Form	9	9	0	
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## Return of Organization Exempt From Income Tax

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

Department of the Treasury

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at *www.irs.gov/form900*.

OMB No. 1545-0047

		enue Service Information about Form 99						Inspection
A F	or th	ne 2021 calendar year, or tax year beginning	10/	01/2021	and endin			/30/2022
R o	heck if ap	C Name of organization				D Employer ic	entific	ation number
	_	GIRL SCOUTS OF WESTERN OHIO						
	Addre	ge Doing Business As				31-067		
	Name	e change Number and street (or P.O. box if mail is not delivered to st	treet address	s) R	Room/suite	E Telephone r	umber	
	Initial	I return 4930 CORNELL ROAD				(513)6	19-	1440
	Termi	ninated City or town, state or province, country, and ZIP or foreign	postal code					
	Amen returr	n CINCINNAIL, OH 45242				G Gross receipt	ots \$	21,296,771.
	Applic pendi	ication ing <b>F</b> Name and address of principal officer: AIMEE	SPROLES	5		H(a) Is this a gro subordinate		rn for Yes X No
		4930 CORNELL ROAD, CINCINNATI, (	<u>OH 4524</u>	12		H(b) Are all subor	dinates in	Included?
I	Tax-ex	xempt status: X 501(c)(3) 501(c) ( ) ◀ (insert	t no.)	4947(a)(1) or	527	/ If "No," atta	.ch a list	. (see instructions)
J	Websi	ite: NWW.GSWO.ORG				H(c) Group exen	ption nu	umber 🕨
К	Form of	of organization: X Corporation Trust Association	Other 🕨		L Year of	formation: 1965 M	State	of legal domicile: OH
Pa	art I	Summary						
	1	Briefly describe the organization's mission or most significant	nt activities	: <u>GIRL</u> S	SCOUTING	BUILDS_GIRL	S_OF	F_COURAGE,
Ce		CONFIDENCE, AND CHARACTER, WHO MAKE	THE WC	RLD A BE	ETTER PI	LACE.		
Governance								
Nel		Check this box ▶ if the organization discontinued its	•	•			1 1	
		Number of voting members of the governing body (Part VI, I					3	22
ss 8		Number of independent voting members of the governing b					4	22
/itie	5	Total number of individuals employed in calendar year 2021	(Part V, lir	ne 2a)			5	249
Activities &							6	10,283
◄		Total unrelated business revenue from Part VIII, column (C),					7a	
	b	Net unrelated business taxable income from Form 990-T, lin	e 34				7b	NONE
						Prior Year	$ \rightarrow $	Current Year
e		Contributions and grants (Part VIII, line 1h)		COPY	FOR	2,984,2		1,630,683.
Revenue		Program service revenue (Part VIII, line 2g)		PUBLIC INS	-	676,5		687,908.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)				1,730,2		1,294,426.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c				9,096,3		9,662,529.
		Total revenue - add lines 8 through 11 (must equal Part VIII,				14,487,4		13,275,546.
		Grants and similar amounts paid (Part IX, column (A), lines 1				427,8		328,644.
	14	Benefits paid to or for members (Part IX, column (A), line 4)					ONE	NONE
ses	15	Salaries, other compensation, employee benefits (Part IX, co				8,203,0		8,873,931.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				N	ONE	NONE
Ä	b	Total fundraising expenses (Part IX, column (D), line 25)				E 100 4		<b></b>
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				5,183,4		5,538,933.
		Total expenses. Add lines 13-17 (must equal Part IX, column	( ).			13,814,3		14,741,508.
- 0	19	Revenue less expenses. Subtract line 18 from line 12	<u></u>			673,1		-1,465,962.
Net Assets or Fund Balances	~					Beginning of Current		End of Year
<b>Vsse</b> Bala	20	Total assets (Part X, line 16)				40,933,7		35,553,607.
und /	21	Total liabilities (Part X, line 26)				2,037,9		2,441,638.
	22 rt	Net assets or fund balances. Subtract line 21 from line 20. Signature Block	<u></u>			38,895,7	97.	33,111,969.
		nalties of perjury, I declare that I have examined this return, includir		anvina schedule	s and statem	ents and to the best o	hf_mv_k	nowledge and belief it is
true	e, corre	ect, and complete. Declaration of preparer (other than officer) is based	on all inform	nation of which	preparer has	s any knowledge.		
Sig	n	Signature of officer				Date		
He	re							
		Type or print name and title						
		Print/Type preparer's name Preparer's signa	ature		Date	Check	if F	PTIN
Paic	ł	AARON HERSHBERGER	/	Lunes	3/8/20	)23 self-employ	_ "	P00961884
	parer	Firm's name FORVIS I.I.D		Ju	1	Firm's EIN		4-0160260
Use	Only	Firm's address 312 WALNUT STREET, SUITE 3000 CI	NCINNATT	OH 45202		Phone no.		13-621-8300
May	the I	RS discuss this return with the preparer shown above? (see in						X Yes No

Form 990 (2021)

GIRL	SCOUTS	OF	WESTERN	OHIO	
01111	00010	<u> </u>	HEO FERG	01120	

For	m 990 (2021) Page
Pa	art 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.
	WIO MARE THE WORLD'A DETTER FLACE.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 l expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 11,904,801. including grants of \$ 328,644. ) (Revenue \$ 10,302,127. )
	SEE SCHEDULE O
<u>4</u> h	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
70	
-	
4C	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
<b>A</b> -	(Expenses \$ including grants of \$ ) (Revenue \$ )
JSA	
1E1	020 1.000 FOIN 330 (202

Form 990 (2021)

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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? If "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 Rev. Proc. 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? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
Ŭ	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
0	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 donor-restricted endowments	5	Λ	
10	or in 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,	10	Δ	
	VII, VII, IX, or X, as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	11a	A	
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u		114		v
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	TTe		
1	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		v
120		111		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100	37	
h	Schedule D, Parts XI and XII.	12a	X	
d	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.01-		37
40	"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)? <i>If "Yes," complete Schedule E</i> .	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ά	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	4 41-		77
4 5	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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			37
4.0	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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		_	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
<i></i>	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	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			
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
JSA 1E1021	1.000	Form	990	(2021)

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	
24 a	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		
25 a	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		X
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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		v
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," complete Schedule M	28c 29	Х	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	Δ	
50	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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
35 a	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	1		
	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		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 on Schedule O for Part VI, lines 11b and			
D	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	<u> </u>
Part				
	Check if Schedule O contains a response or note to any line in this Part V	•••	Yes	No
4.0	Enter the number reported in box 3 of Form 1006. Enter 0 if not applicable		162	NO
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a24Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1bNONE			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>   <u>NONE</u> Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 1E1030				(2021)

Yes No

#### GIRL SCOUTS OF WESTERN OHIO

Form 990 (2021)

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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 249			
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 on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial 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		
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			
	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		
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	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	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.)			
	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.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	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	-		
		140		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		Λ
16		16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		
17				
.,	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
JSA		Form	990	(2021)

Form 9	90 (2021) GIRL SCOUTS OF WESTERN OHIO 31-0679	091	F	Page <b>6</b>
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 on Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			37
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		X X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	X	
6	Did the organization have members or stockholders?	0	Λ	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	х	
	one or more members of the governing body?	10	Λ	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		х
٥	stockholders, or persons other than the governing body?	1.5		
8	the year by the following:			
•	The governing body?	8a	х	
a b	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 reached at			
Ŭ	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	37	
a	The organization's CEO, Executive Director, or top management official	15a 15b	X X	
b	Other officers or key employees of the organization	150	Λ	
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	lou		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7	(sec	tion 5	01(c)
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(		- (-)
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inte	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s 🕨		
	PATRICK POLLEY, 4930 CORNELL ROAD, CINCINNATI, OH 45242			
JSA	513-619-1440	Form	990	(2021)
1E1042				
	3096PG D410 02/02/2023 14:41:01		10	

31-0679091

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	an
	Independent Co	ontra	actors								

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s

• 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. See the instructions for the order in which to list the persons above.

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

		(C)										
(A)	(B)	(do r			sition	e than c	ne	(D)	(E)	(F)		
Name and title	Average hours	`				is both		Reportable compensation	Reportable compensation	Estimated amount of other		
	per week					or/trust		from the	from related	compensation		
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Former Highest compensated employee Key employee Officer		iona		Former Highest compensated employee		organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) RONI LUCKENBILL	40.00											
CEO	NONE			Х				234,833.	NONE	20,352.		
(2) SUSAN OSBORN	40.00			Δ				231,033.	INCINE	20,352.		
C00	NONE	-			x			153,581.	NONE	15,019.		
(3) LINDA ODENBECK	40.00							100,001				
CFO - END 11/2021	NONE			х				118,356.	NONE	15,136.		
(4) SUSAN REDMAN-RENGSTORF	40.00											
VP OF SPECIAL CAPITAL CAMPAIGN	NONE					x		116,512.	NONE	12,873.		
(5) PAT POLLEY	40.00											
CFO - START 10/2021	NONE			Х				26,924.	NONE	NONE		
(6) VICTORIA NILLES	1.00											
BOARD CHAIR	NONE	Х		Х				NONE	NONE	NONE		
(7) CASSIE BARLOW	1.00											
1ST VICE CHAIR	NONE	Х		Х				NONE	NONE	NONE		
(8) KIMBER FENDER	1.00											
2ND VICE CHAIR	NONE	Х		Х				NONE	NONE	NONE		
(9) PATRICE BORDERS	1.00	-										
SECRETARY	NONE	Х		Х				NONE	NONE	NONE		
(10) JENNY MICHAEL	1.00	-										
TREASURER	NONE	X		Х				NONE	NONE	NONE		
(11) MARIA ARCOCHA WHITE	1.00	-										
BOARD MEMBER	NONE	Х						NONE	NONE	NONE		
(12) SHERI BOGARDUS	1.00	-										
BOARD MEMBER	NONE	X						NONE	NONE	NONE		
(13) ANGELA CARTER	1.00											
BOARD MEMBER	NONE	X						NONE	NONE	NONE		
(14) CHRISTINE CASTELLANO	1.00											
BOARD MEMBER	NONE	X						NONE	NONE	NONE		

Form 990 (2021)

#### GIRL SCOUTS OF WESTERN OHIO

	COUTS OF	WESI	ERI	N C	DHI	0			31-0679	
Form 990 (2021) Part VII Section A. Officers, Directors,	Trustees, Ke	v Fm	nplo	vee	as.	and	Hia	hest Compensat	ed Employees (	Page <b>8</b>
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r box,	not ch unles	Pos neck	c) ition more		one n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
( 15) MICHELLE FURLONG BOARD MEMBER	1.00 NONE	x						NONE	NONE	NONE
( 16) CORINNE HEMESATH BOARD MEMBER	<u>1.00</u> NONE	x						NONE	NONE	NONE
( 17) THERESA HIRSCHAUER BOARD MEMBER	<u>1.00</u>	x						NONE	NONE	NONE
( 18) JACKIE JANNING-LASK BOARD MEMBER - TERM ENDED	1.00 NONE	x						NONE	NONE	NONE
( 19) JAIME LANHAM BOARD MEMBER	<u>1.00</u> NONE	x						NONE	NONE	NONE
( 20)_TEANYA NORWOOD-EKWENNA BOARD MEMBER	<u>1.00</u> NONE	x						NONE	NONE	NONE
( 21) RHONDA REAGH BOARD MEMBER	1.00 NONE	x						NONE	NONE	NONE
( 22) MONIQUE SEWELL BOARD MEMBER	<u>1.00</u>	X						NONE	NONE	NONE
( 23) RHONDA SMITH BOARD MEMBER	<u>1.00</u>	x						NONE		
( 24) KARLA TANKERSLEY	1.00									

24) KARLA TANKERSLEY	1.00										
BOARD MEMBER	NONE	Х					NONE	NONE	NONE		
25) PAM VISCIONE	1.00										
BOARD MEMBER	NONE	Х					NONE	NONE	NONE		
1b Sub-total							650,206.	NONE	63,380.		
c Total from continuation sheets to Part VII, S						►	NONE	NONE	NONE		
d Total (add lines 1b and 1c)							650,206.	NONE	63,380.		
2 Total number of individuals (including but not	2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 🕨 4

3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

		-	
	(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

(

#### GIRL SCOUTS OF WESTERN OHIO

Form 990 (2021) Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ove	es,	and H	liq	hest Compensat	ed Employee	s (cont		Page <b>8</b>
(A) Name and title	(B) Average hours per week (list any hours for	(do i box,	not c unle:	Pos heck	C) ition more erson	e than o is both or/trust	one an	(D) Reportable compensation from the	(E) Reportable compensation fr related organizations	om	(F) Estimate amount o other compensa	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		from the organizati and relate organizatio	e ion ed
26) AMY WALTER	1.00											
BOARD MEMBER	NONE	X						NONE	NC	NE		NON
27) CAROLE WILLIAMS	1.00	_										
BOARD MEMBER	NONE	Х						NONE	NC	NE		NON
28) VONDA WILLIS	1.00											
BOARD MEMBER	NONE	X						NONE	NC	)NE		NON
		-										
		-										
		-										
		-										
1b Sub-total c Total from continuation sheets to Part VII, S	ection A	•••	••	• •	••							
d Total (add lines 1b and 1c)												
2 Total number of individuals (including but not reportable compensation from the organization	limited to t				bove	e) who	o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	X
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	50,0	00?	lf	"Yes	s,"	complete Schedu	le J for sucl	n	4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Ye</i>	accrue co	mpen	sati	on f	fron	n any	un	related organizatio	on or individua	ı –	5	X
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest com compensation from the organization. Report of year.</li> </ol>											tax	
(A) SEE SCHEDULE O Name and business add	Iress							<b>(B)</b> Description of se	rvices	Com	(C) pensation	
2 Total number of independent contractors (in		ut no	t lin	nite	d to	thos		isted above) who	received			

1

more than \$100,000 in compensation from the organization **>** 

#### Form 990 (2021)

#### GIRL SCOUTS OF WESTERN OHIO Part VIII Statement of Revenue

Г -

		Check if Schedule	e O co	ontains a r	espor	nse or note to any	y line in this Part \	/		
							(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns			1a	98,297.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
٥Ĕ	c	Fundraising events		Г	1c					
fts r A	d	Related organizations		Г	1d					
ila	e	Government grants (co		Г	1e					
Sin	f	All other contributions,		· [						
er (		and similar amounts not in	-	-	1f	1,532,386.				
ibu	g	Noncash contributions		-		,,				
d d f	9	lines 1a-1f			10	\$ 98,801.				
ãС	h	Total. Add lines 1a-1f		-			1,630,683.			
		Total. Add lines ta 11				Business Code	1,000,000.			
e		PROGRAM FEES AND DUES	2			713990	687,908.	687,908.		
, vi	2a					713330	007,900.	007,500.		
Ser	b									
Ē	c									
Program Service Revenue	d									
õ	е									
а.	f	All other program servi								
	g	Total. Add lines 2a-2f					687,908.			
	3	Investment income (	•	0		-	676 470			676.470
		other similar amounts).					676,472.			676,472.
	4	Income from investme		•		· . [	NONE			
	5	Royalties	• • •	1			NONE			
				(i) Rea	l	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	c	Rental income or (loss)	6c		NONE	: NONE				
	d	Net rental income or (lo	ss) 🛯			<u></u> ▶	NONE			
	7a	Gross amount from		(i) Securi	ties	(ii) Other				
		sales of assets								
		other than inventory	7a	2,102	2,709.	30,000.				
e	b	Less: cost or other basis								
Revenue		and sales expenses	7b	1,507	7,941.	6,814.				
é	c	Gain or (loss)	7c	594	1,768.	23,186.				
	d	Net gain or (loss)				<b>.</b> •	617,954.			617,954.
Other	8a	Gross income from	m t	fundraising						
0		events (not including \$								
		of contributions rep								
		1c). See Part IV, line 18			8a	57,565.				
	ь	Less: direct expenses				9,255.				
	c	Net income or (loss) fr					48,310.			48,310.
	9a		rom	gaming						
		activities. See Part IV, li		0 0	9a	NONE				
	b	Less: direct expenses			9b	NONE				
	c	Net income or (loss) fi					NONE			
	10a	Gross sales of in								
	10a	returns and allowances			10a	16,001,784.				
	L .					6,497,215.				
	b c	Less: cost of goods sold Net income or (loss) fro	u . om sa	les of invent			9,504,569.	9,504,569.		
					y.	Business Code	J,JU4,JUJ.	2,304,309.		
Miscellaneous Revenue		MICODIIANDONO				900099	100 650	100 (50		
nec	11a	MISCELLANEOUS				300033	109,650.	109,650.		
ver	b									
Re	с									
Miš	d	All other revenue								
	e	Total. Add lines 11a-11					109,650.			
	12	Total revenue. See ins	tructio	ons		Þ 🗆	13,275,546.	10,302,127.		1,342,736

#### Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 NONE 2 Grants and other assistance to domestic 328,644 328,644. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and NONE foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members NONE Compensation of current officers, directors, 5 trustees, and key employees 584,201. 459,043. 75,214. 49,944. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages 5,837,718. 4,587,056. 751,584. 499,078. 764,566. 98,435. 65,364. 600,767. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 1,219,362 958,128 156,988 104,246. 9 367,803. 468,084. 60,264. 40,017. Payroll taxes 10 11 Fees for services (nonemployees): NONE a Management 17,795 27,499 8,278 1,425. **b** Legal 52,910 34,240 15,928. 2,743. c Accounting NONE d Lobbying NONE e Professional fundraising services. See Part IV, line 17. 92,554. 92,554. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 571,969 370,137. 172,184. 29,648. (A), amount, list line 11g expenses on Schedule O.) Advertising and promotion 41,356 37,523 1,504 2,329. 12 1,586,972. 1,439,894. 57,723. <u>89,355</u>. 13 Office expenses 14 Information technology NONE NONE 15 Royalties Occupancy 1,027,671. 868,331. 102,426 56,914. 16 306,872. 270,582. 24,813. 11,477. 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials 58,563 8,021 3,258. Conferences, conventions, and meetings 69,842 19 Interest 18,312 16,615. 666. 1,031 20 NONE Payments to affiliates 21 947,342 Depreciation, depletion, and amortization 1,109,269. 106,874. 55,053. 22 311,791. 265,357. 30,956. 15,478. Insurance 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a EQUIPMENT PURCHASE & REPAIR 113,067 95,536. 11,269. 6,262. 51,913 47,102 2,923. CAMPAIGN EXPENDITURES 1,888 b c BAD DEBT 18,243 16,552. 664. 1,027. d SOFTWARE & LICENSES 129,011 109,008. 12,858. 7,145. 9,682 8,783. 353. 546. e All other expenses Total functional expenses. Add lines 1 through 24e 14,741,508. 11,904,801. 1,791,444. 1,045,263. 25 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and

Form 990 (2021)

if

fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

Form 990 (2021)

Page	1	1

	Check if Schedule O contains a response or note to any line in this Pa		<u> </u>	
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	4,421,150.	1	1,719,979
2	Savings and temporary cash investments.	NONE	2	NON
3	Pledges and grants receivable, net	531,313.	3	339,263
4	Accounts receivable, net	977,661.	4	1,010,816
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NON
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NON
2 7	Notes and loans receivable, net	NONE	7	NON
Assets 8 8	Inventories for sale or use	252,191.	8	251,358
₹  9	Prepaid expenses and deferred charges	158,231.	9	157,174
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D			
b	Less: accumulated depreciation	12,593,000.	10c	13,264,690
11	Investments - publicly traded securities	20,927,793.	11	17,972,326
12	Investments - other securities. See Part IV, line 11	NONE	12	NON
13	Investments - program-related. See Part IV, line 11	NONE	13	NOI
14	Intangible assets	NONE	14	NON
15	Other assets. See Part IV, line 11	1,072,382.	15	838,001
16	Total assets. Add lines 1 through 15 (must equal line 33)	40,933,721.	16	35,553,607
17	Accounts payable and accrued expenses	693,778.	17	1,110,878
18	Grants payable	NONE	18	NON
19	Deferred revenue	1,344,146.	19	1,330,760
20	Tax-exempt bond liabilities	NONE	20	NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
ູ 22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	22	NOI
j 23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NOI
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NOI
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	NONE	25	NOM
26	Total liabilities. Add lines 17 through 25	2,037,924.	26	2,441,638
Ices	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	34,516,688.	27	29,444,249
<u>°</u> 28	Net assets with donor restrictions	4,379,109.	28	3,667,720
27 28 27 201 2010 2010 2010 2010 2010 2010 20	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
5 32	Total net assets or fund balances	38,895,797.	32	33,111,969
32 33	Total liabilities and net assets/fund balances	40,933,721.	33	35,553,607
			55	Form <b>990</b> (202

GIRL SCOUTS OF WESTERN OHIO

Form 99	90 (2021)				Pa	ge <b>12</b>
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	1	3,2	75,	546.
2	Total expenses (must equal Part IX, column (A), line 25)	2				508.
3	Revenue less expenses. Subtract line 2 from line 1	3	_	1,4	65,	962.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	8,8	95,	797.
5	Net unrealized gains (losses) on investments	5	_	4,3	17,	866.
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 on Schedule O).	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	3	3,1	11,	<u>969</u> .
Part						
	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					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	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 com	piled	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?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	rsigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	-		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th 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 und	ergo	the			-
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	•		3b		

Form **990** (2021)

SCHEDULE A (Form 990)

## 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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Nam	e of the organization					Employer identif	ication number
GIF	RL SCOUTS OF WESTERN O						679091
Pa			-			,	S.
The	organization is not a private fou			-	•	,	
1	A church, convention of ch					70(b)(1)(A)(i).	
2	A school described in <b>secti</b>						
3	A hospital or a cooperative		-				
4	A medical research organiz		conjunction with a hose	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
-	hospital's name, city, and s					rated by a gaugerous	ntal unit described in
5	An organization operated		a college of universit	ly owned	a or ope	erated by a governme	antai unit described in
6	section 170(b)(1)(A)(iv). (C A federal, state, or local go		romontal unit describe	d in <b>soct</b>	ion 170(	b)(1)(A)(y)	
7	$\mathbf{x}$ An organization that norm						om the general public
•	described in section 170(b)	-	•	ipport in	om a go		on the general public
8	A community trust describe			e Part II.)			
9	An agricultural research or	-				I in conjunction with a	land-grant college
	or university or a non-land-	-			-		
	university:						
10	An organization that norma receipts from activities rela support from gross investin acquired by the organizatio	ated to its exempt f nent income and up on after June 30, 19	functions, subject to c nrelated business tax 975. See <b>section 509</b>	ertain ex able inco (a)(2). (0	ceptions ome (les: Complete	s; and (2) no more that s section 511 tax) from e Part III.)	n 331/3 % of its
11 12	An organization organized		•				rny out the nurneses of
12	one or more publicly suppo	•	•				• • •
	the box on lines 12a throug	-					
а	<b>Type I.</b> A supporting org	-				-	-
	the supported organization	-					
	supporting organization.						
b	<b>Type II.</b> A supporting org	anization supervise	ed or controlled in co	nnectior	with its	supported organizati	on(s), by having
	control or management of	of the supporting o	organization vested in	the sam	e persor	ns that control or mar	hage the supported
	organization(s). <b>You mus</b> t	t complete Part IV	, Sections A and C.				
С	Type III functionally inte						lly integrated with,
	its supported organization						
d		•		•			• • • • •
	that is not functionally into		• •	•		•	d an attentiveness
~	requirement (see instruct	,	•				
е	functionally integrated, or					••••••	п, туре п
f	Enter the number of supported				nyanizai		
g		•					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				Yes	No	mondonoj	
(A)							
(B)							
(C)							
(D)							
(E)							
Tota	al						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 1E1210 1.000 Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,557,943.	2,321,149.	1,386,935.	2,984,230.	1,630,683.	9,880,940.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	1,557,943.	2,321,149.	1,386,935.	2,984,230.	1,630,683.	9,880,940.
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).						NONE
6	Public support. Subtract line 5 from line 4						9,880,940.
	tion B. Total Support						3,000,310.
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,557,943.	2,321,149.	1,386,935.	2,984,230.	1,630,683.	9,880,940.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	542,017.	585,277.	474,235.	475,775.	676,472.	2,753,776.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	221,115.	270,672.	208,740.	898,388.	109,650.	1,708,565.
11	Total support. Add lines 7 through 10						14,343,281.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	84,381,691.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u> </u>					
Sec	tion C. Computation of Public Sup	port Percenta	ge			I	
14	Public support percentage for 2021 (lin		· · · · · ·			14	68.89 <b>%</b>
15	Public support percentage from 2020					15	70.22 %
16a	331/3% support test - 2021. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2020. If the org						
	this box and <b>stop here.</b> The organization	-		-			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization						
	Part VI how the organization meets t			•	•		
ь	organization						
D	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organization month					•	
	in Part VI how the organization meets			-	-		
18	organization. Private foundation. If the organizatio						
10	•						
	instructions						

Schedule A (Form 990) 2021

Page 3

_	t III Support Schedule for Organ (Complete only if you checked If the organization fails to qua	ed the box or	line 10 of Pai	rt I or if the org			Pa der Part II.
Sec	tion A. Public Support			elow, please co	Simplete i art i	•)	
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees	(1) _ 0	(,		(0) = 0 = 0	(0) = 0 = 0	(1) 1 2 1 2.
-	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sec	line 6.)						
_	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6.	. ,					
	Gross income from interest, 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						
с	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,						
	140)						
	and 12.)			d third fourth	or fifth tax ye	ar as a section	501(c)(3)
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	u, innu, nourin,	,		
14	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u></u>			-		
14	<b>First 5 years.</b> If the Form 990 is for organization, check this box and <b>stop here</b> . tion C. Computation of Public Supp	ort Percenta	ge			••••••••••••••••••••••••••••••••••••••	
14	<b>First 5 years.</b> If the Form 990 is for organization, check this box and <b>stop here</b> . <b>tion C. Computation of Public Supp</b> Public support percentage for 2021 (line 8,	ort Percenta column (f), divid	<b>ge</b> led by line 13, colu	mn (f))		15	· · · . ▶ [
14 Sec 15 16	First 5 years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Supp Public support percentage for 2021 (line 8, Public support percentage from 2020 Sched	<b>ort Percenta</b> column (f), divid lule A, Part III, lir	<b>ge</b> led by line 13, colu ne 15	mn (f))			
14 Sec 15 <u>16</u> Sec	First 5 years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Supp Public support percentage for 2021 (line 8, Public support percentage from 2020 Sched tion D. Computation of Investment	ort Percenta column (f), divid lule A, Part III, lir Income Perc	ge led by line 13, colu ne 15	mn (f))		15 16	
14 Sec 15 16	First 5 years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Supp Public support percentage for 2021 (line 8, Public support percentage from 2020 Sched	ort Percenta column (f), divid lule A, Part III, lir Income Perc e 10c, column (	ge led by line 13, colu ne 15 centage f), divided by line	mn (f))	·····	15	· · · · • •

17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ... > b 331/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Schedule A (Form 990) 2021

% %

% % (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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.
- Did the organization have any supported organization that does not have an IRS determination of status 2 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 (as 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).
- Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 8 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on 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 line 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.)

JSA

21

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2021

Part	<b>Supporting Organizations</b> (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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	11c		

#### Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
-				

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.

#### Section 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

#### Section 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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in <b>Part VI</b> the role the organization's</i>			
	supported organizations played in this regard.	3		

#### Section 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).					
а	a The organization satisfied the Activities Test. Complete line 2 below.					
b	The organization is the parent of each of its supported organizations. Complete line 3 below.					
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	ruction	s).			
•	A striction Test. Answer lines On and Ob holes.	Yes	No			
2	Activities Test. Answer lines 2a and 2b below.					

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2a

2b

3a

2

## 31-0679091

GIRL SCOUTS OF WESTERN OHIO		31-	0679091
Schedule A (Form 990) 2021			Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1 Check here if the organization satisfied the Integral Part Test as a qualifyir instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 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-functiona	Illy integra	ted Type III supporting	g organization

(see instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed				
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - p		5				
6	Other distributions (describe in Part VI). See instructions.		6				
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	onsive					
	(provide details in <b>Part VI</b> ). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	ection E - Distribution Allocations (see instructions) (i) (ii) Underdistribution Pre-2021			າຣ	(iii) Distributable Amount for 2021		
_1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021						
	(reasonable cause required - <i>explain in <b>Part VI</b>).</i> See						
	instructions.						
3	Excess distributions carryover, if any, to 2021						
a	From 2016						
b	From 2017						
C	From 2018						
d	From 2019						
e	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
i	Carryover from 2016 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from						
	Section D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, <i>explain in <b>Part VI.</b></i> See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, <i>explain in</i>						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c. Breakdown of line 7:						
8	Excess from 2017						
a b	Excess from 2017						
	Excess from 2018						
 d	Excess from 2019						
e	Excess from 2021						

Schedule A (Form 990) 2021

#### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number

GIRL SCOUTS OF WESTERN	I OHIO	31-0679091
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 fou	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion
	501(c)(3) taxable private foundation	

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**

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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	GIRL SCOUTS OF WESTERN OHIO		31-0679091
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$130,720.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	<u>N/A</u>	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$ 50,111.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	<u>N/A</u>	\$ 48,690.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	<u>N/A</u>	\$382,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

JSA

Schedule B (Form 990) (2021) Name of organization

	(Form 990) (2021)		Pag
lame of o	rganization GIRL SCOUTS OF WESTERN OHIO		entification number
Part II	Noncash Property (see instructions). Use duplicate copies		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	STOCK		
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	STOCK		
		\\$48,690	07/25/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		(r	
		\$	
(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
		\$	
		Ť	

Page 3

	(Form 990) (2021)			Page 4			
Name of or				Employer identification number			
Dort III	GIRL SCOUTS OF WESTER		reconizations dass	31-0679091			
	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	the year from any ons completing Par e year. (Enter this in	one contributor. One contributor. One contributor. One contributor of the total of total of the total of the total of total	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,			
(a) No. from	(b) Purpose of gift	(c) Use	of aift	(d) Description of how gift is held			
Part I				(u) Description of now girt is new			
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee			
(a) No.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Relations	hip of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee			
JSA				Schedule B (Form 990) (2021)			

SCHEE	DULE D	
(Form	990)	

Department of the Treasury

# 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. ·····

20 21 **Open to Public** 

OMB No. 1545-0047

Inter	artment of the Treasury nal Revenue Service	► Go to www.irs.gov	/Form990 for instructions and the latest infor		Inspection
Nam	e of the organization			Employer ider	ntification number
GI	RL SCOUTS OF W				579091
Pa		-	ised Funds or Other Similar Funds o	or Accounts.	
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds	and other accounts
1		nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5	-		advisors in writing that the assets held		
_	-		e organization's exclusive legal control?		
6	-	-	and donor advisors in writing that grant f		
			fit of the donor or donor advisor, or for		
D		ition Easements.	<u></u>		Yes No
Pa			"Yes" on Form 990, Part IV, line 7.		
1			e organization (check all that apply).		
•		n of land for public use (for example		of a historical	y important land area
		of natural habitat			historic structure
		n of open space			
2			eld a qualified conservation contribution i	n the form of a	conservation
		last day of the tax year.	•		t the End of the Tax Year
а				2a	
b			s	2b	
с	Number of conser	rvation easements on a certified	historic structure included in (a)	2c	
d	Number of conse	rvation easements included in (	c) acquired after 7/25/06, and not on a		
				2d	
3	Number of conse	rvation easements modified, tra	nsferred, released, extinguished, or term	ninated by the	organization during the
	tax year 🕨				
4			ervation easement is located		
5			garding the periodic monitoring, inspec		
			sements it holds?		
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations, and enforcing	g conservation e	asements during the year
7	Amount of overage		ting, handling of violations, and enforcing o		accordents during the year
'	►\$	ses incurred in monitoring, inspec	ting, nandling of violations, and enforcing t	Conservationea	isements during the year
8		vation easement reported on line	2(d) above satisfy the requirements of sect	tion 170(h)(4)(F	3) <i>(</i> i)
Ū					
9	In Part XIII. descri	ibe how the organization reports	conservation easements in its revenue ar	nd expense state	ement and
-		<b>u</b> 1	of the footnote to the organization's finance	-	
	organization's acc	counting for conservation easeme	nts.		
Pa			s of Art, Historical Treasures, or Othe	er Similar Ass	sets.
			"Yes" on Form 990, Part IV, line 8.		
1a	If the organization of art, historical service, provide in	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to report in its revent ts held for public exhibition, education to its financial statements that describes	ue statement a , or research i these items.	nd balance sheet works n furtherance of public
b	If the organization art, historical trea provide the follow	n elected, as permitted under F sures, or other similar assets he ing amounts relating to these ite	ASB ASC 958, to report in its revenue and for public exhibition, education, or reams:	statement and search in furthe	erance of public service,
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1		•	▶ \$
	(ii) Assets include	ed in Form 990, Part X		•	► \$
2	If the organizatio	n received or held works of a	rt, historical treasures, or other similar	assets for fina	ancial gain, provide the
			ASB ASC 958 relating to these items:	_	
а					
b	Assets included in	n Form 990, Part X n Act Notice, see the Instructions fo	r Form 000		► \$ Schedule D (Form 990) 2021
FOR JSA	raperwork Reduction	A ACT NOTICE, SEE THE INSTRUCTIONS TO	I I UIII 330.		Schedule D (Form 990) 2021

Schee	dule D (Form 990) 2021 GIR	L SCOUTS OF W	ESTERN OHIO			31-0679091	Page <b>2</b>
Ра	rt III Organizations Maintaini	ng Collections of	Art, Historical 7	reasures, o	r Other Similar A	Assets (continue	d)
3	Using the organization's acquisition	on, accession, and	other records, ch	eck any of th	e following that n	nake significant u	se of its
	collection items (check all that app	ly):					
а	Public exhibition		d 🔄 Loa	n or exchange	e program		
b	Scholarly research		e 🔄 Oth	er			
C	Preservation for future gene						
4	Provide a description of the organ	nization's collection	s and explain how	v they further	r the organization	's exempt purpose	e in Part
_	XIII.						
5	During the year, did the organization						
De	assets to be sold to raise funds rath		ained as part of th	e organization	n's collection?	Yes	No
Pa	rt IV Escrow and Custodial A		on Form 000	Dort IV line	0 or reported a		rm
	Complete if the organiza 990, Part X, line 21.	mon answered to	5 01 F0111 990	, Fait IV, IIIe	e 9, or reported a	In amount on FO	
10	Is the organization an agent, trus	too custodian or c	ther intermediary	for contribut	tions or other ass		
Ia	included on Form 990, Part X?					X Yes	No
h	If "Yes," explain the arrangement in	n Part XIII and com	olete the following	tahle <sup>.</sup>			
N N	in res, explain the analycinent		piete the following			Amount	
с	Beginning balance			1c			5,000.
	Additions during the year					1,700	5,000.
e	Distributions during the year					1.32	3,000.
f	Ending balance						3,000.
2a	Did the organization include an am				ustodial account lia		X No
	If "Yes," explain the arrangement in						
	rt V Endowment Funds.						
	Complete if the organiza	ation answered "Ye	es" on Form 990	, Part IV, line	e 10.		
		(a) Current year	(b) Prior year	(c) Two yea	ars back (d) Three y	/ears back (e) Four	ears back
1a	Beginning of year balance	2,727,832.	2,492,849.	2,336,	492. 2,28	80,795. 2,1	43,009.
b	Contributions						50,000.
с	Net investment earnings, gains,						
	and losses	-199,084.	234,983.	156,	357.	55,697.	87,786.
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance	2,528,748.	2,727,832.	2,492,	849. 2,33	36,492. 2,2	80,795.
2	Provide the estimated percentage	of the current year		lg, column (a))	) held as:		
a	Board designated or quasi-endown		_%				
b	Permanent endowment  96.9						
С	Term endowment  3.1000 The percentages on lines 22.2h	•	1000/				
2-	The percentages on lines 2a, 2b, a Are there endowment funds not in			ot are hold an	d a drainiata rad far	* * h ~	
Ja	organization by:	the possession of t	ne organization th	at are new ar	ia administered for		es No
	(i) Unrelated organizations						X X
	(ii) Related organizations						X
h	If "Yes" on line 3a(ii), are the related						
4	Describe in Part XIII the intended u	•					
_	rt VI Land, Buildings, and Equ	lipment.					
	Complete if the organization					· · · · · · · · · · · · · · · · · · ·	
	Description of property		r other basis (b) Co stment)	st or other basis (other)	(c) Accumulated depreciation	(d) Book valu	le
1a	Land		1	,518,335.		1,518	3,335.
b	Buildings		24	,143,787.	15,683,200.	8,460	),587.
с	Leasehold improvements	[		173,489.	35,018.	13	8,471.
d	Equipment.		3	,583,123.	3,108,568.	47	4,555.
e	Other			,051,040.	3,378,298.		2,742.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal For	т 990, Part X, colı	ımn (B), line 10	0c.) 📃 🕨	13,264	4,690.

Schedule D (Form 990) 2021

Part VII	Investments - Other Securities. Complete if the organization answered	l "Ves" on Form 990	) Part IV line 11h See Form 000 Par	t X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	t A, III e 12.
	(including name of security)		Cost or end-of-year market val	ue
. ,	al derivatives			
• •	held equity interests			
(3) Other(A)				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨			
Part VIII	Investments - Program Related.			
	Complete if the organization answered	Yes" on Form 990	), Part IV, line 11c. See Form 990, Par	t X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market val	
(1)				~~
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
Part IX	Other Assets.			
	Complete if the organization answered	I "Yes" on Form 990	), Part IV, line 11d. See Form 990, Par	t X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) I	line 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.			90, Part X,
1.		tion of liability		(b) Book value
-	al income taxes	,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)		<u></u>	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedu	le D (Form 990) 2021 GIRL SCOUTS OF WESTERN OHIO	31-	-0679091 Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	8,865,126.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d -92,554.		
е	Add lines 2a through 2d	2e	-4,410,420.
3	Subtract line 2e from line 1	3	13,275,546.
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		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,275,546.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ai 11.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	14,648,954.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		14,648,954.
1	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:		14,648,954.
1 2	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       2a		14,648,954.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements		14,648,954.
1 2 a b	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		14,648,954.
1 2 a b c	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.)		14,648,954.
1 2 b c d	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	1	14,648,954.
1 2 b c d e	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	1 2e	
1 2 b c d e 3	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:	1 2e	
1 2 b c d e 3 4	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	1 2e	
1 2 b c d 8 3 4 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7bOther (Describe in Part XIII.)	1 2e	
1 2 b c d e 3 4 a b	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 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.)	1 2e 3	14,648,954.

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

SEE SUPPLEMENTAL PAGE

SCHEDULE D, PART IV, LINE 1B

ESCROW AND CUSTODIAL ARRANGEMENTS EXPLANATION THESE FUNDS ARE ESTABLISHED UNDER THE COUNCIL FOR BANK ACCOUNTS FOR EACH TROOP. ALL TROOP FUNDS ARE MAINTAINED FOR THE BENEFICIAL INTEREST FOR THE RESPECTIVE TROOP.

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ENDOWMENT FUNDS

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.

SCHEDULE D, PART XI, LINE 2D

OTHER

INVESTMENT EXPENSES \$(92,554)

SCHEDULE D, PART XII, LINE 4B

OTHER

INVESTMENT EXPENSES \$ 92,554

SCHEDULE G (Form 990)		Information Re he organization answe organization entered	red "Yes" on	Form 990, F	Part IV, line 17, 18, or 1	-	OMB No. 1545-0047
· · ·		•	to Form 990	,			Open to Public
Department of the Treasury Internal Revenue Service	► G	o to www.irs.gov/Forn	1990 for inst	ructions and	the latest information.		Inspection
Name of the organization						Employer identificati	on number
GIRL SCOUTS OF						31-067909	
	g Activities. Comp	-			Yes" on Form 99	90, Part IV, line 1	7.
	EZ filers are not re	•					
	the organization rais	•		•			
a Mail solicita		e			non-government g		
	email solicitations	f			government grants	5	
c Phone solici d In-person so		g	Spe	cial fundra	ising events		
b If "Yes," list the	tion have a written o es listed in Form 990 10 highest paid indiv least \$5,000 by the o	, Part VII) or entity viduals or entities	in connec (fundraise	ction with p rs) pursua	professional fundra	ising services?	1
<b>(i)</b> Name and addr or entity (fu		<b>(ii)</b> Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
-							
4							
5							
6							
7							
I							
8							
9							
10							
Total				►			
3 List all states in registration or lic	which the organizatensing.	tion is registered	or licensed	d to solicit	contributions or	has been notified	it is exempt from

GIRL SCOUTS OF WESTERN OHIO

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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gioss iccopis gicator than \$5,000				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			WOMEN - CINTI		NONE	(aḋd col. <b>(a)</b> through col. <b>(c)</b> )
Ð		-	(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	57,565.			57,565.
œ	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	57,565.			57,565.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
it Expe	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	9,255.			9,255.
	10	Direct expense summary. Add line	es 4 through 9 in colu	mn (d)	Þ	9,255.
	11	Net income summary. Subtract lir	ne 10 from line 3, colu	umn (d)	· · · · · · · · · · · · · · · · · · ·	48,310.
Ра	rt I	Gaming. Complete if the orga	anization answered "			
		\$15,000 on Form 990-EZ, lin	e 6a.			-
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue		-		bingo/progressive bingo		
Re	1	Gross revenue				
nses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	6 Yes% No	Yes%	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)	▶	
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)		
9 a k	I	Enter the state(s) in which the organization licensed to cond If "No," explain:		in each of these state	es?	YesNo
10a k		Were any of the organization's gaming If "Yes," explain:		pended, or terminated du	• •	. Yes No

Schedule G (Form 990) 2021

JSA

11 12	Does the organization conduct gaming activities with nonmembers?			
12		L	Yes	No
	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?	L	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books records:	s and		
	Name ▶			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives g	aming		
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ a	and the		
	amount of gaming revenue retained by the third party ► \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proc	ceeds to		
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organ			
	or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$			
Part				

SCHEDULE I				Assistance t ndividuals in			F	OMB No. 1545-0047
(Form 990)		2021						
	Comp	lete if the or	-	wered "Yes" on F		, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		► Go	-	ttach to Form 990 / <i>Form990</i> for the I				Inspection
Name of the organization		<b>G</b> 0	to www.iis.gov				Employer identif	
GIRL SCOUTS OF	WESTERN OHIO						31-06790	
	formation on Grants and	Assistance	e					<u> </u>
	ation maintain records to su			e grants or assista	nce, the grantees	' eligibility for the grant	ts or assistance, a	ind
	eria used to award the grants							
	IV the organization's proced							
Part II Grants an	d Other Assistance to De	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered	"Yes" on Form 990,
Part IV, lin	e 21, for any recipient th	at received	more than \$5	,000. Part II can b	be duplicated if	additional space is i	needed.	
<b>1 (a)</b> Name and or g	address of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description on noncash assistant	f (h) Purpose of grant or assistance
(1)		-						
(2)		-						
(3)		-						
(4)		-						
(5)		-						
(6)		-						
(7)		-						
(8)		-						
(9)		-						
(10)		-						
(11)		-						
(12)		-						
	er of section 501(c)(3) and ger of other organizations list	-	•					

Schedule I (Form 990) 2021

#### GIRL SCOUTS OF WESTERN OHIO

31-0679091

## 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.

(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 non-cash assistance
11,645	288,252.			
351	40,392.			
	11,645	recipients     cash grant       11,645     288,252.	recipients     cash grant     non-cash assistance       11,645     288,252.	Trecipients     Cash grant     non-cash assistance     FMV, appraisal, other)       11,645     288,252.

SCHEDULE I, PART I, LINE 2

#### PROCEDURES FOR MONITORING COMPLIANCE

SCOUTERSHIP AND MEMBERSHIP ASSISTANCE ARE PROVIDED THROUGH A VOUCHER TO

#### THESE INDIVIDUALS. THESE VOUCHERS GENERATE AN INTERNAL TRANSFER OF FUNDS

FOR REQUIRED DUES OR EVENT FEES FOR THESE INDIVIDUALS.

Page 2

(Form 990)       Por certain Officers. Directors. Trustees, Key Employees, and Highest Composition answered Yes' on Form 90, Part IV, like 23.	SCHE	DULE J	Comper	Isa	tion Information	1	OMB No.	1545-0	047
Department of the transvergence of the form 930, Part IV, line 23.     Depart of Public Inspection     Section 24.     S	(Form	990)	For certain Officers, Dire	ctors	, Trustees, Key Employees, and Highest		എന	<b>91</b>	
Department of the transmit by the provided any of the latest information.     Inspection     Sec to www.rs.gowForm990 torinstructions and the latest information.     Inspection     Sec to www.rs.gowForm990 torinstructions and the latest information.     Inspection     Sec to www.rs.gowForm990 torinstructions and the latest information.     Sec to www.rs.gowForm990 torinstructions and the latest information.     Sec to www.rs.gowForm990 torinstructions and the latest information.     Sec to www.rs.gowForm990 torinstructions and the latest information regarding these items.     Sec to www.rs.gowForm990 torins     Sec to www.rs.gowForm990 torins     Sec to www.rs.gowForm990 torins     Sec to www.rs.gowForm990 torins     Sec torin						23.	ZU		
Nume of the apge/attion         Employer identification number           GIRL SCOUTS OF WESTERN OHIO         31-0679091           GIRL SCOUTS OF WESTERN OHIO         10           Tave Information Participation         10           Tave Informati			· · · · •	Atta	ch to Form 990.		-		
GIRL SCOUTS OF MESTERN OHIO       31-0679091         Partl       Questions Regarding Compensation         19       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII. Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         11       Check the appropriate box(es) if the organization provided any relevant information regarding these items.         11       Travel for companions         12       Travel for companions         13       Indemnification and gross-up payments         14       Heath or social cub dues or initiation fees         15       Discretionary spending account         16       If any of the boxes on line 1a are checked.       If the expenses described aboxo? If "No," complete Part III to explain,			Go to www.irs.gov/Forms	990 to	or instructions and the latest information				n
Pert1       Questions Regarding Compensation         1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 900, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		0	F WESTERN OHIO						
1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.                 First-class or charter travel             Trave if for companions                Payments for boxiness use of personal residence                 Discretionary spending account               Payments for boxiness use of personal residence                 Di draw or provision of all of the expenses described above? If 'No," complete Part III to             soptialm						51 00790			
990. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <ul> <li>First-class or charter travel</li> <li>First-class or compensation consultant</li> <li>Compensation committee</li> <li>W</li></ul>	i ai t							Yes	No
Image: Second							m		
Travel for companions       Payments for business use of personal residence         Tax indemnification and gross-up payments       Personal services (such as maid, chauffour, 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 .         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 organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization consultant is Compensation surgents and supplemental oncountitee       Image: Compensation committee         3       Indicate which, if any, of the following the organization used to establish the compensation or other any point contract is compensation committee       Image: Compensation consultant is compensation surgent or the applicable are unstain surgency or study       Image: Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       Image: Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       Image: Compensation contingent on the revenues of:	Γ		•			-			
Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain.         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 organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization consultant       2         Indicate which, if any, of the following the organization survey or study       Compensation committee       Written employment contract         Compensation committee       Written employment contract       Compensation consultant       X       Compensation committee         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 recleive payment from a supplemental nonqualified retirement plan?       4a       X         4       During the year, did any person and provide the applicable amounts for each item in Part III.       5a       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the reternues of:       5a       X <tr< th=""><td></td><td></td><td></td><td></td><td>0</td><td>•</td><td></td><td></td><td></td></tr<>					0	•			
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 .         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 organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.         Compensation committee       Written employment contract         X       Independent compensation consultant         X       Compensation committee         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:         a       Participate in or receive payment from a supplemental nonqualified retirement plan?         b       Participate in or receive payment from a supplemental nonqualified retirement plan?         d       Participate in or receive payment from an equity-based compensation arrangement?         d       The organization?         d       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compressation contingent on the retermings of: <tr< th=""><th></th><th></th><th></th><th></th><th>•</th><th></th><th></th><th></th><th></th></tr<>					•				
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		Discretio	onary spending account		Personal services (such as maid, ch	auffeur, chef)			
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 fa?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2         4       Compensation committee       Written employment contract       2         5       Form 990 of other organizations       X       Compensation committee       4a       X         6       a Receive a severance payment from a supplemental nonqualified retirement plan?       4b       X         6       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         6       T'res' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5b       X         6       Any related organization?       5b       X       5b       X         16       'res'' on line 6a or 6b, describe in Part III.       6a       X       5b       X         7       X       Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b       X         8       Any related organization?       5b       X       5b       X	C	or reimburse	ment or provision of all of the ex	pens	ses described above? If "No," con	nplete Part III	to		
directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         Image: Compensation committee X       Independent compensation committee X       Writen employment contract X       4a         4       X       Compensation organizations       X       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or receive payment from an equity-based compensation arrangement?       4a       X         4       During the year, did any person support from an equity-based compensation proved the applicable amounts for each item in Part III.       4a       X         5       Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of:       5a       X         5       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:       5a       X         6       X       5b       X         7       X       For persons listed on Form 990, Part VII, Section A, l	e	explain		• •	••••••	•••••••••••	. <u>1b</u>		
1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2          Compensation committee       Written employment contract          Compensation committee       Written employment contract          Compensation committee       Written employment contract          Compensation consultant       X       Compensation committee           Compensation committee            Compensation committee            Compensation committee             Compensation committee             Written employment contract          4             9       Participate in or receive payment from a supplemental nonqualified retirement plan?           18       receive a severance payment from an equity-based compensation 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 r		-				-			
3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check ary 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         X       Independent compensation consultant       X         Compensation committee       Written employment contract         X       Independent compensation consultant       X         Compensation are related organizations       X       Compensation committee         4       Written employment contract       Compensation committee         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:       4a       X         4       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         4       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         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:       5a       X         6       X       5b       X       5b       X         6       The organization?       5a       X									
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.         Compensation committee       Written employment contract         X       Independent compensation consultant       X         Form 990 of other organizations       X       Approval by the board or compensation committee         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       4a       X         4       Darricipate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         4       Drives" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4a       X         0       Dysection 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5a       X         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:       5a       X         a       The organization?       5a       X         ft "Yes" on line 6a or 5b, describe in Part III.       6b       X         6b       X       6b       X         7       X       6b       X         6b       X </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>									
X       Independent compensation consultant       X       Compensation survey or study         Approval by the board or compensation committee       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       a       X         B       Dericipate in or receive payment or change-of-control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         d       During the year, did any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         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:       5a       X         d       The organization?       5b       X         f       "Yes" on line 6a or 6b, describe in Part III.       6a       X         f       "Yes" on line 6a or 6b, describe in Part III.       6b       X         f       "Yes" on line 6a or 6b, describe in Part III.       7       X         g       Were any amounts reported on Form 990, Part VII, Section A, line 1a, di	C	organization's	CEO/Executive Director. Check all the	at ap	ply. Do not check any boxes for metho	ods used by a			
Form 990 of other organizations       X Approval by the board or compensation committee         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:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         dc       X       4c       X         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:       5a       X         a The organization?       5a       X         If "Yes" on line 5a or 5b, describe in Part III.         6a X         6a X         b Any related organization?       5a         If "Yes" on line 6a or 6b, 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:       6a       X         6 The organization?       <		Compen	sation committee		Written employment contract				
<ul> <li>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:</li> <li>a Receive a severance payment or change-of-control payment?</li> <li>b Participate in or receive payment from an equity-based compensation arrangement?</li> <li>c Participate in or receive payment from an equity-based compensation arrangement?</li> <li>d a x</li> <li>d b x</li> <li>d c x</li> <li>d b x</li> <li>d c x</li> <li>d c x</li> <li>d b x</li> <li>d c x</li> <li>d c x</li> <li>d b x</li> <li>d c x</li> <li>d b x</li> <li>d c x</li> <li>d c x</li> <li>d b x</li> <li>d c x</li> <li>d b x</li> <li>d c x</li> <li>d c x</li> <li>d b x</li> <li>d c x</li> <li>d x</li> <li>d c x&lt;</li></ul>			•	Х	Compensation survey or study				
organization or a related organization:       4a       x         a Receive a severance payment or change-of-control payment?       4a       x         b Participate in or receive payment from an equity-based compensation arrangement?       4b       x         c Participate in or receive payment from an equity-based compensation arrangement?       4c       x         dc       <		Form 99	00 of other organizations	Х	Approval by the board or compensation	ation committee			
b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf       "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         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:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         lf       "Yes" on line 5a or 5b, describe in Part III.       6a       X         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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if       "Yes" on line 6a or 6b, describe in Part III.       7       X         7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception describe				Par	t VII, Section A, line 1a, with respect t	o the filing			
c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       0nly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5         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:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         6b       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       X       8       8         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Y									Х
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.         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:         a       The organization?         b       Any related organization?         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:         a       The organization?         b       Any related organization?         f "Yes" on line 6a or 6b, describe in Part III.         7       X         8       Were any amounts reported 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         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in rescribed in Part VII									
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: <ul> <li>a The organization?</li> <li>b Any related organization?</li> <li>b Any related organization?</li> <li>b 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:             <ul></ul></li></ul>							. 4c		X
<ul> <li>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:</li> <li>a The organization?</li></ul>	lf	f "Yes" to an	y of lines 4a-c, list the persons and p	rovid	le the applicable amounts for each in	tem in Part III.			
<ul> <li>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:</li> <li>a The organization?</li></ul>		S			in a time ways to a way late lines 5.0				
compensation contingent on the revenues of:aThe organization?5aXbAny related organization?5bXIf "Yes" on line 5a or 5b, describe in Part III.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:6aXaThe organization?6aXbAny related organization?6aXbAny related organization?6aXbAny related organization?6bXif "Yes" on line 6a or 6b, describe in Part III.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.77X8Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.9If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		-		-	-	w or accruo a			
a The organization?       5a       x         b Any related organization?       5b       x         if "Yes" on line 5a or 5b, describe in Part III.       5b       x         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:       6a       x         a The organization?       6b       X         b Any related organization?       6b       X         compensation contingent on the net earnings of:       6a       x         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         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 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in       1       1		•			A, line ra, did the organization pa	ay of accide at	'y		
b       Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         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 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in       4       4			5				5a		x
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:         a       The organization?         b       Any related organization?         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.         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in									
compensation contingent on the net earnings of:       iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		-	-	·		-			
b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       Image: Constraint of the second consecond consecond constrated constraint of the second c		-		ion /	A, line 1a, did the organization pa	ay or accrue ar	ıy		
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.         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	a T	The organizati	ion?				6a		Х
<ul> <li>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.</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>	b A	Any related or	rganization?				. 6b		X
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 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in       8       X	lf	f "Yes" on lin	e 6a or 6b, describe in Part III.						
<ul> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe a X</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>									
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe <b>8</b> X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							. 7		X
in Part III									
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			-	-					v

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
RONI LUCKENBILL	(i)	233,309.	NONE	1,524.	11,743.	8,609.	255,185.	
1 CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
SUSAN OSBORN	(i)		NONE	792.	7,655.	7,364.	168,600.	
<b>2</b> COO	(ii)		NONE	NONE	NONE	NONE	NONE	
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2021

31-0679091

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury	
nternal Revenue Service	

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

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

2021 **Open to Public** Inspection

Name of the organization

#### GIRL SCOUTS OF WESTERN OHIO

Employer identification number 31-0679091

Par	I Types of Property						
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of detern noncash contributior		ints
1	Art - Works of art						
2	Art - Historical treasures						-
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
Ũ	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	2	98,801.	FMV		
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 ►()						
28	Other ►()						
29	Number of Forms 8283 received						
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement			
						Yes	No
30a	During the year, did the organizat				-		
	28, that it must hold for at least the	-					
	to be used for exempt purposes for		olding period?		30a		X
	If "Yes," describe the arrangement i						
31	Does the organization have a						
	contributions?						Х
32a	Does the organization hire or use		•				
	contributions?				32a		Х
	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,		
	describe in Part II.						
or P	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M (For	m 990)	2021

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

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

SCHEDULE M, PART I, COLUMN B

NUMBER

THE AMOUNT REPORTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

#### Supplemental Information to Form 990 or 990-EZ

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

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



Department of the Treasury Internal Revenue Service

GIRL SCOUTS OF WESTERN OHIO

Employer identification number

#### FORM 990, PART VI, SECTION A, LINE 6

MEMBERS OR STOCKHOLDERS

ACCORDING TO THE COUNCIL BYLAWS, MEMBERS OF THE CORPORATION ARE DEFINED AS ALL ACTIVE ADULT VOLUNTEERS AND ALL ACTIVE GIRL MEMBERS, 14 YEARS OF AGE AND OLDER WHO ARE REGISTERED IN THE GIRL SCOUTS MOVEMENT THROUGH THE COUNCIL.

#### FORM 990, PART VI, SECTION A, LINE 7A

POWER TO ELECT OR APPOINT

MEMBERS OF THE CORPORATION, ACCORDING TO THE COUNCIL BYLAWS, SHALL ELECT OFFICERS OF THE COUNCIL, MEMBERS OF THE BOARD OF DIRECTORS, MEMBERS OF THE BOARD DEVELOPMENT COMMITTEE, AND DELEGATES AND ALTERNATE DELEGATES TO THE NATIONAL COUNCIL.

#### FORM 990, PART VI, SECTION B, LINE 11B

PROCESS TO REVIEW THE FORM 990

THE FORM 990 IS REVIEWED BY BOTH MANAGEMENT AND THE AUDIT COMMITTEE AND IS THEN MADE AVAILABLE TO ALL BOARD MEMBERS TO REVIEW PRIOR TO THE FORM'S FILING WITH THE INTERNAL REVENUE SERVICE.

#### FORM 990, PART VI, SECTION B, LINE 12C

ORGANIZATION'S PRACTICE FOR MONITORING COMPLIANCE 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.

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

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

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



Name of the organization

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

Employer identification number

#### FORM 990, PART VI, SECTION B, LINE 15A

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

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

COMPENSATION REVIEW PROCESS FOR OTHER EMPLOYEES

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 RANKS SALARIES BASED ON THE SCOPE OF THE POSITION AND COMPARISON WITH SIMILAR POSITIONS OF OTHER ORGANIZATIONS.

#### FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST, AND FINANCIAL STATEMENTS 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.

Schedule O (Form 990 or 990-EZ) 2021						
Name of the organization	Employer identification number					
GIRL SCOUTS OF WESTERN OHIO	31-0679091					

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

\_\_\_\_\_

GIRL SCOUTS OF WESTERN OHIO, IN AN INCLUSIVE, GIRL-DRIVEN ENVIRONMENT, HELPS PREPARE APPROXIMATELY 28,000 GIRL MEMBERS FOR LIVING TODAY, AS WELL AS FOR LIVING RESPONSIBLE ADULT LIVES THROUGH THE GIRL SCOUT PROGRAM, WHICH INCLUDES TROOP ACTIVITIES, PROGRAM OPPORTUNITIES, SUMMER CAMP, AND GIRL SCOUTS IN THE SCHOOL DAY.

THE GIRL SCOUT COOKIE PROGRAM IS MUCH MORE THAN SELLING COOKIES. GIRLS LEARN FIVE VALUABLE SKILLS: 1) GOAL SETTING, 2) DECISION MAKING, 3) MONEY MANAGEMENT, 4) PEOPLE SKILLS, AND 5) 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.

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 APPROXIMATELY 10,200 VOLUNTEERS, WHO WILL SUPPORT GIRLS THROUGH THE DELIVERY OF THE GIRL SCOUT PROGRAM.

Schedule O (Form 990 or 990-EZ) 2021			Page <b>2</b>
Name of the organization		Employer identification	number
GIRL SCOUTS OF WESTERN OHIO		31-0679091	
FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST	PAID IND. CONTRACTORS		
NAME AND ADDRESS	DESCRIPTION OF SERVI	ICES (	COMPENSATION
SKYE PRINT SOLUTIONS, INC PO BOX 42237			
CINCINNATI, OH 45242-0237	PRINTING		109,534.

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**Electronic filing** (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or Name of exempt organization or other filer, see	filer, see instructions.		Taxpayer identification number (TIN)				
print							
	GIRL SCOUTS OF WESTERN OHIO       31-067         Number, street, and room or suite no. If a P.O. box, see instructions.       31-067						
ate for							
	4930 CORNELL ROAD City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
instructions							
CINCINNATI, OH 45242					01		
Enter the Return Code for the return that this applicatio	n is for (file	a separate application for eac	n return)	• • • • •			
Application	Return	Application					
s For	Code	Is For			Code		
Form 990 or Form 990-EZ	01	Form 1041-A			08		
Form 4720 (individual)	03	Form 4720 (other than indiv	than individual)				
Form 990-PF	04	Form 5227	· · · · · · · · · · · · · · · · · · ·				
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T (trust other than above)	06	Form 8870	Form 8870				
Form 990-T (corporation)	07						
or the whole group, check this box <u>a list with the names and TINs of all members the exten</u> 1 I request an automatic 6-month extension of time for the organization named above. The extension ► calendar year 20 or	ision is for. until is for the or	08/15_, 2023_, ganization's return for:	to file the exempt or	-	on return		
► x tax year beginning 10	<u>/01</u> , <b>20</b> 21	, and ending	09/30,20	22			
<ul> <li>If the tax year entered in line 1 is for less than 12</li> <li>Change in accounting period</li> </ul>	months, che	ck reason: 📃 Initial return	Final return				
3a If this application is for Forms 990-PF, 990-T	, 4720, or	6069, enter the tentative	tax, less any				
nonrefundable credits. See instructions.				a \$	NON		
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					NON		
estimated tax payments made. Include any prior year overpayment allowed as a credit. <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by				o \$	NON		
using EFTPS (Electronic Federal Tax Payment System). See instructions.					NON		
Caution: If you are going to make an electronic funds withdra	wal (direct de	bit) with this Form 8868, see Fo	rm 8453-TE and Form	8879-TE	for payme		
nstructions.							
For Privacy Act and Paperwork Reduction Act Notice, see ins	structions.		Fo	rm <b>8868</b>	(Rev 1-20)		

Form	990-T	E>	cempt Organization Business Income Tax Retur (and proxy tax under section 6033(e))	'n	OMB No. 1545-0047		
		For cale	ndar year 2021 or other tax year beginning $10/01$ , 2021, and ending $09/30$ , 2	<b>o</b> 22	2021		
Depar	tment of the Treasury		► Go to www.irs.gov/Form990T for instructions and the latest information.				
Interna	al Revenue Service	;)(3).	Open to Public Inspection for 501(c)(3) Organizations Only				
A	Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)	D Empl	oyer identification number		
	audress changed.		GIRL SCOUTS OF WESTERN OHIO		31-0679091		
	empt under section	Print or	Number, street, and room or suite no. If a P.O. box, see instructions.		p exemption number astructions)		
X	501(C)(3)	Туре	4930 CORNELL ROAD	(	,		
	408(e) 220(e)		City or town, state or province, country, and ZIP or foreign postal code	_			
	408A 530(a)		CINCINNATI, OH 45242	F	Check box if an amended return.		
	529(a) 529A		K value of all assets at end of year				
	heck organization t	<i>,</i>	X 501(c) corporation 501(c) trust 401(a) trust Other trust				
	heck if filing only to	-	Claim credit from Form 8941 Claim a refund shown on Form				
			ation filing a consolidated return with a 501(c)(2) titleholding corporation				
			Schedules A (Form 990-T)				
			corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		► Yes X No		
			identifying number of the parent corporation				
L	he books are in care		PATRICK POLLEY     Telephone number ► 513	3-619-	-1440		
			1930 CORNELL ROAD				
		(	CINCINNATI, OH 45242				
Po			lucinese Tayahla Income				
Pa			Business Taxable Income				
1			ness taxable income computed from all unrelated trades or businesses (se				
2							
2							
4			and instructions for limitation rules)				
4 5			see instructions for limitation rules) axable income before net operating losses. Subtract line 4 from line 3				
6			g loss. See instructions	· ·			
0 7			ess taxable income before specific deduction and section 199A deduction				
'							
8			ally \$1,000, but see instructions for exceptions)				
9	•		Juction. See instructions				
9 10			s 8 and 9				
11			ble income. Subtract line 10 from line 7. If line 10 is greater than line				
			с. С	·	NONE		
Pa			· · · · · · · · · · · · · · · · · · ·		NONE		
1			corporations. Multiply Part I, line 11 by 21% (0.21)	▶ 1	NONE		
2			<b>rates.</b> See instructions for tax computation. Income tax on the amount c				
-	Part I, line 11 fron	Г	Tax rate schedule or Schedule D (Form 1041)				
3	,	-					
4			structions				
5			rusts only)				
6			lity income. See instructions				
7			6 to line 1 or 2, whichever applies		NONE		
-			Notice, see instructions.	/	Form <b>990-T</b> (2021)		

Form	990-T (2021)	31-0679091	Page <b>2</b>
Par	t III Tax and Payments		
1 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a		
b	Other credits (see instructions)		
С	General business credit. Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 1a through 1d.	1e	
2	Subtract line 1e from Part II, line 7	2	NONE
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866		
	Other (attach statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions).		
	section 1294. Enter tax amount here	4	NONE
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	
6 a	Payments: A 2020 overpayment credited to 2021		
b	2021 estimated tax payments. Check if section 643(g) election applies  6b 6b		
С	Tax deposited with Form 8868		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d		
е	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (attach Form 8941) 6f		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136         Other         Total ▶         6g	_	
7	Total payments. Add lines 6a through 6g	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	NONE
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax  Refunded  Refunded		
Par	t IV Statements Regarding Certain Activities and Other Information (see instruction		
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature of	r other authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign country	
	here	-	X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to	, a foreign trust?	X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year		
4	Enter available pre-2018 NOL carryovers here ► \$ Do not include any post-2017 NOL carryo	over	
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction	on reported on	
	Part I, line 6.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers	. Don't reduce	
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code Available post-2017 N	VOL carryover	
	\$		
6-	S		
	Did the organization change its method of accounting? (see instructions)	11000 16 101-1	X
a	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form		
<b>D</b> -	explain in Part V	••••	
Par	t V Supplemental Information de the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.		
FIUVI	עב היב באיומוימנוטוו ובעטוובט שירמור זי, ווויב טט. אוסט, אוסט אוטטענופו מטטונטומו וווטווומנוטוו. כפר וואנועכנוטוא		

Sign Here		nder penalties of perjury, I declare that I have examin lief, it is true, correct, and complete. Declaration of preparer (ot					t of my knowledge and	
							discuss this return eparer shown below	
	Si	gnature of officer	Date	Title		(see instructions)	? X Yes No	
		Print/Type preparer's name	Preparer's signature		Date	Check if	PTIN	
Paid Preparer Use Only		AARON HERSHBERGER	aaron d. Hush	luger	3/8/2023	self-employed	P00961884	
		Firm's name FORVIS, LLP				Firm's EIN ► 44-0160260		
	Firm's address ► 312 WALNUT STREET, SUITE 3000, CINCINNATI, OH 4520 PI				Phone no. 513-621-8300			
JSA 1X2741 1.	000						Form <b>990-T</b> (2021)	

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**Electronic filing** (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or Name of exempt organization or other filer, see	see instructions.		Taxpayer identification number (TIN)				
print							
	GIRL SCOUTS OF WESTERN OHIO 31-067 Number, street, and room or suite no. If a P.O. box, see instructions.						
e date for							
	4930 CORNELL ROAD City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
instructions							
CINCINNATI, OH 45242							
Enter the Return Code for the return that this application	n is for (file	a separate application for eac	n return)		07		
Application	Return	Application					
s For	Code	Is For			Code		
Form 990 or Form 990-EZ	01	Form 1041-A			08		
Form 4720 (individual)	03	Form 4720 (other than indiv	than individual)				
Form 990-PF	04	Form 5227					
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T (trust other than above)	06	Form 8870			12		
Form 990-T (corporation)	07						
or the whole group, check this box <u>a list with the names and TINs of all members the extense</u> 1 I request an automatic 6-month extension of time of for the organization named above. The extension i calendar year 20 or	sion is for. until is for the org	08/15_, 2023_, ganization's return for:	to file the exempt of	-	on return		
► x tax year beginning 10	/01,2021	, and ending	09/30,20	<u>22</u> .			
<ul> <li>If the tax year entered in line 1 is for less than 12 r</li> <li>Change in accounting period</li> </ul>	months, che	ck reason: 📃 Initial return	Final return				
3a If this application is for Forms 990-PF, 990-T	, 4720, or	6069, enter the tentative	tax, less any				
nonrefundable credits. See instructions.				a \$	NON		
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.				h ¢	NOM		
<b>c</b> Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by				b \$	NON		
using EFTPS (Electronic Federal Tax Payment System). See instructions.					NONI		
Caution: If you are going to make an electronic funds withdraw	wal (direct de	bit) with this Form 8868, see Fo	orm 8453-TE and Form	8879-TE	for payme		
nstructions.							
For Privacy Act and Paperwork Reduction Act Notice, see ins	tructions.		Fo	orm 8868	(Rev. 1-202		