND LIFE. WHEN A GIRL SCOUT SELLS COOKIES, SHE'S
	BUILDING A LIFETIME OF SKILLS AND CONFIDENCE. EIGHTY PERCENT OF ALL
	FEMALE BUSINESS OWNERS PARTICIPATED IN THE GIRL SCOUT COOKIE PROGRAM.
	GIRL SCOUTS SELLING GIRL SCOUT COOKIES SET THEIR OWN MONEY-EARNING
	GOALS FOR THE SEASON, WHETHER IT'S GOING ON A DESTINATION, GIVING BACK
	TO THE COMMUNITY, OR PARTICIPATING IN ANOTHER EXCITING ADVENTURE. THE
	GIRL SCOUT COOKIE PROGRAM IS A GIRL-LED ACTIVITY, WITH PARENTAL
	SUPERVISION AND VOLUNTEER SUPPORT.
ŀc	(Code:) (Expenses \$3,049,172. including grants of \$) (Revenue \$99,361.
	GIRL SCOUTS OF WESTERN OHIO WILL HELP PREPARE ONE OUT OF SIX GIRLS IN
	THE OHIO REGION FOR LIVING IN TODAY'S WORLD THROUGH RECRUITMENT,
	SCREENING, TRAINING AND SUPPORT OF A DIVERSE CORE OF 13,010 VOLUNTEERS,
	WHO WILL SUPPORT GIRLS THROUGH THE DELIVERY OF THE GIRL SCOUT PROGRAM.
ŀd	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )

13390214 758050 4000009-886

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Form	990	(2016)	

			Yes	No
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? // "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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? <i>If</i> "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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		х
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, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	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		Х
14a		14a		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		Х
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	17		Х
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	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule C. Part III	10		x

Form **990** (2016)

GIRL SCOUTS OF WESTERN OHIO Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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 I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			.
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016)

Form	990 (2016) GIRL SCOUTS OF WESTERN OHIO 31-0679	091	F	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 13			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 244			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	Зb		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			$\square$
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			17
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		(2016)

Form <b>990</b>	(2016)
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Form 990 (2016)
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#### GIRL SCOUTS OF WESTERN OHIO

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

						Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		19			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direct	: supervisic	n			
	of officers, directors, or trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	əts?			5		Х
6	Did the organization have members or stockholders?				6	Х	
7a							
	more members of the governing body?				7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
a	The governing body?	-	-		8a	х	
	Each committee with authority to act on behalf of the governing body?				8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
Ū	organization's mailing address? If "Yes." provide the names and addresses in Schedule O				9		Х
ec.	tion B. Policies (This Section B requests information about policies not required by the Internal Re-				•		
		lenue	0008./			Yes	N
0a	Did the organization have local chapters, branches, or affiliates?				10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				100		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	x	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	x	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Delor	o ning the		11a		
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>				12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12a	x	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y				120		
C		,			12c	х	
10	in Schedule O how this was done					X	
13	Did the organization have a written desument retention and destruction relia?				13	X	
14 15	Did the organization have a written document retention and destruction policy?				14		
15	Did the process for determining compensation of the following persons include a review and approval	by inc	aependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				45	х	
	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b	~	
	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 arrangem						v
_	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	'S				
	exempt status with respect to such arrangements?				16b		
bec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>						
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sectio	on 501(c)(3	)s only) av	ailable	Э	
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other <i>(explain</i>						
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict of	interest po	olicy, and	inanci	ial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks anc	l records:	▶			
	LINDA ODENBECK - 513-489-1025						
	4930 CORNELL ROAD, CINCINNATI, OH 45242						
32006					-	990	(00)

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

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (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 report-

able 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. Т

(A) Name and Title	(B) Average hours per	box,	not cl unles	neck r ss per	ition nore son i:	than d s both	n an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ELLEN IOBST	2.00								<u>^</u>	•
CHAIR		X		Χ				0.	0.	0.
(2) VICTORIA NILLES	2.00	37		37				•	0	0
1ST VICE CHAIR		X		X				0.	0.	0.
(3) ANN HARTMANN	2.00	v		v				0	0	0
2ND VICE CHAIR (4) KIMBER FENDER		X		X				0.	0.	0.
(4) KIMBER FENDER SECRETARY	2.00	x		x				0.	0.	0
(5) ZO REDMAN	2.00	<b>^</b>		~				0.	0.	0.
TREASURER	2.00	x		х				0.	0.	0.
(6) CASSIE BARLOW	1.00	1		~				0.	0.	
BOARD MEMBER	1.00	x						0.	0.	0.
(7) PATRICE BORDERS	1.00									
BOARD MEMBER		x						0.	0.	0.
(8) SUSAN GANTZ MATZ	1.00									
BOARD MEMBER		x						0.	0.	0.
(9) ANGELA GRANATA	1.00									
BOARD MEMBER		x						0.	0.	Ο.
(10) THERESA HIRSCHAUER	1.00									
BOARD MEMBER		x						0.	0.	0.
(11) SHANNON GLASS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) MICHELLE KRUMMEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) JENNY MICHAEL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) LA COSTA MOORE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) SUSAN REDMAN-RENGSTORF	1.00								_	_
BOARD MEMBER		X						0.	0.	0.
(16) BILL SCHRETTER	1.00								_	•
BOARD MEMBER		X						0.	0.	0.
(17) REBECCA WESTLAKE	1.00							_	<u>^</u>	<u>^</u>
BOARD MEMBER	1	Х						0.	0.	0. Form <b>990</b> (2016)

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Form 990 (2016)

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Form 990 (2016) GIRL SCOU									31-06	<u>79(</u>	)91	Page <b>8</b>
Part VII Section A. Officers, Directors, Trust		loye	ees, a			ghes	t C	ompensated Employee	s (continued)			
(A)	(B)		-	) (C				(D)	(E)		(	F)
Name and title	Average		not ch	ieck r		than c		Reportable 	Reportable			nated
	hours per week		, unles: cer and					compensation	compensation			unt of
	(list any	tor						from the	from related organizations			her Insation
	hours for	direct				Ð		organization	(W-2/1099-MISC	3	•	n the
	related	tee or	Istee			ansate		(W-2/1099-MISC)	,	í	orgar	nization
	organizations	ll trus	nal tri		oyee	e mb					and r	related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	izations
(18) STEPHANIE CIHON	line) 1.00	lnd	<u>s</u>	1	Key	ê, Hi	Ē			-+		
BOARD MEMBER	1.00	x						0.		0.		0.
(19) ANNA JONES MONNETT	1.00											
BOARD MEMBER		х						0.		0.		Ο.
(20) RONI J. LUCKENBILL	40.00											
CEO				Х				189,447.		0.	18	,905.
(21) SUSAN OSBORN	40.00							101 010			4 -	-10
CSO	10 00			X				131,813.		0.	15	<u>,712.</u>
(22) LINDA ODENBECK FINANCE DIRECTOR	40.00			x				97,291.		0.	11	,045.
				^				57,251.		<u> </u>		,043.
										$ \rightarrow$		
1b Sub-total								418,551.		0.	48	,662.
c Total from continuation sheets to Part VI								0.		0.		<u>,</u>
d Total (add lines 1b and 1c)								418,551.		0.	48	,662.
2 Total number of individuals (including but no	ot limited to the	ose	listec	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization $igstarrow$												2
										r	<u> </u>	'es No
<b>3</b> Did the organization list any <b>former</b> officer,										ļ	_	v
line 1a? If "Yes," complete Schedule J for su											3	X
4 For any individual listed on line 1a, is the su									-	ŀ		x
<ul><li>and related organizations greater than \$150</li><li>5 Did any person listed on line 1a receive or a</li></ul>											4 .	^
rendered to the organization? If "Yes." com	-				-			-		ŀ	5	x
Section B. Independent Contractors	oloto conodale	. 0 /	<i>л</i> 500		/0/0	011 .						
1 Complete this table for your five highest cor	npensated ind	epe	nden	t cc	ontra	actor	s th	nat received more than \$	100,000 of compe	onsat	ion from	ı
the organization. Report compensation for t	he calendar ye	ear e	ndin	g wi	ith c	or wit	hin	the organization's tax ye	ear.			
(A) Name and business	addraaa							(B)		0	(C)	ation
		NC	ONE	i				Description of s	ervices		ompens	auon
2 Total number of independent contractors (ir	0	ot lin	nited	to t	hos C	se list	ed	above) who received mo	ore than			
\$100,000 of compensation from the organiz	ation 🕨				ι	J						

Form **990** (2016)

		Check if Schedule O cont	ansare	shouse		$\frac{(\mathbf{A})}{(\mathbf{A})}$	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclude from tax under sections 512 - 514
م 1 ن	а	Federated campaigns		1a	783,240.				
		Membership dues		1b	, ,				
3,		Fundraising events		1c	197,994.				
<u> </u>		Related organizations		1d	, ,				
		Government grants (contributi		1e					
ดี ไ		All other contributions, gifts, gran							
<u>5</u> '		similar amounts not included abov		1f	793,744.				
5.	~	Noncash contributions included in lines			43,864.				
and Other Similar Amounts	-	Total. Add lines 1a-1f	-		·	1,774,978.			
					Business Code				
2	~	PROPGRAM FEES AND DUES			713990	857,064.	857,064.		
	-				110000				
₽ <b>'</b>	b								
	C								
ž	d								
	e								
1 '		All other program service reve				857,064.			
	g	Total. Add lines 2a-2f				037,004.			
3		Investment income (including				475 357			175 35
		other similar amounts)				475,357.			475,355
4		Income from investment of ta							
5		Royalties							
		_	(1)	Real	(ii) Personal				
6 8		Gross rents							
		Less: rental expenses							
		Rental income or (loss)							
		Net rental income or (loss)			▶				
7 #	а	Gross amount from sales of		curities	(ii) Other				
		assets other than inventory	13,44	11,141.					
1	b	Less: cost or other basis							
		and sales expenses	12,84	15,106.					
(	С	Gain or (loss)	59	96,035.					
(	d	Net gain or (loss)			►	596,035.			596,035
8 8	а	Gross income from fundraising	g events	s (not					
		including \$ 197	,994.	of					
		contributions reported on line	1c). See	Э					
		Part IV, line 18		a	14,041.				
	b	Less: direct expenses			27,771.				
	с	Net income or (loss) from func	draising	events	►	-13,730.			-13,730
9 (	а	Gross income from gaming ac	ctivities.	See					
		Part IV, line 19		a					
1,	b								
	с	Net income or (loss) from gam			►				
		Gross sales of inventory, less	returns						
(	а			а	16,550,817.				
(	a	and allowances			7,273,766.				
10 a		and allowances Less: cost of goods sold		b	, , , , , , , , , , , , , , , , , , , ,				
10 a	b	and allowances Less: cost of goods sold Net income or (loss) from sale			· · · · · · · · · · · · · · · · · · ·	9,277,051.	9,277,051.		
10 a	b	Less: cost of goods sold	s of inve		· · · · · · · · · · · · · · · · · · ·	9,277,051.	9,277,051.		
10 a	b c	Less: cost of goods sold Net income or (loss) from sale Miscellaneous Revenu	s of inve		►	9,277,051. 54,665.	9,277,051. 54,665.		
10 a 10 a 11 a	b c a	Less: cost of goods sold Net income or (loss) from sale Miscellaneous Revenu	es of inve	entory	► Business Code		, ,		
10 a 10 a 11 a 11 a	b c a b	Less: cost of goods sold Net income or (loss) from sale Miscellaneous Revenu MISCELLANEOUS	es of inve	entory	► Business Code 900099	54,665.	54,665.		
10 a 10 a 11 a 11 a	b c a b c	Less: cost of goods sold Net income or (loss) from sale Miscellaneous Revenu MISCELLANEOUS GAIN ON INVOLUNTARY CON	s of inve e NVERSIC	ON	► Business Code 900099	54,665.	54,665.		
	b a b c d	Less: cost of goods sold Net income or (loss) from sale Miscellaneous Revenu MISCELLANEOUS GAIN ON INVOLUNTARY CON All other revenue	s of inve e NVERSIC	DN	► Business Code 900099	54,665.	54,665.		

GIRL SCOUTS OF WESTERN OHIO

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Form 990 (2016)

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GIRL SCOUTS OF WESTERN OHIO Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	406,416.	406,416.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	467,213.	415,785.	26,146.	25,282.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,843,392.	5,200,180.	327,006.	316,206.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	937,555.	834,354.	52,467. 57,969.	50,734.
9	Other employee benefits	1,035,864.	921,841.	57,969.	50,734. 56,054.
10	Payroll taxes	578,792.	515,082.	32,390.	31,320.
11	Fees for services (non-employees):				
а	Management				
b	Legal	16,113.	11,726.	3,561.	826.
с	Accounting	39,000.	28,382.	8,618.	2,000.
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	81,508.		81,508.	
g					
_	column (A) amount, list line 11g expenses on Sch 0.)	457,950.	333,271.	101,196.	23,483.
12	Advertising and promotion	17,009.	16,435.	224.	<u>23,483</u> . 350.
13	Office expenses	1,172,924.	1,133,363.	15,416.	24,145.
14	Information technology				
15	Royalties				
16	Occupancy	954,716.	809,819.	84,870.	60,027.
17	Travel	298,600.	266,189.	19,526.	12,885.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27,635.	20,825.	5,800.	1,010.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	884,233.	782,157.	56,290.	45,786.
23	Insurance	252,676.	203,837.	37,044.	11,795.
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 0.) <b>MISCELLANEOUS</b>	186,361.	172,956.	8,879.	4,526.
a L	TELEPHONE AND POSTAGE	182,015.	151,384.	18,559.	12,072.
b	TELEFIIONE AND FOSTAGE	102,013.	131,304.	10,339.	12,072.
c d					
	All other expenses				
е 25	•	13,839,972.	12,224,002.	937,469.	678,501.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	13,039,914.			070,001.
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 Figure if following SOP 98-2 (ASC 958-720)		I		

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2016.05050 GIRL SCOUTS OF WESTERN OH 40000091

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Form 990 (2016)

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Form 990 (2016)

Form 990 (	2016)	GIRL	SCOUTS	OF	WESTERN	OHIO
Part X	Balance Sheet					

	Cash - non-interest-bearing         Savings and temporary cash investments         Pledges and grants receivable, net         Accounts receivable, net         Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 employees and sponsoring organizations of section 501(c)(9) voluntary         employees' beneficiary organizations (see instr). Complete Part II of Sch L         Notes and loans receivable, net         Inventories for sale or use         Prepaid expenses and deferred charges         Land, buildings, and equipment: cost or other         basis. Complete Part VI of Schedule D         Less: accumulated depreciation         Investments - publicly traded securities         Investments - other securities. See Part IV, line 11         Investments - program-related. See Part IV, line 11	242,248. 172,557.	1 2 3 4 5 5 6 7 8 9 9	(B) End of year 316,400. 61,140. 285,307. 55,654. 223,444. 180,245. 11,408,859.
2 3 4 5 6 8 9 10a 11 11 12	Savings and temporary cash investments         Pledges and grants receivable, net         Accounts receivable, net         Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 employees' beneficiary organizations of section 501(c)(9) voluntary         employees' beneficiary organizations (see instr). Complete Part II of Sch L         Notes and loans receivable, net         Inventories for sale or use         Prepaid expenses and deferred charges         Land, buildings, and equipment: cost or other         basis. Complete Part VI of Schedule D         10a       30, 195, 514.         Less: accumulated depreciation         Investments - publicly traded securities         Investments - other securities. See Part IV, line 11         Investments - program-related. See Part IV, line 11	200,118. 58,882. 293,837. 61,034. 242,248. 172,557. 10,651,296.	2 3 4 5 5 6 7 8 9 9 10c	316,400. 61,140. 285,307. 55,654. 223,444. 180,245. 11,408,859.
2 3 4 5 6 stesse 7 8 9 10a 10a 11 12	Savings and temporary cash investments         Pledges and grants receivable, net         Accounts receivable, net         Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 employees' beneficiary organizations of section 501(c)(9) voluntary         employees' beneficiary organizations (see instr). Complete Part II of Sch L         Notes and loans receivable, net         Inventories for sale or use         Prepaid expenses and deferred charges         Land, buildings, and equipment: cost or other         basis. Complete Part VI of Schedule D         10a       30, 195, 514.         Less: accumulated depreciation         Investments - publicly traded securities         Investments - other securities. See Part IV, line 11         Investments - program-related. See Part IV, line 11	58,882. 293,837. 61,034. 242,248. 172,557. 10,651,296.	2 3 4 5 5 6 7 8 9 9 10c	61,140. 285,307. 55,654. 223,444. 180,245. 11,408,859.
3 4 5 6 7 8 9 10a 11 11 12	Pledges and grants receivable, net         Accounts receivable, net         Loans and other receivables from current and former officers, directors,         trustees, key employees, and highest compensated employees. 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         employees' beneficiary organizations of section 501(c)(9) voluntary         employees' beneficiary organizations (see instr). Complete Part II of Sch L         Notes and loans receivable, net         Inventories for sale or use         Prepaid expenses and deferred charges         Land, buildings, and equipment: cost or other         basis. Complete Part VI of Schedule D         Less: accumulated depreciation         Investments - publicly traded securities         Investments - other securities. See Part IV, line 11         Investments - program-related. See Part IV, line 11	293,837. 61,034. 242,248. 172,557. 10,651,296.	3 4 5 6 7 8 9 9 10c	285,307. 55,654. 223,444. 180,245. 11,408,859.
4 5 8 9 10 8 9 10 8 9 10 8 2 11 12	Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11	61,034. 242,248. 172,557. 10,651,296.	4 5 6 7 8 9 9 10c	55,654. 223,444. 180,245. 11,408,859.
5 stesset 7 8 9 10a 11 11	Loans and other receivables from current and former officers, directors,         trustees, key employees, and highest compensated employees. 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 employees and sponsoring organizations of section 501(c)(9) voluntary         employees' beneficiary organizations (see instr). Complete Part II of Sch L         Notes and loans receivable, net         Inventories for sale or use         Prepaid expenses and deferred charges         Land, buildings, and equipment: cost or other         basis. Complete Part VI of Schedule D         10a       30, 195, 514.         Investments - publicly traded securities         Investments - other securities. See Part IV, line 11         Investments - program-related. See Part IV, line 11	242,248. 172,557. 10,651,296.	5 6 7 8 9 9	223,444. 180,245. 11,408,859.
6 stess 9 10a 11 11 12	trustees, key employees, and highest compensated employees. 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 organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11	242,248. 172,557. 10,651,296.	6 7 8 9 10c	180,245. 11,408,859.
stesser 8 9 10a 11 11 12	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 organizations (see instr). Complete Part II of Sch L         Notes and loans receivable, net         Inventories for sale or use         Prepaid expenses and deferred charges         Land, buildings, and equipment: cost or other         basis. Complete Part VI of Schedule D         Less: accumulated depreciation         Investments - publicly traded securities         Investments - other securities. See Part IV, line 11         Investments - program-related. See Part IV, line 11	242,248. 172,557. 10,651,296.	6 7 8 9 10c	180,245. 11,408,859.
stesser 8 9 10a 11 11 12	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 organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11	242,248. 172,557. 10,651,296.	6 7 8 9 10c	180,245. 11,408,859.
stesser 8 9 10a 11 11 12	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 organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11	242,248. 172,557. 10,651,296.	7 8 9 10c	180,245.
9 10a 11 11 12	employers and sponsoring organizations of section 501(c)(9) voluntary         employees' beneficiary organizations (see instr). Complete Part II of Sch L         Notes and loans receivable, net         Inventories for sale or use         Prepaid expenses and deferred charges         Land, buildings, and equipment: cost or other         basis. Complete Part VI of Schedule D         Less: accumulated depreciation         Investments - publicly traded securities         Investments - other securities. See Part IV, line 11         Investments - program-related. See Part IV, line 11	242,248. 172,557. 10,651,296.	7 8 9 10c	180,245. 11,408,859.
9 10a 11 11 12	employees' beneficiary organizations (see instr). Complete Part II of Sch L         Notes and loans receivable, net         Inventories for sale or use         Prepaid expenses and deferred charges         Land, buildings, and equipment: cost or other         basis. Complete Part VI of Schedule D         Less: accumulated depreciation         Investments - publicly traded securities         Investments - other securities. See Part IV, line 11         Investments - program-related. See Part IV, line 11	242,248. 172,557. 10,651,296.	7 8 9 10c	180,245. 11,408,859.
9 10a 11 11 12	Notes and loans receivable, net         Inventories for sale or use         Prepaid expenses and deferred charges         Land, buildings, and equipment: cost or other         basis. Complete Part VI of Schedule D         Less: accumulated depreciation         Investments - publicly traded securities         Investments - other securities. See Part IV, line 11         Investments - program-related. See Part IV, line 11	242,248. 172,557. 10,651,296.	7 8 9 10c	180,245. 11,408,859.
9 10a 11 11 12	Inventories for sale or use         Prepaid expenses and deferred charges         Land, buildings, and equipment: cost or other         basis. Complete Part VI of Schedule D         Less: accumulated depreciation         Investments - publicly traded securities         Investments - other securities. See Part IV, line 11         Investments - program-related. See Part IV, line 11	172,557.	8 9 10c	180,245. 11,408,859.
9 10a 11 11 12	Prepaid expenses and deferred charges         Land, buildings, and equipment: cost or other         basis. Complete Part VI of Schedule D         Less: accumulated depreciation         Investments - publicly traded securities         Investments - other securities. See Part IV, line 11         Investments - program-related. See Part IV, line 11	172,557.	9 10c	180,245.
10a t 11 12	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D10a30,195,514.Less: accumulated depreciation10b18,786,655.Investments - publicly traded securitiesInvestments - other securities. See Part IV, line 11Investments - program-related. See Part IV, line 11	10,651,296.	10c	11,408,859.
t 11 12	basis. Complete Part VI of Schedule D10a30,195,514.Less: accumulated depreciation10b18,786,655.Investments - publicly traded securitiesInvestments - other securities. See Part IV, line 11Investments - program-related. See Part IV, line 11	10,651,296.		
11   12	Less: accumulated depreciation       10b       18,786,655.         Investments - publicly traded securities       Investments - other securities. See Part IV, line 11         Investments - program-related. See Part IV, line 11	10,651,296.		
11   12	Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11			
12	Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11	24,399,570.	11	01 00E 170
	Investments - program-related. See Part IV, line 11			24,285,179.
13			12	
			13	
14	Intangible assets	792,967.	14	849,175.
15	Other assets. See Part IV, line 11	36,872,509.	15 16	37,665,403.
16	Total assets. Add lines 1 through 15 (must equal line 34)	384,389.		754,703.
17	Accounts payable and accrued expenses	504,505.	17	/54,/05+
18   19	Grants payable	64,916.	10	49,283.
	Deferred revenue	04,510.	20	49,203.
20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		20	
0.0	Loans and other payables to current and former officers, directors, trustees,		21	]
Liabilities	key employees, highest compensated employees, and disqualified persons.			
iii			22	
23 Lia			22	
23	Unsecured mortgages and notes payable to unrelated third parties		23	
25	Other liabilities (including federal income tax, payables to related third		27	
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	449,305.	26	803,986.
	Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗴 and			,,
ر س	complete lines 27 through 29, and lines 33 and 34.			
9 27	Unrestricted net assets	33,202,172.	27	33,516,654.
28 alar	Temporarily restricted net assets	524,549.	28	512,677.
<u>n</u> 29	Permanently restricted net assets	2,696,483.	29	2,832,086.
Ŭ,	Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗌			
<u>۲</u>	and complete lines 30 through 34.			
រុទ្ធ 30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances 8 25 30 21 32 33 32 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35	Paid-in or capital surplus, or land, building, or equipment fund		31	
4 32	Retained earnings, endowment, accumulated income, or other funds		32	
ž   33	Total net assets or fund balances	36,423,204.	33	36,861,417.
34	Total liabilities and net assets/fund balances	36,872,509.	34	37,665,403.

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI         1       Total revenue (must equal Part VIII, column (A), line 12)         2       13, 066, 116.         2       13, 066, 116.         2       13, 066, 116.         2       13, 066, 116.         2       13, 066, 116.         2       13, 066, 116.         2       13, 066, 116.         2       13, 066, 116.         2       13, 066, 116.         2       13, 066, 116.         2       13, 066, 116.         2       13, 066, 116.         2       13, 066, 116.         3       -773, 856.         4       36, 423, 204.         5       1, 212, 069.         6       0nated services and use of facilities         7       Investment expenses         8       0         9       Other changes in net assets or fund balances (explain in Schedule O)         0       0.         0.       0.         1       Accounting method used to prepare the Form 990:       Cash         1       Accounting from a prior year or checked 'Other, explain in Schedule O.	Form	990 (2016) GIRL SCOUTS OF WESTERN OHIO	31-0	0679091	Paq	ge <b>12</b>
1       Total revenue (must equal Part VIII, column (A), line 12)       1       13,066,116.         2       Total expenses (must equal Part IX, column (A), line 25)       2       13,839,972.         3       -773,856.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       36,423,204.         5       Net unrealized gains (losses) on investments       6       7         7       0.0       9       0.         8       Prior period adjustments       6       7         9       Other changes in nat assets or fund balances (explain in Schedule 0)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       36,861,417.         Part XII       Financial Statements and Reporting       X         Check if Schedule C contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Consolidated basis       Both consolidated and	Par	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part X, column (A), line 25)       2       13,839,972.         3       Revenue less expenses. Subtract line 2 from line 1       3       -773,856.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       36,423,204.         5       Net unrealized gains (losses) on investments       6       7         6       7       7       8         7       8       8       9         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       36,861,417.         Part XII       Financial Statements and Reporting       X       X         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         16       Nor indical statements compiled or reviewed by an independent accountant?       2a       X         11       Yes indicated basis, or both:       2a       X         11       Yes indicated basis, or both:       2b       X         12       Separate basis, consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X		Check if Schedule O contains a response or note to any line in this Part XI				
2       Total expenses (must equal Part X, column (A), line 25)       2       13,839,972.         3       Revenue less expenses. Subtract line 2 from line 1       3       -773,856.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       36,423,204.         5       Net unrealized gains (losses) on investments       6       7         6       7       7       8         7       8       8       9         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       36,861,417.         Part XII       Financial Statements and Reporting       X       X         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         16       Nor indical statements compiled or reviewed by an independent accountant?       2a       X         11       Yes indicated basis, or both:       2a       X         11       Yes indicated basis, or both:       2b       X         12       Separate basis, consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X						
3       Revenue less expenses. Subtract line 2 from line 1       3       -773,856.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       5       1,212,069.         5       Donated services and use of facilities       5       1,212,069.         6       rivestment expenses       6         7       8       Prior poriod adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule 0)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       36,861,417.         Part XIII       Financial Statements and Reporting       X       X       Yes       Not         1       Accounting method used to prepare the Form 990:       Cash       X       Account Other, "explain in Schedule 0.       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X       Account Other, "explain in Schedule 0.       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X       Account of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0.       2a       X         2a       X       If "Yes," check a box bolow to ind	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       36, 423, 204.         5       Net unrealized gains (losses) on investments       5       1, 212, 069.         6       5       1, 212, 069.         7       8       6         7       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       36, 861, 417.         Part XII Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Consolidated basis. or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis.       Consolidated basis.       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited o	2	Total expenses (must equal Part IX, column (A), line 25)	2	13,83	9,9'	72.
5       Net unrealized gains (losses) on investments       5       1,212,069.         6       0       6         7       7       6         8       Prior period adjustments       9       0.         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       36,861,417.         Part XII       Financial Statements and Reporting       X       X       Yes         Check if Schedule O contains a response or note to any line in this Part XII       X       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         If "Yes," check a box below to indicate whether the financial statements compiled or reviewed by an independent accountant?       2a       X       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis, or both:       Zb       X <th>3</th> <th>Revenue less expenses. Subtract line 2 from line 1</th> <th>3</th> <th></th> <th></th> <th></th>	3	Revenue less expenses. Subtract line 2 from line 1	3			
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Not assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       36 , 861 , 417 .         Pert XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization's financial statements compiled or reviewed by an independent accountant?       Yes       No         2a       X       Yes, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         If 'Yes,' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If 'Yes'	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       36 , 861 , 417 .         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       Yes         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       X       Yes       No         1       Accounting method used to prepare the framcial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         3       Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," theck a box below to indicate whether the financial statements for the year	5	Net unrealized gains (losses) on investments	5	1,21	2,0	<u>69.</u>
8 Prior period adjustments   9 Other changes in net assets or fund balances (explain in Schedule O)   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))   10 36,861,417.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII T Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis Oconsolidated basis Oconsolidated basis Oconsolidated basis. Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Were the organization's financial statements audited by an independent accountant? If "Yes," there a basis Consolidated basis Or both: X Separate basis. Consolidated basis. Both consolidated and separate basis. C if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required aud	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O) 9 0.   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (E)) 36,861,417.   Part XII Financial Statements and Reporting X   Check if Schedule O contains a response or note to any line in this Part XII X   1 Accounting method used to prepare the Form 990: Cash   X Accounting method used to prepare the Form 990: Cash   X Accounting in an exponse or note to any line in this Part XII   2a X   If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   2a X   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis   Separate basis Consolidated basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "	7	Investment expenses	7			
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       36,861,417.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         I       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Separate basis       Consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       Doth consolidated and separate basis       Doth consolidated and separate basis       Doth consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       Image: Consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       Image: Consolidated basis, or both:       2b       X       Image: Consolidated basis, or both	8	Prior period adjustments	8			
column (B)       10       36,861,417.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       X       X       Za       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If "Yes" to line 2a or 2b, does the organization required to und	9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Check if Schedule O contains a response or note to any line in this Part XII       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Check allow of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Dotho consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b,	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Check if Schedule O contains a response or note to any line in this Part XII   1   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Main the organization's financial statements compiled or reviewed by an independent accountant?   Beparate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   b   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   c			10	36,86	1,4:	<u>17.</u>
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pai	rt XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X <th></th> <th>Check if Schedule O contains a response or note to any line in this Part XII</th> <th></th> <th></th> <th></th> <th>X</th>		Check if Schedule O contains a response or note to any line in this Part XII				X
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   b   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis   consolidated basis, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   3a   3a   b   If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					Yes	No
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       X         Sa a result of a federal award, was the organization required to undergo an audit or audits? If the organization did not undergo t	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
separate basis, consolidated basis, or both:   Separate basis   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       1         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       1       1		separate basis, consolidated basis, or both:				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolidated basis       Image:		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both:       Image: Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis	b	Were the organization's financial statements audited by an independent accountant?		2b	Х	L
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Consolidated basis       Consolidated and separate basis       Consolidated basis       Consolidated basis       Consolidated basis       Consolidated and separate basis       Consolidated			basis,			
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2c       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       Image: Committee the organization did not undergo the required audit       X						
review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       a       X         Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       If the organization did not undergo the required audit		X Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       a         Act and OMB Circular A-133?       3a         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       a				<u>2</u> c	Х	<u> </u>
Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       Image: Comparization of the organization did not undergo the required audit						
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	3a		gle Audit			
				3a		<u> </u>
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	b		ed audit			
		or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	006	L

Form **990** (2016)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

	2016
	Open to Public Inspection
ər	identification number

OMB No. 1545-0047

L

Name of the	organization
-------------	--------------

Nam	ame of the organization Employer identification number								
		GIRL	SCOUTS OF	WESTERN OHIC	2			3	1-0679091
Par	tI	Reason for Public C	Charity Status 🖉	All organizations must co	omplete thi	is part.) Se	e instructions	5.	
The c	rgani	zation is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only o	one box.)			
1 [		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3 [		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	(b)(1)(A)(ii	i).		
4 [		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	<b>(iii).</b> Enter	the hospital's name,
		city, and state:							
5 [		An organization operated for	or the benefit of a col	lege or university owned	l or operate	əd by a go	vernmental u	nit describe	əd in
		section 170(b)(1)(A)(iv). (C	omplete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	'0(b)(1)(A)	(v).		
7 [	Х	An organization that normal	lly receives a substa	ntial part of its support fr	rom a gove	ernmental (	unit or from th	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 [		A community trust describe	d in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)				
9 [		An agricultural research org	anization described	in section 170(b)(1)(A)(	<b>ix)</b> operate	əd in conju	inction with a	land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
		university:							
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its supp	port from a	ontributio	ns, membersh	nip fees, an	d gross receipts from
		activities related to its exem	npt functions - subjec	ot to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	ifter June 30, 1975.
		See section 509(a)(2). (Cor	nplete Part III.)						
11 [		An organization organized a	and operated exclusi	vely to test for public sat	fety. See 🛭	section 50	)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform th	ne functior	ns of, or to ca	rry out the	purposes of one or
		more publicly supported org	ganizations describe	d in <b>section 509(a)(1)</b> o	r section {	5 <b>09(a)(2)</b> .	See section {	5 <b>09(a)(3).</b> 🤇	Check the box in
		lines 12a through 12d that o	describes the type of	f supporting organizatior	n and com	olete lines	12e, 12f, and	12g.	
а		<b>Type I.</b> A supporting orga	nization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	Ipporting
		organization. <b>You must c</b>	omplete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame persoi	ns that co	ntrol or manaç	ge the supp	ported
		organization(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,
		its supported organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ctions A,	D, and E.		
d		] Type III non-functionally	<b>integrated.</b> A supp	orting organization oper	ated in cor	nnection w	ith its suppor/	ted organiz	ration(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	bution rec	luirement and	an attentiv	/eness
		requirement (see instructi	ons). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре I	II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiza	ation.			
f	Ente	r the number of supported o	organizations						
g		ide the following information			(iv) Is the orga	nization listed			
	()	) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in	,	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see in	istructions)	
Tota									
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 16

#### Schedule A (Form 990 or 990-EZ) 2016 GIRL SCOUTS OF WESTERN OHIO Part II

31-0679091 Page 2

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1440209.	1567264.	2121774.	1567136.	1774978.	8471361.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1440209.	1567264.	2121774.	1567136.	1774978.	8471361.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						8471361.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1440209.	1567264.	2121774.	1567136.	1774978.	8471361.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	497,576.	421,377.	620,704.	486,156.	475,357.	2501170.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	109,863.	72,874.	332,525.	406,802.	99,361.	1021425.
11	Total support. Add lines 7 through 10						11993956.
	Gross receipts from related activities,	etc. (see instructio	ons)			12 82	,621,329.
13	First five years. If the Form 990 is for	r the organization's	first, second, thire	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
	organization, check this box and stor	here					<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2016 (I			.,,		14	70.63 %
	Public support percentage from 2015					15	70.64 %
16a	33 1/3% support test - 2016. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
b	<b>33 1/3% support test - 2015.</b> If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			▶∟
17a	10% -facts-and-circumstances test	- 2016. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac			•	•	-	
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test	- 2015. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is <sup>-</sup>	10% or
	more, and if the organization meets th	ne "facts-and-circur	nstances" test, ch	eck this box and	<b>stop here.</b> Explair	n in Part VI how the	
	organization meets the "facts-and-circ	umstances" test. 7	The organization q	ualifies as a public	ly supported orga	nization	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
					Sche	dule A (Form 990	or 990-EZ) 2016

632022 09-21-16

#### Schedule A (Form 990 or 990-EZ) 2016 GIRL SCOUTS OF WESTERN OHIO Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Section A. Public Support				_		
Calendar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
<b>4</b> Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	-			-		
Calendar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> 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 (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	r the organization	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) orgar	ization,
check this box and <b>stop here</b>						
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2016	line 8, column (f) d	ivided by line 13, d	olumn (f))		15	%
16 Public support percentage from 201					16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	<b>016</b> (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from	2015 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2016. If the	ə organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	zation	►
b 33 1/3% support tests - 2015. If the	a organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
line 18 is not more than 33 1/3%, ch	əck this box and <b>s</b>	<b>stop here.</b> The org	anization qualifies	s as a publicly supp	oorted organizatio	on ►
20 Private foundation. If the organizati	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
632023 09-21-16		1.8	2	Scl	hedule A (Form §	990 or 990-EZ) 2016

## Schedule A (Form 990 or 990 EZ) 2016 GIRL SCOUTS OF WESTERN OHIO

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If* "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

19

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Schedule A (Form 990 or 990-EZ) 2016

1

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3a

3b

Зc

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

# Schedule A (Form 990 or 990-EZ) 2016 GIRL SCOUTS OF WESTERN OHIO

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction of the second sec	uctions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	01-		
0	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	30		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b		3b		
	of its supported organizations? If "Yes." describe in Part VI the role plaved by the organization in this regard.	JU	1	

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632025 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

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Part V	Type II	I Non-Func <sup>®</sup>	tionally Ir	ntegrated 5	09(a)	(3) Supporti	ng Organ	izations
Schedule A	(Form 990	or 990-EZ) 201	6 GIRL	SCOUTS	OF	WESTERN	OHIO	

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Inco	me		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gai	n	1		
2 Recoveries of prior-year d	istributions	2		
3 Other gross income (see i	nstructions)	3		
4 Add lines 1 through 3		4		
5 Depreciation and depletic	n	5		
6 Portion of operating expe	nses paid or incurred for production or			
collection of gross income	e or for management, conservation, or			
maintenance of property l	held for production of income (see instructions)	6		
7 Other expenses (see instr	uctions)	7		
8 Adjusted Net Income (su	ubtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Ar	nount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market val	ue of all non-exempt-use assets (see			
instructions for short tax	year or assets held for part of year):			
a Average monthly value of	securities	1a		
<b>b</b> Average monthly cash ba	lances	1b		
<b>c</b> Fair market value of other	non-exempt-use assets	1c		
d Total (add lines 1a, 1b, ar	nd 1c)	1d		
e Discount claimed for blo	ckage or other			
factors (explain in detail ir	n Part VI):			
2 Acquisition indebtedness	applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1	d	3		
4 Cash deemed held for exe	empt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)		4		
5 Net value of non-exempt-	use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035		6		
7 Recoveries of prior-year d	istributions	7		
8 Minimum Asset Amount	(add line 7 to line 6)	8		
Section C - Distributable Amo	unt			Current Year
1 Adjusted net income for p	prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1		2		
3 Minimum asset amount for	or prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or l	ine 3	4		
5 Income tax imposed in pr	ior year	5		
6 Distributable Amount. S	ubtract line 5 from line 4, unless subject to			
emergency temporary rec	luction (see instructions)	6		
7 Check here if the cu	urrent year is the organization's first as a non-functional	ly integrate	d Type III supporting orga	anization (see

7 Check here if the current year is the organization's first as a non-function instructions).

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

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#### Schedule A (Form 990 or 990-EZ) 2016 GIRL SCOUTS OF WESTERN OHIO

Sert	t V Type III Non-Functionally Integrated 509( ion D - Distributions		(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mot purposos		Ourrent fear
2	Amounts paid to supported organizations to accomplish exemp			
2	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets	s of supported organizations	5	
5				
<u>5</u> 6	Qualified set-aside amounts (prior IRS approval required)			
7	Other distributions (describe in <b>Part VI</b> ). See instructions <b>Total annual distributions.</b> Add lines 1 through 6			
	× *			
8	Distributions to attentive supported organizations to which the (provide details in <b>Part VI</b> ). See instructions	le organization is responsive		
9	Distributable amount for 2016 from Section C, line 6			
	· · · · · · · · · · · · · · · · · · ·			
10	Line 8 amount divided by Line 9 amount	(i)	(;;)	(iii)
		(i) Excess Distributions	(ii) Underdistributions	Distributable
ect	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
с	From 2013			
d	From 2014			
е	From 2015			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
с	Excess from 2014			
d	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A ( Part VI	Form 990 or 990 EZ) 2016 GIRL SCOUTS OF WESTERN OHIO	31-0679091 Page
	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for a	n B, lines 1 and 2; Part IV, Section C, ne 1: Part V. Section B. line 1e: Part V.
	(See instructions.)	
2028 09-21-16	) )	Schedule A (Form 990 or 990-EZ) 20

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

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*\*

# 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

<u>2016</u>

Employer identification number

|--|

GIRL	SCOUTS	OF	WESTERN	OHIO	
Organization type (check one):					

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 foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA 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) (2016)

623451 10-18-16

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

GIRL SCOUTS OF WESTERN OHIO

Maria and a	- 2		··· • ··· ·	
Name	OT	oraa	niza	ation

Employer identification number

31-0679091

(d)

(d)

(d)

(d)

(d)

X

Χ

X

X

#### Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 1 Person Payroll 783,240. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 Person Payroll 58,333. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 3 Person Payroll 47,439. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person

Payroll Noncash

(d)

(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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623452 10-18-16

2016.05050 GIRL SCOUTS OF WESTERN OH 40000091

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Name of organization

Employer identification number

31-0679091

GIRL SCOUTS OF WESTERN OHIO

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	01/01/17		
		\$43,864.	01/01/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
23453 10-18		\$	

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13390214 758050 4000009-886

Name of org	ganization		Employer identification number			
TRI. 9	SCOUTS OF WESTERN OHIO		31-0679091			
Part III	Exclusively religious, charitable, etc., cont	ributions to organizations described i	n section 501(c)(7), (8), or (10) that total more than \$1,000 for			
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info. once.)  \$			
(a) No.	Use duplicate copies of Part III if addition	al space is needed.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Farti						
ŀ		(-) Turn for a f with				
		(e) Transfer of gift				
	Transferee's name, address, a	nd <b>ZI</b> P + 4	Relationship of transferor to transferee			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
F		(e) Transfer of gift				
ŀ	Transferee's name, address, a	nd <b>ZIP</b> + 4	Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
ŀ						
	(e) Transfer of gift					
	Transferee's name, address, a	nd <b>ZI</b> P + 4	Relationship of transferor to transferee			
		[				
(a) No. from	<u></u>					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
F		• •				
		(e) Transfer of gift				
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
623454 10-18	-16		Schedule B (Form 990, 990-EZ, or 990-PF) (2016			

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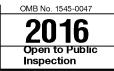
13390214 758050 4000009-886

SCHEDULE D
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## (Form 990)

# **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Internal Revenue Service Name of the organization

Department of the Treasury

#### GIRL SCOUTS OF WESTERN OHIO

Employer identification number 31-0679091

Par	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts	6. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised funds	(b) Funds	and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	-		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a		-	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	conferring	
Des				Yes No
Par		•	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizati			
	Preservation of land for public use (e.g., recreation or e			
	Protection of natural habitat	Preservation of a cert	ified historic str	ucture
~	Preservation of open space	fi		
2	Complete lines 2a through 2d if the organization held a quali day of the tax year.	ned conservation contribution in the form of		eld at the End of the Tax Year
а	Total number of conservation easements			eiu at tile Ellu of tile Tax Teal
b				
c	Number of conservation easements on a certified historic str			
		.,		
	listed in the National Register			
3	Number of conservation easements modified, transferred, re			Iring the tax
	year 🕨	, , , ,	0	0
4	Number of states where property subject to conservation ea	sement is located 🕨		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easem	ents during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements	during the year
	►\$			
8	Does each conservation easement reported on line 2(d) above		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	he organization	's accounting for
Par	conservation easements. t III   Organizations Maintaining Collections o	f Art Historical Treasures or Otl	her Similar	Assets
[ a	Complete if the organization answered "Yes" on Form			-33613.
10	If the organization elected, as permitted under SFAS 116 (AS	, ,	ent and balance	e sheet works of art
Iu	historical treasures, or other similar assets held for public ext			
	the text of the footnote to its financial statements that descri			ritoo, provido, irri arevan,
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sh	eet works of art. historical
	treasures, or other similar assets held for public exhibition, e			
	relating to these items:		<i>.</i>	0
	(i) Revenue included on Form 990, Part VIII, line 1		►\$	
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		> \$	
b				
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	S	chedule D (Form 990) 2016
632051	1 08-29-16			

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Sche		OUTS OF WES						57909		age <b>2</b>
Par	t III   Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, o	r Othe	r Simila	r Asset	s <sub>(conti</sub>	nued)	
3	Using the organization's acquisition, accessio	n, and other records	, check any of the f	ollowing that	t are a si	gnificant (	use of its	collectior	items	;
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	ams					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	le organizatio	on's exer	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	sures, or othe	ər similar	assets	_			_
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered	"Yes" on	Form 99	0, Part IV	, line 9, oi		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia						_	_	_	_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the foll	owing table:							
								Amour	ıt	
С	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance					. <b>1</b> f				<b></b>
2a	Did the organization include an amount on Fo					ity?	L	_ Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V Endowment Funds.</b> Complete if					10				
- u		(a) Current year	(b) Prior year	(c) Two yea			years back	( <b>e)</b> Fou	r voare	hack
10	Beginning of year balance	2,036,836.	1,979,744.		8,726.		914,727		,831,	
1a h	Contributions	2,000,0001	1,515,111	2,0,1	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	-,-	/,/_/		,001,	
0	Net investment earnings, gains, and losses	106,173.	82,839.	-70	0,879.		183,774		87	,719.
о С	Overste en este develoire		-,		,		,	·		
e	Other expenditures for facilities									
Ŭ	and programs		25,747.	2	8,103.		19,775	.	4	915.
f	Administrative expenses		, .		, .		/	-	/	
g	End of year balance	2,143,009.	2,036,836.	1,97	9,744.	2,0	078,726	. 1	,914,	727.
2	Provide the estimated percentage of the curre	, ,			, ,	,	,		<u>, ,</u>	
a	Board designated or quasi-endowment		%	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
b	Permanent endowment  100.00	%								
	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c shou	lld equal 100%.								
3a	Are there endowment funds not in the posses		tion that are held ar	nd administer	red for th	ne organiz	ation			
	by:								Yes	No
	(i) unrelated organizations							3a(i)	X	
								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?					. 3b		
_4	Describe in Part XIII the intended uses of the	organization's endov	vment funds.							
Par	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	l "Yes" on Form 990	Part IV, line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or of	her <b>(b)</b> Cost	or other	(c) A	ccumulat	ed	( <b>d)</b> Boo	k valu	e
		basis (investm	,	(other)	de	preciatior	า			
1a	Land		1,80	5,623.				1,80		
b	Buildings		21,06	5,120.	13,	457,5	30.	7,60	7,5	90.
С	Leasehold improvements									
d	Equipment			9,201.		365,0			4,1	
e	Other		4,24	5,570.	2,	964,1		1,28		
Tota	. Add lines 1a through 1e. (Column (d) must ea	ual Form 990. Part >	(. column (B). line 1	0c.)				11,40	8,8	59.
							Schedu	e D (Forr	n 990)	2016

	OF WESTERN O	HIO 3	1-0679091 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or er	nd of voar market value
			nd-or-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)		(-)	,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	-		
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
· · · · · · · · · · · · · · · · · · ·	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column (b) must equal Form 900 Part X, col. (B) line	- 1E \		

Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.
Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<u>1.</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	
- · ·		

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

Schedule D (Form 990) 2016

632053 08-29-16

Sche	dule D (Form 990) 2016 GIRL SCOUTS OF WESTERN OHI		31-0679091 F				
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per Re				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l <b>.</b>					
1	Total revenue, gains, and other support per audited financial statements			1	14,196,677.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	. 2a	1,212,069.				
b	Donated services and use of facilities	2b					
с	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)						
е	Add lines <b>2a</b> through <b>2d</b>			2e	1,212,069.		
3	Subtract line 2e from line 1			3	12,984,608.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	81,508.				
b	Other (Describe in Part XIII.)	. 4b					
С	Add lines 4a and 4b		4c	81,508.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	13,066,116.			
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per I	Retur	n.		
Pa	<b>TXII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wi	th Expenses per F				
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per f	Retur	n. 13,758,464.		
	t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wi	th Expenses per f				
1	t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements	ents Wi	th Expenses per f				
1 2	t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wi	th Expenses per f				
1 2	<b>t XII</b> Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents Wi	th Expenses per f				
1 2	t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	ents Wi	th Expenses per f				
1 2 a b c	t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	ents Wi	th Expenses per F		13,758,464.		
1 2 b c d	<b>t XII</b> Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	ents Wi	th Expenses per F	1	13,758,464.		
1 2 b c d e	<b>t XII</b> Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents Wi	th Expenses per F	1 2e 3	13,758,464.		
1 2 b c d 3	<b>t XII</b> Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	ents Wi	th Expenses per F	1 2e 3	13,758,464.		
1 2 6 7 8 8 4	<b>t XII</b> Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents Wi 2a 2b 2c 2d 4a	th Expenses per F	1 2e 3	13,758,464. 0. 13,758,464.		
1 2 d c 3 4 a b	t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	ents Wi	th Expenses per F	1 2e 3 4c	13,758,464. 0. 13,758,464. 81,508.		
1 2 a b c d e 3 4 a b c 5	t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	ents Wi	th Expenses per F	1 2e 3	13,758,464. 0. 13,758,464.		

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

## 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.

632054 08-29-16

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	e organization answered "Yes" on organization entered more than \$15	Form	990, P	Part IV, line 17, 18, o			2016
Department of the Treasury Internal Revenue Service		► Attach to Form 990 bout Schedule G (Form 990 or 990-EZ)	or Fo	rm 99	0-EZ.	nou/fo	rm000	Open to Public Inspection
Name of the organization				insu u			Employer id	lentification number
Part I Fundraisi		OUTS OF WESTERN OH Complete if the organization answe		es" or	Form 990 Part IV I	ine 17	31-0679 7 Form 990-F	
required to c	complete this part	t						
a Mail solicitation b Internet and e c Phone solicitation d In-person soli 2 a Did the organization key employees lister	ons amail solicitations ations citations n have a written o nd in Form 990, Pa highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Y€	
(i) Name and address or entity (fundr		(ii) Activity	(iii) fundr have ci or con contribi	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid r retained by) fundraiser red in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				+
								+
								+
Total 3 List all states in whic or licensing.	h the organizatio	n is registered or licensed to solicit c	ontrib	▶ utions	or has been notified	it is e	exempt from r	egistration
LHA For Paperwork Re	duction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. S	Sched	lule G (Form	990 or 990-EZ) 2016

632081 09-12-16

## Schedule G (Form 990 or 990-EZ) 2016 GIRL SCOUTS OF WESTERN OHIO

31-0679091 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990 FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1 WOMEN OF DISTINCTION	(b) Event #2 THIN MINT SPRINT	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))						
		(event type)	(event type)	(total number)							
1	Gross receipts	198,624.	13,411.		212,035						
	Less: Contributions	197,994.			197,994						
3	Gross income (line 1 minus line 2)	630.	13,411.		14,041						
4	Cash prizes										
5											
6											
7	Food and beverages										
8											
9	Other direct expenses		6,184.		27,771						
<ul> <li>10 Direct expense summary. Add lines 4 through 9 in column (d)</li> <li>11 Net income summary. Subtract line 10 from line 3, column (d)</li> </ul>											
art	\$15,000 on Form 990-EZ, line 6a.		n 990, Part IV, line 19, or n		(d) Total gaming (ad						
1		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ac col. (a) through col. (						
1	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant								
1	\$15,000 on Form 990-EZ, line 6a. Gross revenue		(b) Pull tabs/instant								
	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	(a) Bingo	(b) Pull tabs/instant								
1	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	(b) Pull tabs/instant								
1 2 . 3 4	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo		col. (a) through col. (						
1 2 4 5 6	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (						
1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	(a) Bingo (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming (c) O	col. (a) through col. (						

**b** If "Yes," explain: \_\_\_\_\_

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

Sch	edule G (Form 990 or 990-EZ) 2016 GIRL SCOUTS OF WESTERN OHIO	31-0	679091	. Page 3
11	Does the organization conduct 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?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records			,,,
17		•		
	Name			
	Name			
	Address			
45.	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
SCI				
Ľ	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization P \$ and the amount of gaming revenue revenu	nt		
	of gaming revenue retained by the third party <b>&gt;</b> \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
-	retain the state gaming license?		Yes	No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in			
~	organization's own exempt activities during the tax year <b>&gt;</b> \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III lir	es 9 9b 1(	)b 15b
<u> </u>	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	, m	100 0, 00, 10	ы, тов,
6320		ءَ (Form	990 or 990	D-EZ) 2016
	34			

2016.05050 GIRL SCOUTS OF WESTERN OH 40000091

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Schedule G (Form 990 or 990-EZ)

632084 04-01-16

SCHEDULE I (Form 990)		Q Q Q Q M M M M M M M M M M M M M M M M	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States complete if the organization answered "Yes" on Form 990. Part IV. line 21 or 22.	er Assistand d Individual answered "Yes"	d Other Assistance to Organizations, ts, and Individuals in the United States anization answered "Yes" on Form 990. Part IV. line 21 or 2	izations, ted States t IV. line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		<ul> <li>Informatic</li> </ul>	Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/iform990.	Attach to Form 990. Form 990) and its instru	n 990. instructions is at	www.irs.aov/form990	č	Open to Public Inspection
Name of the organization	tion GIRL SCOUTS		TERN OHIO					Employer identification number 31 – 0679091
Part I General Ir	General Information on Grants and Assistance	id Assistance					_	 
1 Does the organi	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	amount of the grants o	or assistance, the ç	grantees' eligibility	for the grants or assis	tance, and the selection	Υ Λ <sub>22</sub>
2 Describe in Part	crueria used to award the grants of assistance? Describe in Part IV the organization's procedures for monitoring the use.	cedures for monito	oring the use of grant fi	of grant funds in the United States.	States.			
art II	Grants and Other Assistance to Domestic Organizations and Domestic Governments.	<b>Domestic Organiz</b>	ations and Domestic		omplete if the orge	inization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	/, line 21, for any
recipient t	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Part II can t	oe duplicated if additio		.be			
<b>1 (a)</b> Name and ar or go	<b>1 (a)</b> Name and address of organization or government	( <b>b</b> ) EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ld government org	anizations listed in the	line 1 table				
3 Enter total numb	Enter total number of other organizations listed in the line 1 table	listed in the line 1	table					
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructic	ons for Form 990.					Schedule I (Form 990) (2016)

632101 11-01-16

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Schedule I (Form 990) (2016) GIRL SCOUTS OF WESTERN OHIO	WESTERN C	OIH			31-0679091 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	sred "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MEMBERSHIP ASSISTANCE TO SPECIFC INDIVIDUALS	17744	297,199.	.0	FMV	VOUCHER FEE
CAMPERSHIPS/SCOUTERSHIP	767	109,217.	• • •	FMV	VOUCHER FEE
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	l uired in Part I, line	e 2; Part III, column	b); and any other ac	lditional information.	
PART I, LINE 2:					
SCOUTERSHIP AND MEMBERSHIP ASSISTANCE	ARE	PROVIDED TH	THROUGH A VO	VOUCHER TO	
THESE INDIVIDUALS. THESE VOUCHERS C	GENERATE	AN INTERNA	GENERATE AN INTERNAL TRANSFER OF	OF FUNDS	
FOR REQUIRED DUES OR EVENT FEES FOR	THESE	INDIVIDUALS			
632102 11-01-16					Schedule I (Form 990) (2016)

SC	HEDULE J   Compensation Information	1	OMB No. 1	545-004	17				
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		20	16					
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	L	20	10	)				
Depar	tment of the Treasury		Open to		ic				
Intern	al Revenue Service Information about Schedule J (Form 990) and its instructions is at www.irs.gov/forms		Inspe						
Nam	5	mployer ide			nber				
Da	GIRL SCOUTS OF WESTERN OHIO	31-06	0/909.	L					
Fa				N					
4-	Check the appropriate bay(a) if the argonization provided any of the following to ar far a person listed on Farm 00	n		Yes	No				
na	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99 Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	Ο,							
	First-class or charter travel Housing allowance or residence for personal								
	Travel for companions Payments for business use of personal resid								
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	01100							
	Discretionary spending account	chef)							
	,,, _,	,							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or								
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		_ 1b						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,								
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?								
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization	n'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								
	Form 990 of other organizations	ımittee							
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing								
	organization or a related organization:				X				
a L	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4a		X				
a	Participate in, or receive payment from, an equity-based compensation arrangement?				X				
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		. 40						
	r rescale any shares at s, not the persons and provide the applicable amounts for each right in Falt in.								
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.								
5	For persons listed on 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		Х				
b	Any related organization?		5b		Х				
	If "Yes" on line 5a or 5b, describe in Part III.								
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation								
	contingent on the net earnings of:								
а	The organization?		6a		X				
	Any related organization?				X				
	If "Yes" on line 6a or 6b, describe in Part III.								
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments								
	not described on lines 5 and 6? If "Yes," describe in Part III		7		X				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				37				
_			. 8		X				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in								
	Regulations section 53.4958-6(c)?		9						
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedul	e J (Forn	ו 990)	2016				

632111 09-09-16

Schedule J (Form 990) 2016 GIRL \$	SC	SCOUTS OF WESTERN	STERN OHIO		31-0679091	091		Page 2
Part II   Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	nplo	yees, and Highest C	compensated Emplo	oyees. Use duplica	te copies if additional s	pace is needed.		
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.	ere Drm	ported on Schedule J 990, Part VII.	l, report compensatio	on from the organiz	ttion on row (i) and fron	related organization	s, described in the instr	uctions, on row (ii).
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.	u i	dividual must equal th	ne total amount of Fc	orm 990, Part VII, Se	ction A, line 1a, applic	able column (D) and (E	<ul> <li>amounts for that individual</li> </ul>	idual.
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC 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 deterred compensation	Deneills	(n)-(l)(q)	in column (b) reported as deferred on prior Form 990
(1) RONI J. LUCKENBILL		189,447.	.0	.0	9,939.	8,966.	208,352.	0
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Page <b>3</b>											90) 2016
31-0679091	this part for any additional information.										Schedule J (Form 990) 2016
Schedule J (Form 990) 2016 GIRL SCOUTS OF WESTERN OHIO	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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	Complete if the org	anizations a	answered "Yes" o	n Form 990, Part IV, lines 2	9 or 30.	20	IU	,
	Ment of the Treasury	).				Open To Inspe	o Publ	
Nam	e of the organization	Schedule IVI	(Form 990) and it	s instructions is at <u>www.irs</u>		r identificati		
T tall	GIRL SCOUTS		TTRN OHTO			31-0679		
Pa		OF WED			~	<u>, , , , , , , , , , , , , , , , , , , </u>		
L		(a)	(b)	(c)	1	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line 1g		d of determir ontribution a	<u> </u>	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1	43,864.	STOCK EX	CHANGE	VA:	LUE
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other $_{\dots}$							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ( )							
28	Other ()							
29	Number of Forms 8283 received by the organi	-						
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledç	gement 29				T
~~							Yes	No
30a	During the year, did the organization receive b	-						
	must hold for at least three years from the dat							v
_	exempt purposes for the entire holding period	?				<u>30a</u>		X
	If "Yes," describe the arrangement in Part II.			- 6	H0			v
31	Does the organization have a gift acceptance		•	-	uons?	31		X
32a	Does the organization hire or use third parties		-					x
	contributions?					<u>32a</u>		
	If "Yes," describe in Part II. If the organization didn't report an amount in c	olumn (a) fa	rotupo of proport	(for which column (a) is the	akad			
33	describe in Part II.			a son which column (a) is che	JAOU,			
								1

**Noncash Contributions** 

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

Schedule M (Form 990) (2016)

OMB No. 1545-0047

2016

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**SCHEDULE M** 

(Form 990)

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## 13390214 758050 4000009-886

Schedule M	1 (Form 990) (2016)	GIRL	SCOUTS	OF	WESTERN	OHIO
Part II	Supplemental	Inform	ation. Provid	de the	information requ	uired by Part I

Page 2 **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

<u>31-0679091</u>

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2016.05050 GIRL SCOUTS OF WESTERN OH 40000091

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990 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.	-EZ	OMB No. 1545-0047 <b>2016</b> Open to Public		
Department of the Treasury Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/f		Inspection		
Name of the organization		er identification number 0679091			
FORM 990, PA	RT VI, SECTION A, LINE 6:				
ACCORDING TO	THE COUNCIL BYLAWS, MEMBERS OF THE CORPORATIO	N ARE	DEFINED AS		
ALL ACTIVE A	OULT VOLUNTEERS AND ALL ACTIVE GIRL MEMBERS, 1	4 YEAR	S OF AGE		
AND OLDER WH	O ARE REGISTERED IN THE GIRL SCOUTS MOVEMENT T	HROUGH	THE		
COUNCIL.					
FORM 990, PA	RT VI, SECTION A, LINE 7A:				
MEMBERS OF T	HE CORPORATION, ACCORDING TO THE COUNCIL BYLAW	S, SHA	LL ELECT		
OFFICERS OF '	THE COUNCIL, MEMBERS OF THE BOARD OF DIRECTORS	, MEMB	ERS OF THE		
BOARD DEVELOPMENT COMMITTEE, AND DELEGATES AND ALTERNATE DELEGATES TO THE					
NATIONAL COU	NCIL.				
FORM 990, PA	RT VI, SECTION B, LINE 11B:				
THE 2014 FORM	M 990 WILL BE REVIEWED BY BOTH MANAGEMENT AND	THE AU	DIT		
COMMITTEE PRIOR TO BEING FILED AND WILL BE AVAILABLE TO ALL BOARD MEMBERS					
ON THE BOARD WEBSITE.					
FORM 990, PART VI, SECTION B, LINE 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					
MUST AVOID CONFLICTS 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.					

FORM 990, PART VI, SECTION B, LINE 15:

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2016)

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Schedule O (Form 990 or 990-EZ) (2016)	Page <b>2</b>				
Name of the organization GIRL SCOUTS OF WESTERN OHIO	Employer identification number 31-0679091				
THE PROCESS FOR DETERMINING COMPENSATION FOR THE CEO INCLU	DES 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.					
THE COMPENSATION OF KEY EMPLOYEES OF THE ORGANIZATION IS 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.					

FORM 990, PART VI, SECTION C, LINE 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

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MAJOR PROGRAM OFFERINGS. GOVERNING DOCUMENTS AND AUDITED FINANCIAL

STATEMENTS ARE PROVIDED TO THE GENERAL PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C:

THE PROCESS HAS NOT CHANGED.

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2016.05050 GIRL SCOUTS OF WESTERN OH 40000091