

# TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

FOR THE YEAR ENDING  
SEPTEMBER 30, 2013

<b>Prepared for</b>	GIRL SCOUTS HEART OF THE HUDSON INC. 2 GREAT OAK LANE PLEASANTVILLE, NY 10570-2110
<b>Prepared by</b>	O'CONNOR DAVIES, LLP 500 MAMARONECK AVENUE HARRISON, NY 10528-1633
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2012**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection**

**A For the 2012 calendar year, or tax year beginning OCT 1, 2012 and ending SEP 30, 2013**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> GIRL SCOUTS HEART OF THE HUDSON INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2 GREAT OAK LANE City, town, or post office, state, and ZIP code PLEASANTVILLE, NY 10570-2110 <b>F Name and address of principal officer:</b> PAMELA I. ANDERSON SAME AS C ABOVE	<b>D Employer identification number</b> 13-2985898  <b>E Telephone number</b> 914-747-3080  <b>G Gross receipts \$</b> 8,894,725. <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.GIRLSCOUTSHH.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 2007 <b>M State of legal domicile:</b> NY

**Part I Summary**

	1 Briefly describe the organization's mission or most significant activities: <u>SEE SECHDULE O</u>	
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 16
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 218
	6 Total number of volunteers (estimate if necessary)	6 12241
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 805,292. Current Year 579,086.
	9 Program service revenue (Part VIII, line 2g)	814,442. 681,733.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	94,090. 94,517.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,627,707. 4,882,605.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,341,531. 6,237,941.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	179,391. 162,326.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,054,654. 4,243,316.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 335,183.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,446,884. 2,224,703.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,680,929. 6,630,345.
19 Revenue less expenses. Subtract line 18 from line 12	-339,398. -392,404.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 11,006,901. End of Year 10,764,274.
	21 Total liabilities (Part X, line 26)	902,560. 833,495.
	22 Net assets or fund balances. Subtract line 21 from line 20	10,104,341. 9,930,779.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	▶ Signature of officer	Date			
	▶ PAMELA I. ANDERSON, CEO				
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BARBARA VAN BERGEN	BARBARA VAN BERGEN	04/24/14		P00967804
	Firm's name ▶ O'CONNOR DAVIES, LLP	Firm's EIN ▶ 27-1728945			
	Firm's address ▶ 500 MAMARONECK AVENUE HARRISON, NY 10528-1633	Phone no. 914-381-8900			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: GSHH'S MISSION IS TO BUILD GIRLS OF COURAGE, CONFIDENCE AND CHARACTER WHO MAKE THE WORLD A BETTER PLACE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 1,826,890. including grants of \$ ) (Revenue \$ ) SEE SCHEDULE O - MEMBERSHIP SERVICES

4b (Code: ) (Expenses \$ 2,737,624. including grants of \$ ) (Revenue \$ 5,152,628.) SEE SCHEDULE O - GIRL PROGRAM SERVICES: THE GIRL SCOUT LEADERSHIP EXPERIENCE THROUGH PATHWAYS

4c (Code: ) (Expenses \$ 266,071. including grants of \$ 162,326.) (Revenue \$ ) SEE SCHEDULE O - GIRL PROGRAM SERVICES - FLEXIBLE DELIVERY

4d Other program services (Describe in Schedule O.) (Expenses \$ 105,805. including grants of \$ ) (Revenue \$ 282,162.)

4e Total program service expenses 4,936,390.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (16), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: PATRICIA PAGE - 914-747-3080
2 GREAT OAK LANE, PLEASANTVILLE, NY 10570-2110

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNA MAY WIEDE DIRECTOR	1.00	X						0.	0.	0.
(2) SANDRA MORRISSEY TREASURER	1.00	X		X				0.	0.	0.
(3) CATHERINE CORBIN SECRETARY	1.00	X		X				0.	0.	0.
(4) ERIK ANDERSEN VICE PRESIDENT	1.00	X		X				0.	0.	0.
(5) MARTHA BROGAN VICE PRESIDENT	1.00	X		X				0.	0.	0.
(6) MARIE MANNING DIRECTOR	1.00	X						0.	0.	0.
(7) JANE GOLDWASSER PRESIDENT	1.00	X		X				0.	0.	0.
(8) MARSHA O'NEILL DIRECTOR	1.00	X						0.	0.	0.
(9) CAROL VERGARA DIRECTOR	1.00	X						0.	0.	0.
(10) SANDRA NAGLER DIRECTOR	1.00	X						0.	0.	0.
(11) KATHLEEN O'NEILL DIRECTOR	1.00	X						0.	0.	0.
(12) DR. OLIVE OSBORNE DIRECTOR	1.00	X						0.	0.	0.
(13) FAY CASATUTA DIRECTOR	1.00	X						0.	0.	0.
(14) ADAM KINTISH RESIGNED APRIL 2013	1.00	X						0.	0.	0.
(15) LIZ POLLACK DIRECTOR	1.00	X						0.	0.	0.
(16) AMANDA WARD DIRECTOR	1.00	X						0.	0.	0.
(17) SUSAN THROPE DIRECTOR	1.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANALISA ALLEN RESIGNED JUNE 2013	1.00	X						0.	0.	0.
(19) PAMELA I. ANDERSON CEO	35.00			X				130,218.	0.	31,814.
(20) PATRICIA PAGE CFO	35.00			X				80,615.	0.	22,687.
<b>1b Sub-total</b>								210,833.	0.	54,501.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								210,833.	0.	54,501.

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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	X	
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		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATLANTIC TOMORROW P.O. BOX 26200, NEW YORK, NY 10087-6200	IT CONSULTING	128,435.

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

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b> 14,816.					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b> 86,082.					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b> 20,546.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 457,642.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f		579,086.				
	Program Service Revenue	<b>2 a</b> GIRL SCOUT PROG. FEES	Business Code 611710	677,288.	677,288.		
<b>b</b> MEETINGS AND CONFERENCES		561000	4,445.	4,445.			
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			681,733.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		95,672.			95,672.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	20,157.				
		(ii) Personal	0.				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)	20,157.				
	<b>d</b> Net rental income or (loss)		20,157.			20,157.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	35,895.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	37,050.				
		<b>c</b> Gain or (loss)	-1,155.				
	<b>d</b> Net gain or (loss)		-1,155.			-1,155.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 86,082. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	23,470.				
		<b>b</b> Less: direct expenses	24,529.				
<b>c</b> Net income or (loss) from fundraising events			-1,059.			-1,059.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	7,348,262.					
	<b>b</b> Less: cost of goods sold	2,595,205.					
	<b>c</b> Net income or (loss) from sales of inventory		4,753,057.	4,753,057.			
Miscellaneous Revenue		Business Code					
<b>11 a</b> INSURANCE RECOVERY	900099	87,373.			87,373.		
<b>b</b> MISCELLANEOUS INCOME	900099	23,047.			23,047.		
<b>c</b> RENTAL OF EQUIPMENT	900099	30.			30.		
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d		110,450.					
<b>12 Total revenue.</b> See instructions.		6,237,941.	5,434,790.	0.	224,065.		

**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 to any question in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22	162,326.	162,326.		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	292,013.		292,013.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,931,390.	2,305,195.	411,585.	214,610.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	233,469.		233,469.	
<b>9</b> Other employee benefits	552,503.	433,755.	75,858.	42,890.
<b>10</b> Payroll taxes	233,941.	172,066.	46,167.	15,708.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	6,512.		6,512.	
<b>c</b> Accounting	27,500.		27,500.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	38,586.	10,705.	22,218.	5,663.
<b>12</b> Advertising and promotion	2,596.	1,196.	1,400.	
<b>13</b> Office expenses	648,630.	536,152.	90,696.	21,782.
<b>14</b> Information technology	117,876.	91,491.	18,379.	8,006.
<b>15</b> Royalties				
<b>16</b> Occupancy	296,479.	276,031.	14,511.	5,937.
<b>17</b> Travel	172,061.	160,604.	7,638.	3,819.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	26,434.	15,514.	8,039.	2,881.
<b>20</b> Interest	2,165.		2,165.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	490,210.	444,396.	45,814.	
<b>23</b> Insurance	189,764.	130,327.	47,885.	11,552.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a MAINTENANCE AND REPAIRS</b>	195,823.	187,777.	5,711.	2,335.
<b>b MISCELLANEOUS EXPENSE</b>	5,287.	4,075.	1,212.	
<b>c BAD DEBT EXPENSE</b>	4,780.	4,780.		
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	6,630,345.	4,936,390.	1,358,772.	335,183.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,001,478.	1	839,221.	
	<b>2</b> Savings and temporary cash investments .....	229,991.	2	246,861.	
	<b>3</b> Pledges and grants receivable, net .....	43,102.	3	27,060.	
	<b>4</b> Accounts receivable, net .....	73,690.	4	143,795.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6		
	<b>7</b> Notes and loans receivable, net .....		7		
	<b>8</b> Inventories for sale or use .....	321,842.	8	262,839.	
	<b>9</b> Prepaid expenses and deferred charges .....	54,307.	9	79,094.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 16,478,606.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 9,682,401.	7,188,519.	<b>10c</b> 6,796,205.	
	<b>11</b> Investments - publicly traded securities .....	2,088,119.	11	2,363,045.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....	5,853.	15	6,154.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	11,006,901.	16	10,764,274.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	439,184.	17	384,755.	
	<b>18</b> Grants payable .....		18		
	<b>19</b> Deferred revenue .....	8,196.	19	20,937.	
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> 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 .....	455,180.	25	427,803.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	902,560.	26	833,495.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	9,413,143.	27	9,342,281.	
	<b>28</b> Temporarily restricted net assets .....	279,108.	28	176,408.	
	<b>29</b> Permanently restricted net assets .....	412,090.	29	412,090.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
	<b>33</b> Total net assets or fund balances .....	10,104,341.	33	9,930,779.	
<b>34</b> Total liabilities and net assets/fund balances .....	11,006,901.	34	10,764,274.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,237,941.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,630,345.
3	Revenue less expenses. Subtract line 2 from line 1	3	-392,404.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,104,341.
5	Net unrealized gains (losses) on investments	5	218,842.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,930,779.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2012)



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	838,643.	978,024.	610,001.	805,292.	579,086.	3,811,046.
<b>2</b> 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 .....	8,149,038.	7,879,409.	7,811,316.	8,362,037.	8,053,465.	40,255,265.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	8,987,681.	8,857,433.	8,421,317.	9,167,329.	8,632,551.	44,066,311.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....			20,640.	70,020.	54,728.	145,388.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....			20,640.	70,020.	54,728.	145,388.
<b>8 Public support</b> (Subtract line 7c from line 6.)						43,920,923.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....	8,987,681.	8,857,433.	8,421,317.	9,167,329.	8,632,551.	44,066,311.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	150,449.	125,287.	99,950.	117,500.	115,829.	609,015.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	150,449.	125,287.	99,950.	117,500.	115,829.	609,015.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	19,891.	34,775.	7,224.	29,191.	110,450.	201,531.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	9,158,021.	9,017,495.	8,528,491.	9,314,020.	8,858,830.	44,876,857.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	97.87 %
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	97.98 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	1.36 %
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	1.56 %

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2012**

Name of the organization

Employer identification number

GIRL SCOUTS HEART OF THE HUDSON INC.

13-2985898

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization <b>GIRL SCOUTS HEART OF THE HUDSON INC.</b>	Employer identification number <b>13-2985898</b>
---------------------------------------------------------------------	-----------------------------------------------------

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>28,926.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>13,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>6,140.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>GIRL SCOUTS HEART OF THE HUDSON INC.</b>	Employer identification number <b>13-2985898</b>
---------------------------------------------------------------------	-----------------------------------------------------

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	<hr/> <hr/> <hr/>	\$ <u>5,983.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>GIRL SCOUTS HEART OF THE HUDSON INC.</b>	Employer identification number <b>13-2985898</b>
---------------------------------------------------------------------	-----------------------------------------------------

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	<hr/> <hr/> <hr/> <hr/>	\$ 6,937.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	<hr/> <hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	<hr/> <hr/> <hr/> <hr/>	\$ 35,837.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>GIRL SCOUTS HEART OF THE HUDSON INC.</b>	Employer identification number <b>13-2985898</b>
---------------------------------------------------------------------	-----------------------------------------------------

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization <b>GIRL SCOUTS HEART OF THE HUDSON INC.</b>	Employer identification number <b>13-2985898</b>
---------------------------------------------------------------------	-----------------------------------------------------

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization

GIRL SCOUTS HEART OF THE HUDSON INC.

Employer identification number

13-2985898

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes       No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes       No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	450,051.	447,414.	452,028.	450,877.	443,791.
b Contributions		500.			
c Net investment earnings, gains, and losses	9,821.	9,070.	6,461.	1,151.	7,086.
d Grants or scholarships					
e Other expenditures for facilities and programs	10,899.	6,933.	32,875.		
f Administrative expenses					
g End of year balance	448,973.	450,051.	425,614.	452,028.	450,877.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  91.79 %
- c Temporarily restricted endowment  8.21 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		309,789.		309,789.
b Buildings		11,556,753.	5,962,927.	5,593,826.
c Leasehold improvements				
d Equipment		3,235,491.	2,808,058.	427,433.
e Other		1,376,573.	911,416.	465,157.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,796,205.



**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>PROGRAM CREDITS PAYABLE</b>	<b>423,133.</b>
(3) <b>SECURITY DEPOSITS</b>	<b>4,670.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>427,803.</b>

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	6,458,283.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	218,842.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	1,500.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	220,342.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	6,237,941.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	6,237,941.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	6,631,845.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	1,500.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,500.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	6,630,345.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	6,630,345.

**Part XIII Supplemental Information**

Complete this part to 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.

**PART V, LINE 4: GSHH CURRENTLY MAINTAINS VARIOUS DONOR-RESTRICTED**

**ENDOWMENT FUNDS WHOSE PURPOSES ARE TO PROVIDE LONG TERM SUPPORT FOR THE PROGRAMS OF GIRL SCOUTS HEART OF THE HUDSON, INC. THE INCOME FROM THE ENDOWMENT FUNDS CAN BE USED TO SUPPORT GIRL SCOUT PROGRAMS, TRAINING, AND CAPITAL IMPROVEMENT.**

**IN FISCAL YEAR 2012, COLUMN (B), THE ORGANIZATION REVIEWED AND RECLASSIFIED THE ENDOWMENT FUND BETWEEN UNRESTRICTED, TEMPORARILY RESTRICTED, AND**

**Part XIII** Supplemental Information (continued)

PERMANENTLY RESTRICTED. THEREFORE, OPENING BALANCES HAVE BEEN ADJUSTED.

PART X, LINE 2: GSHH RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS

ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED.

MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX

POSITIONS THAT WOULD REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL

STATEMENTS. GSHH IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE

TAXING JURISDICTIONS FOR THE PERIODS PRIOR TO 2010.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		THE NEXT 100 YEARS	ALUMNAE AND FRIENDS	1	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	105,203.	3,004.	1,345.	109,552.
	2	Less: Contributions	85,553.	529.		86,082.
	3	Gross income (line 1 minus line 2)	19,650.	2,475.	1,345.	23,470.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	11,570.	2,200.		13,770.
	8	Entertainment				
	9	Other direct expenses	10,441.	318.		10,759.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 24,529 )
	11	Net income summary. Combine line 3, column (d), and line 10				-1,059.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				( _____ )
8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

**GIRL SCOUTS HEART OF THE HUDSON INC.**

**Employer identification number**

**13-2985898**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_

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

Schedule I (Form 990) (2012)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CAMPERSHIPS	105	49,556.	0.		
FINANCIAL ASSISTANCE TO MEMBERS	7208	107,526.	0.		
MEMBERSHIPS	75	5,244.	0.		

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: FINANCIAL ASSISTANCE IS AWARDED IN FIVE WAYS:

1. FUNDING OF GIRL SCOUTS USA ("GSUSA") MEMBERSHIP AT \$12/EACH

2. FUNDING OF GIRL SCOUTS LIFETIME MEMBERSHIP FOR GOLD AWARD GIRLS AT \$156/EACH

3. ASSISTANCE FOR THE PURCHASE OF UNIFORM COMPONENTS, BADGES, AND INSIGNIA

4. CAMPERSHIPS, WHICH FUND ALL OR PART OF THE FEES FOR A GIRL TO ATTEND SUMMER CAMP

5. ASSISTANCE FOR THE PAYMENT OF PROGRAM FEES



**Part IV** Supplemental Information

THE MEMBERSHIP FEE FOR GSUSA IS SENT BY THE ORGANIZATION DIRECTLY TO GSUSA. ALL GIRLS THAT ACHIEVE THE GOLD AWARD RECEIVE A GSUSA LIFETIME MEMBERSHIP WHEN THEY "GRADUATE" OUT OF GIRL SCOUTS. THESE FUNDS ARE SENT DIRECTLY TO GSUSA.

EACH FAMILY REQUESTING ASSISTANCE (MEMBERSHIP OR PROGRAM) COMPLETES A "FINANCIAL ASSISTANCE FOR INDIVIDUALS" APPLICATION. ASSISTANCE IS BASED ON A GOVERNMENT/STATE AID SCALE. THE APPLICATION IS REVIEWED AND APPROVED BY THE DIRECTOR OF MEMBERSHIP OR THE COO. THE FINANCIAL AWARD IS RECORDED IN A FINANCIAL ASSISTANCE SPREADSHEET AND IS REVIEWED MONTHLY BY THE CFO. FAMILIES RECEIVING ASSISTANCE FOR UNIFORMS ARE GIVEN VOUCHERS WHICH CAN THEN BE REDEEMED IN OUR RETAIL SHOP FOR UNIFORM/PROGRAM MATERIALS.

GIRLS RECEIVING CAMBERSHIP ASSISTANCE ARE ENROLLED IN A TARGETED GSHH CAMP PROGRAM. THERE IS ALSO AN APPLICATION THAT MUST BE COMPLETED BY THE FAMILY REQUESTING ASSISTANCE. THE ASSISTANCE OFFERED IS BASED ON FINANCIAL NEED.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization

GIRL SCOUTS HEART OF THE HUDSON INC.

Employer identification number

13-2985898

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</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 .....</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	<b>X</b>								
	<b>4b</b>	<b>X</b>								
	<b>4c</b>	<b>X</b>								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5a</b>	<b>X</b>								
	<b>5b</b>	<b>X</b>								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6a</b>	<b>X</b>								
	<b>6b</b>	<b>X</b>								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	<b>X</b>								
<p><b>8</b> Were any amounts reported in 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 .....</p>	<b>8</b>	<b>X</b>								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>									

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

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PAMELA I. ANDERSON CEO	(i)	125,218.	5,000.	0.	0.	31,814.	162,032.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							



**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.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

GIRL SCOUTS HEART OF THE HUDSON INC.

Employer identification number

13-2985898

FORM 990, PART I, LINE 1:

GIRL SCOUTS HEART OF THE HUDSON, INC (GSHH) WAS FORMED IN OCTOBER OF 2007 AS A RESULT OF MERGING FIVE AREA GIRL SCOUT COUNCILS IN THE HUDSON VALLEY OF NEW YORK. GSHH IS GOVERNED BY A MAXIMUM 23 MEMBER VOLUNTEER BOARD OF DIRECTORS AND AN EXPERIENCED MANAGEMENT STAFF. GSHH'S CENTRAL ADMINISTRATIVE OFFICE IS LOCATED IN PLEASANTVILLE, NEW YORK WITH REGIONAL OFFICES IN KINGSTON, MIDDLETOWN, NEW CITY, PLEASANTVILLE AND POUGHKEEPSIE. THE COUNCIL SERVES GIRLS IN A SEVEN COUNTY REGION (DUTCHESS, ORANGE, PUTNAM, ROCKLAND, SULLIVAN, ULSTER, AND WESTCHESTER COUNTIES.) SINCE 1912, GIRL SCOUTS HAS BEEN PROVIDING GIRLS WITH EXTRAORDINARY PROGRAMMING THROUGHOUT THE REGION. CURRENTLY, WE SERVE OVER 32,317 GIRLS IN GRADES K THROUGH 12 AND 14,000 ADULT MEMBERS. IN GIRL SCOUTS HEART OF THE HUDSON'S GEOGRAPHIC AREA, THERE ARE OVER 3,000 TROOPS AND GROUPS PROVIDING GIRL SCOUT PROGRAM ACTIVITIES ON A REGULAR BASIS. GSHH MAINTAINS NINE GIRL SCOUTS HOUSES, FOUR REGIONAL OFFICES, A CENTRAL ADMINISTRATIVE OFFICE AND SIX CAMP PROPERTIES. GSHH IS COMMITTED TO PROVIDING GIRL SCOUTING TO AS MANY GIRLS AS POSSIBLE THROUGHOUT THE HUDSON VALLEY REGION ALL YEAR ROUND. GSHH IS A TAX-EXEMPT, NOT-FOR-PROFIT CORPORATION ORGANIZED UNDER THE LAWS OF THE STATE OF NEW YORK.

RECOGNIZED AS THE AREA'S LARGEST YOUTH-SERVING ORGANIZATION, GSHH CELEBRATES THE UNIQUE QUALITIES TO BE FOUND IN SEVEN DIVERSE COUNTIES IN SOUTHEASTERN NEW YORK STATE. THE COUNCIL REACHES OUT TO GIRLS IN CITIES, TOWNS AND RURAL AREAS FROM THE BRONX BORDER IN THE SOUTH TO THE CATSKILL MOUNTAINS AND FARMLANDS OF THE NORTH, AND FROM THE CONNECTICUT

Name of the organization GIRL SCOUTS HEART OF THE HUDSON INC.	Employer identification number 13-2985898
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STATE LINE IN THE EAST TO THE NEW JERSEY AND PENNSYLVANIA BORDER IN THE WEST.

AS A MEMBERSHIP ORGANIZATION, WE BALANCE OUR BUDGET THROUGH ACTIVITY FEES, PRODUCT SALES OPPORTUNITIES, RETAIL SALES AND PUBLIC SUPPORT. NEARLY 70% OF OUR ANNUAL BUDGET IS PROGRAM DRIVEN. GSHH ENJOYS BROAD SUPPORT FROM NEW YORK STATE GOVERNMENT, UNITED WAY AGENCIES, CORPORATIONS, FOUNDATIONS, INDIVIDUAL DONORS AND ITS MEMBERSHIP.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MEMBERSHIP SERVICES INCLUDING VOLUNTEER DEVELOPMENT AND PUBLIC RELATIONS

GIRL SCOUTS HELPS GIRLS DISCOVER THEMSELVES, CONNECT WITH OTHERS AND TAKE ACTION TO MAKE THE WORLD A BETTER PLACE. DURING 2013, WE WERE ABLE TO SERVE 32,317 GIRLS (AGES 5-18) THANKS TO OUR DEDICATED 14,000 ADULT MEMBERS. MOST GIRLS PARTICIPATED IN GIRL SCOUTS THROUGH OVER 3,000 VOLUNTEER-LED TROOPS AND 96 GIRLS EARNED THE GOLD AWARD, GIRL SCOUTING'S HIGHEST HONOR FOR HIGH SCHOOL AGE GIRLS, WHICH RECOGNIZES LEADERSHIP AND COMMUNITY SERVICE. VOLUNTEERS WORK IN CLOSE PARTNERSHIP WITH GIRL SCOUTS HEART OF THE HUDSON'S MEMBERSHIP AND VOLUNTEER DEVELOPMENT DEPARTMENTS, WHO SUPPORT THE VOLUNTEER STRUCTURE AND HAS OVERSIGHT OVER VOLUNTEER-LED TROOPS AND GROUPS, AS WELL AS RESPONSIBILITY TO ORGANIZE TROOPS, RECRUIT VOLUNTEER TROOP LEADERS, CONDUCT BACKGROUND CHECKS ON VOLUNTEERS WORKING WITH GIRLS, AND DELIVER MANDATORY & SUPPORTIVE TRAINING TO THOUSANDS OF VOLUNTEERS.

Name of the organization GIRL SCOUTS HEART OF THE HUDSON INC.	Employer identification number 13-2985898
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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE GIRL SCOUT LEADERSHIP EXPERIENCE THROUGH PATHWAYS

GIRL SCOUT PATHWAYS ARE THE WAYS THAT GIRLS PARTICIPATE IN GIRL SCOUTING. GIRLS CAN CHOOSE ANY ONE, ALL, OR SOME OF THESE PATHWAYS WITHIN A SINGLE YEAR; HOWEVER, DIFFERENT PATHWAYS MAY BE GEARED SPECIFICALLY TO DIFFERENT GRADE LEVELS.

TROOP PATHWAY OFFERS THE SAME GROUP OF GIRLS THE OPPORTUNITY TO PARTICIPATE IN A VARIETY OF ACTIVITIES, USUALLY OVER THE SPAN OF NINE TO TWELVE MONTHS. GIRLS MAY JOIN AT ANYTIME DURING THE MEMBERSHIP YEAR.

EVENTS ARE STAND-ALONE OFFERINGS. GIRLS PARTICIPATE IN EACH EVENT VERSUS A GROUP COMING TOGETHER REGULARLY.

CAMP PATHWAY FEATURES DAY, WEEKEND AND RESIDENT EXPERIENCES THAT INTRODUCE AND EXPLORE THE OUT-OF-DOORS. A DEFINING CHARACTERISTIC OF THIS PATHWAY IS THAT IT IS AN OUTDOOR, CONDENSED EXPERIENCE.

JULIETTES ARE GIRLS WHO JOIN THE GIRL SCOUT MOVEMENT, WITHOUT JOINING A TROOP. JULIETTES EARN BADGES AND AWARDS, TAKE TRIPS, SELL COOKIES AND ENJOY BEING A GIRL SCOUT.

SERIES OFFERINGS ARE A SEQUENCE OF LINKED PROGRAM SESSIONS - OFFERED BY THE COUNCIL OR COMMUNITY PARTNERS - THAT RELATE TO A SPECIFIC THEME OR PURPOSE AND FEATURE CUMULATIVE, SEQUENTIAL EXPERIENTIAL LEARNING. EACH GIRL CHOOSES TO PARTICIPATE IN THE ENTIRE SERIES AS A COMPLETE PROGRAM

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PACKAGE; A SERIES MAY BE SHORT-TERM OR LONGER-TERM.

TRAVEL PATHWAY OFFERS GIRLS LEADERSHIP OPPORTUNITIES AND CROSS-CULTURAL UNDERSTANDING THROUGH LOCAL, REGIONAL, NATIONAL, AND INTERNATIONAL TRAVEL. GIRLS PREPARE, PLAN, MONEY-EARN AND PARTICIPATE THROUGH GROUP TRAVEL, COUNCIL-SPONSORED TRIPS OR NATIONALLY-SPONSORED EXCURSIONS.

THE "GIRL SCOUT JOURNEYS" ARE GSUSA'S THEME BASED CURRICULUMS WHICH SERVE AS THE FOUNDATION FOR GSHH PROGRAMS DELIVERED TO GIRLS IN GRADES K - 12. THE THREE "GIRL SCOUT JOURNEYS" ARE; IT'S YOUR PLANET LOVE IT - A STEM JOURNEY WHICH TEACHES GIRLS ABOUT THE ENVIRONMENT AND CONSERVATION; IT'S YOUR STORY - TELL IT, WHICH TEACHES GIRLS HOW TO DEVELOP, CREATE AND COMMUNICATE AN EFFECTIVE STORY ABOUT ISSUES IN THE WORLD THEY WOULD LIKE TO CHANGE AND; IT'S YOUR WORLD - CHANGE IT, WHICH TEACHES GIRLS ABOUT ADVOCACY AND EMPOWERS THEM TO LIFT UP THEIR VOICES TO MAKE A POSITIVE CHANGE IN THEIR WORLD.

SOME OF THE CONTEMPORARY ISSUES THAT THE GIRL SCOUT PROGRAMS ADDRESS ARE FINANCIAL LITERACY, SCIENCE, TECHNOLOGY, ENGINEERING & MATH (STEM) PROGRAMS, SELF-ESTEEM PROGRAMS AND MULTI-CULTURAL APPRECIATION. TWO MAJOR PROGRAMMATIC ACCOMPLISHMENTS ARE FOUND IN THE AREA OF FINANCIAL LITERACY AND STEM.

GIRL SCOUTS PROVIDES GIRLS WITH MANY OPPORTUNITIES TO GAIN SOLID FINANCIAL LITERACY SKILLS AND A KNOWLEDGE BASE THAT WILL SERVE THEM IN THEIR ACADEMIC ENDEAVORS, FUTURE CAREER PURSUITS AND IN THEIR EVERYDAY LIVES. FINANCIAL LITERACY IS WOVEN INTO MANY GIRL SCOUT PROGRAMS, THE MOST PROMINENT AND FAR REACHING OF WHICH IS OUR WORLD RENOWNED GIRL



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SCOUT COOKIE PROGRAM. SELLING GIRL SCOUT COOKIES IS AN IMPORTANT COMPONENT OF THE GIRL SCOUT LEADERSHIP EXPERIENCE. ALL REGISTERED GIRL SCOUTS MAY PARTICIPATE IN THE PROGRAM THAT OFFERS GIRLS A HANDS ON ENTREPRENEURIAL EXPERIENCE, THE PROCEEDS OF WHICH NOT ONLY AIDS THE COUNCIL IN ENSURING THAT ALL GIRLS HAVE THE ABILITY TO PARTICIPATE IN GIRL SCOUTS, BUT IT ALSO SERVES AS A WAY FOR GIRLS TO FINANCE DIRECTLY THEIR SELECTED ACTIVITIES AND SPECIAL PROJECTS. THROUGH THE GIRLS EFFORTS LAST YEAR, OVER 80,000 BOXES OF COOKIES WERE GIFTED TO SERVICE MEN AND WOMEN THROUGH OPERATION COOKIE DROP.

IN THE AREA OF STEM PROGRAMMING, GSHH HAS INCORPORATED STEM THEMED ACTIVITIES THROUGHOUT ITS PROGRAM OFFERINGS AND ACROSS PROGRAM DELIVERY MODELS INCLUDING TROOPS, SERIES PROGRAMS AND COUNCIL SPONSORED ACTIVITIES. GSHH ALSO INCREASED ITS STEM OFFERINGS FOR GIRLS ENROLLED IN OUR CAMP PROGRAMS. WE OFFERED A "STEMMING OUT" WEEK AT OUR RESIDENT CAMP FOR GIRLS IN GRADES 6-8. GIRLS ENGAGED IN ACTIVITIES WHERE THEY LEARNED ABOUT AERONAUTICS, ASTRONOMY, ROBOTICS, WATER CONSERVATION AND MORE. WE ALSO RAN A 4 DAY SUMMER SERIES WHICH EXPOSED 50 GIRLS TO SCIENCE EXPLORATION AT OUR ULSTER COUNTY CAMP.

OLDER GIRLS ENGAGED IN AN EXTENSIVE STEM PROJECT FOCUSED ON THE ENVIRONMENT THANKS TO FUNDING FROM THE ALCOA FOUNDATION. THE "FOREVER GREEN" PROJECT INVOLVED 15 GIRL SCOUTS IN GRADES 11-12 IN A PROJECT WHERE THEY LEARNED ABOUT ENVIRONMENTAL CONSERVATION AND EFFICIENT USE OF RESOURCES THROUGH COMPOSTING. THESE GIRL SCOUTS THEN EDUCATED THEIR FELLOW GIRL SCOUTS ABOUT WHAT THEY LEARNED AND HOW THEY TOO CAN TAKE ACTION TO MAKE THE WORLD A BETTER PLACE THROUGH ENVIRONMENTAL CONSERVATION. THE PROJECT IMPACTED OVER 400 GIRL SCOUTS THROUGHOUT THE

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ENTIRE GSHH COUNCIL AND INCLUDED A TRIP TO SWANSEA, WALES TO WORK WITH GIRL GUIDES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

GIRL PROGRAM SERVICES - FLEXIBLE DELIVERY:

GIRL SCOUT PROGRAMS ARE DELIVERED IN A VARIETY OF WAYS; TRADITIONAL AND NON-TRADITIONAL, IN SCHOOLS AND AT THE COMMUNITY LEVEL. TODAY'S GIRL SCOUT OFTEN DOES NOT LIVE IN A COMMUNITY WHERE A VOLUNTEER IS READILY AVAILABLE TO RUN A TROOP. MANY OF THE GIRLS WE SERVE LIVE IN PUBLIC HOUSING OR IN TRANSITIONAL HOUSING, WHERE FEW EDUCATIONAL OR RECREATIONAL ACTIVITIES EXIST OUTSIDE OF THE SCHOOL DAY. THEY OFTEN CANNOT AFFORD THE COSTS ASSOCIATED WITH GIRL SCOUTING SUCH AS TRANSPORTATION, DUES, UNIFORMS, AND PROGRAM MATERIALS. VOLUNTEERS AND SCHOOL ADMINISTRATORS ASSIST GSHH STAFF AND VOLUNTEERS TO IDENTIFY GIRLS AND LOCATIONS THAT WOULD BE SUITABLE FOR THE PROGRAM. GIRL SCOUT HOUSES AND/OR PROPERTIES ARE USED AS LOCATIONS WHENEVER POSSIBLE. WE ALSO PARTNER WITH OTHER YOUTH SERVING AGENCIES ON PROGRAMS THAT PROMOTE LEADERSHIP DEVELOPMENT.

THE COSTS ABSORBED BY GSHH TO DELIVER THESE PROGRAMS INCLUDE HIRING COMMUNITY ORGANIZERS AND PROGRAM FIELD AIDES TO WORK WITH THE GIRLS IN THESE DIFFERENT SETTINGS. EVERY ATTEMPT IS MADE TO OFFER GIRLS A COMPLETE AND WELL ROUNDED GIRL SCOUT EXPERIENCE. THE BENEFITS OF GIRL SCOUTING ARE WELL KNOWN AND WELL DOCUMENTED. PROGRAMS OFFERED MEET THE CHALLENGES FACED BY TODAY'S GIRLS BY PROMOTING SELF ESTEEM, LEADERSHIP SKILLS, FINANCIAL LITERACY AND COLLABORATIVE SKILLS. OUR OUTREACH

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PROGRAMS SERVE APPROXIMATELY 7,000 GIRLS IN UNDERSERVED AREAS OF THE COUNCIL.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GSHH OPERATES FIVE BRICK AND MORTAR RETAIL SHOPS AS WELL AS MAINTAINS AN ONLINE SHOP. THE RETAIL SHOPS FUNCTION FOR THE SOLE PURPOSE OF SUPPORTING OUR GIRL SCOUT MEMBERS, BOTH GIRL AND ADULT. THE SHOPS SELL ALL REQUIRED GIRL SCOUT UNIFORMS, BOTH OFFICIAL AND CASUAL. GIRL MEMBERS ARE REQUIRED TO WEAR THEIR UNIFORMS AT ALL OFFICIAL GIRL SCOUT MEETINGS PROGRAMS, AND TRIPS. THE SHOPS ALSO CARRY RESOURCE AND PROGRAM SUPPORT MATERIALS FOR VOLUNTEERS, LEADERS AND GIRLS. THE SHOPS ALSO SELL GIRL MEMBERS AWARDS AND RECOGNITIONS TO COMMEMORATE VARIOUS LEVELS OF ACHIEVEMENT THROUGHOUT THE GIRL SCOUT MOVEMENT. EXPENSES \$ 105,805. INCLUDING GRANTS OF \$ 0. REVENUE \$ 282,162.

FORM 990, PART VI, SECTION A, LINE 6: ONLY PERSONS WHO ARE MEMBERS OF THE GIRL SCOUT MOVEMENT, 16 YEARS OF AGE AND OLDER, AND ARE CURRENTLY REGISTERED THROUGH THE COUNCIL, ARE ELIGIBLE TO BE VOTING MEMBERS OF THE CORPORATION.

EMPLOYEES ARE NOT ELIGIBLE TO VOTE. VOTING MEMBERS OF THE CORPORATION, IN MEETING ASSEMBLED, SHALL CONSIST OF:

A. DELEGATES ELECTED BY COMMUNITIES (AN AREA DESIGNATED BY THE BOARD OF DIRECTORS WHERE COUNCIL DELEGATES ARE ELECTED).

B. UP TO FIVE (5) DELEGATES-AT-LARGE SELECTED BY THE EXECUTIVE COMMITTEE IF IT IS DETERMINED THAT THERE IS A SEGMENT OF GIRL MEMBERSHIP THAT IS SUBSTANTIALLY UNREPRESENTED BY THE ELECTED COMMUNITY DELEGATES AND WOULD THEREFORE HAVE NO VOICE IN THE POLICY DECISIONS OF THE COUNCIL WITHOUT SUCH

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DELEGATE-AT-LARGE REPRESENTATION. ANY SUCH DELEGATES-AT-LARGE MUST BE ELECTED BY THE MEMBERS OF THE COUNCIL.

C. MEMBERS OF THE BOARD OF DIRECTORS AND MEMBERS OF THE BOARD DEVELOPMENT COMMITTEE WHO ARE NOT OTHERWISE MEMBERS OF THE CORPORATION, ALL OF WHOM SHALL BE EX-OFFICIO VOTING MEMBERS OF THE CORPORATION.

D. NATIONAL COUNCIL DELEGATES WHO ARE ELIGIBLE TO VOTE AND ARE NOT OTHERWISE VOTING MEMBERS OF THE CORPORATION.

E. THE TOTAL NUMBER OF VOTING MEMBERS OF THE CORPORATION SHALL NOT BE LESS THAN 200, AND THE MAXIMUM SHALL BE A NUMBER THAT DOES NOT EXCEED ONE PERCENT (1 %) OF THE TOTAL GIRL MEMBERSHIP AS OF SEPTEMBER EACH YEAR. AT LEAST TWO-THIRDS (2/3) OF THE VOTING MEMBERS OF THE CORPORATION MUST BE ELECTED BY THE COMMUNITIES. ALL VOTING MEMBERS OF THE CORPORATION SHALL SERVE ONLY FOR THE TERM TO WHICH THEY HAVE BEEN ELECTED AND ONLY FOR AS LONG AS THEY ARE REGISTERED WITH THE GIRL SCOUT MOVEMENT THROUGH THE COUNCIL.

FORM 990, PART VI, SECTION A, LINE 7A: THE VOTING MEMBERS OF THE CORPORATION:

- ELECT THE OFFICERS OF THE COUNCIL, THE MEMBERS-AT-LARGE OF THE BOARD OF DIRECTORS, THE MEMBERS OF THE COUNCIL BOARD DEVELOPMENT COMMITTEE, THE FIVE (5) DELEGATES-AT-LARGE, THE DELEGATES TO THE NATIONAL COUNCIL OF GIRL SCOUTS OF THE UNITED STATES OF AMERICA AND, IF VACANCIES OCCUR, PERSONS TO FILL VACANCIES AMONG THOSE DELEGATES.

FORM 990, PART VI, SECTION A, LINE 7B: THE VOTING MEMBERS OF THE CORPORATION:

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- DETERMINE GENERAL LINES OF DIRECTION FOR GIRL SCOUTING WITHIN THE JURISDICTION OF THE COUNCIL BY RECEIVING AND RESPONDING TO REPORTS AND INFORMATION FROM THE BOARD OF DIRECTORS.
- AMEND THE ARTICLES OF INCORPORATION AND BYLAWS.
- TAKE ALL OTHER ACTION REQUIRING A MEMBERSHIP VOTE.
- ATTEND AND PARTICIPATE IN DISTRICT MEETINGS.
- REPORT ON DELEGATE DISCUSSION TO THE COMMUNITIES.
- CONDUCT SUCH OTHER BUSINESS AS MAY, FROM TIME TO TIME, COME BEFORE THE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: GIRL SCOUTS HEART OF THE HUDSON INC. HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, A SPECIALLY CALLED MEETING IS HELD BY THE BOARD OF DIRECTORS TO REVIEW THE FORM 990. AFTER THE 990 IS APPROVED BY ALL MEMBERS OF THE BOARD OF DIRECTORS, THE 990 IS ELECTRONICALLY FILED.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL DISCLOSURES ARE MADE BY ALL MEMBERS OF THE EMPLOYEES, BOARD, BOARD STANDING COMMITTEES, AND THE BOARD DEVELOPMENT COMMITTEE OF ANY DIRECT OR INDIRECT BENEFITS THEY OR MEMBERS OF THEIR FAMILY ARE RECEIVING, OR WILL RECEIVE, AS THE RESULT OF AN AGREEMENT BY THE COUNCIL WITH ANY OUTSIDE PARTY.

ANY POTENTIAL CONFLICT OF INTEREST, NO MATTER HOW INSIGNIFICANT, SHALL BE DISCLOSED IN WRITING TO THE BOARD CHAIR BY THE PERSON CONCERNED PRIOR TO ENGAGING IN A CONFLICT OF INTEREST ACTION.

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WHEN ANY SUCH CONFLICT OF INTEREST IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD, THE INTERESTED PERSON SHALL CALL IT TO THE ATTENTION OF THE BOARD CHAIR OR, WHEN IT ARISES DURING THE COMMITTEE MEETING, TO THE CHAIR OF THE COMMITTEE, AND SUCH PERSON SHALL NOT VOTE ON THE MATTER. MOREOVER, THE PERSON HAVING THE CONFLICT SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD OR COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATIONS OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. THE MINUTES OF THE MEETING OF THE BOARD OR COMMITTEE SHALL REFLECT THAT A CONFLICT OF INTEREST DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT PRESENT DURING THE FINAL DISCUSSION OR VOTE AND DID NOT VOTE. WHEN THERE IS A DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER SHALL BE RESOLVED BY VOTE OF THE BOARD OR COMMITTEE, EXCLUDING THE INTERESTED PERSON.

ANY MATTER THAT ARISES INVOLVING A QUESTION OR INTERPRETATION RELATING TO THIS CONFLICT OF INTEREST SHOULD BE SUBMITTED IN WRITING TO THE BOARD CHAIR FOR DECISION OR REFERRAL TO THE BOARD OR ITS EXECUTIVE COMMITTEE FOR DECISION, WHERE APPROPRIATE.

IN THE EVENT THAT A POTENTIAL CONFLICT OF INTEREST IS NOT DISCLOSED, THE MATTER SHALL BE REFERRED TO THE BOARD OR ITS EXECUTIVE COMMITTEE FOR DETERMINATION OF CONTINUED MEMBERSHIP OF THE INDIVIDUAL CONCERNED ON THE BOARD OF DIRECTORS, A BOARD STANDING COMMITTEE, OR THE BOARD DEVELOPMENT COMMITTEE.

AN EMPLOYEE WHO HAS AN ACTUAL OR POTENTIAL CONFLICT MUST DISCLOSE THIS INFORMATION TO THE ORGANIZATION AS SOON AS POSSIBLE SO THAT THE

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ORGANIZATION CAN PUT SAFEGUARDS IN PLACE TO PROTECT ALL PARTIES.

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

COMPENSATION FOR THE CEO IS UNDER THE RESPONSIBILITY OF THE BOARD OF DIRECTORS (BOD). EACH YEAR, THE BOD ESTABLISHES A CEO PERFORMANCE EVALUATION COMMITTEE. THIS COMMITTEE REVIEWS THE PERFORMANCE OF THE CEO, AND INCLUDES A REVIEW BY SELECT MANAGEMENT AND/OR LEADERSHIP LEVEL STAFF WHO REPORT DIRECTLY TO THE CEO, AS SELECTED BY THE BOD.

ALL SALARY CHANGES, BONUS OR INCENTIVE PAY GRANTED TO THE CEO ARE AT THE RECOMMENDATION AND APPROVAL OF THE BOD.

FOR PAMELA ANDERSON, THIS PROCESS WAS LAST UNDERTAKEN IN SEPTEMBER 2013.

KEY EMPLOYEE AND OFFICERS COMPENSATION

GIRL SCOUTS HEART OF THE HUDSON, INC. HAS A CUSTOMIZED SALARY STRUCTURE THAT WAS DEVELOPED IN CONJUNCTION WITH THE GIRL SCOUTS USA (GSUSA) COMPENSATION TEAM. IT IS BASED ON OUR COUNCIL SIZE, THE COST OF THE LABOR MARKET (ABOVE NATIONAL AVERAGE FOR THE NORTHEASTERN US) AND STAFFING STRUCTURES RELEVANT TO GIRL SCOUT COUNCILS.

EACH YEAR, THE GSUSA COMPENSATION TEAM MAKES A RECOMMENDATION TO COUNCILS ON UPDATING THEIR SALARY STRUCTURE BASED ON MARKET CONDITIONS AND DATA FROM THE U.S. DEPARTMENT OF LABOR BUREAU OF LABOR STATISTICS AND THE WORLD-AT-WORK. THESE RECOMMENDED CHANGES ARE PRESENTED TO THE BOD ANNUALLY FOR THEIR REVIEW.

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IN OCTOBER 2012, ALL STAFF RECEIVED A SALARY INCREASE, APPROVED BY THE BOARD OF DIRECTORS, AND BASED ON THEIR SALARY, GRADE, AND TENURE WITH THE ORGANIZATION ON SEPTEMBER 30, 2012.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. IT IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. GSHH ALSO MAKES THEIR FORM 990 AVAILABLE ON THEIR WEBSITE AND UPON REQUEST. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST AT OR BY CALLING THE ORGANIZATION DIRECTLY.

FORM 990, PART XII, LINE 2C:  
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS DID NOT CHANGE FROM THE PRIOR YEAR.



# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500, ANNUAL FILING REPORT

FOR THE YEAR ENDING

SEPTEMBER 30, 2013

<b>Prepared for</b>	GIRL SCOUTS HEART OF THE HUDSON INC. 2 GREAT OAK LANE PLEASANTVILLE, NY 10570-2110
<b>Prepared by</b>	O'CONNOR DAVIES, LLP 500 MAMARONECK AVENUE HARRISON, NY 10528-1633
<b>Mail tax return to</b>	NEW YORK STATE DEPARTMENT OF LAW CHARITIES BUREAU - REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271
<b>Return must be mailed on or before</b>	MAY 15, 2014
<b>Special Instructions</b>	<p>NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY OF FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED.</p> <p>ENCLOSE A CHECK FOR \$275 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S) ON THE REMITTANCE.</p>

Form <b>CHAR500</b>	<b>Annual Filing for Charitable Organizations</b> New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 http://www.charitiesnys.com	<b>2012</b>
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		<b>Open to Public Inspection</b>

<b>1. General Information</b>		
a. For the fiscal year beginning (mm/dd/yyyy) <b>10/01/2012</b> and ending (mm/dd/yyyy) <b>09/30/2013</b>		
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization <b>GIRL SCOUTS HEART OF THE HUDSON INC.</b>	
	d. Fed. employer ID no. (EIN) <b>13-2985898</b>	
	e. NY State registration no. <b>02-51-44</b>	
	Number and street (or P.O. box if mail not delivered to street address) <b>2 GREAT OAK LANE</b>	Room/suite
	f. Telephone number <b>914 747-3080</b>	
	City or town, state or country and ZIP + 4 <b>PLEASANTVILLE, NY 10570-2110</b>	
	g. Email	

<b>2. Certification - Two Signatures Required</b>			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer	Signature	<b>PAMELA I. ANDERSON</b> Printed Name	<b>CEO</b> Title
			Date
b. Chief Financial Officer or Treas.	Signature	<b>PATRICIA PAGE</b> Printed Name	<b>CFO</b> Title
			Date

<b>3. Annual Report Exemption Information</b>	
a. <b>Article 7-A</b> annual report exemption (Article 7-A registrants and dual registrants) Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 <b>and</b> the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. <b>NOTE:</b> An organization may claim this exemption if no PFR or FRC was used <b>and</b> either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal <b>and</b> contributions from other sources did not exceed \$25,000 <b>or</b> 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.	
b. <b>EPTL</b> annual report exemption (EPTL registrants and dual registrants) Check <input type="checkbox"/> if gross receipts did not exceed \$25,000 <b>and</b> assets (market value) did not exceed \$25,000 at any time during this fiscal year.	
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. <i>Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.</i>	

<b>4. Article 7-A Schedules</b>	
If you did <b>not</b> check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ...	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
* If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)?	<input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No
* If "Yes", complete Schedule 4b.	

<b>5. Fee Submitted:</b> See last page for summary of fee requirements.		
Indicate the filing fee(s) you are submitting along with this form:		
a. Article 7-A filing fee	\$ <u>25.</u>	Submit only one check or money order for the total fee, payable to "NYS Department of Law"
b. EPTL filing fee	\$ <u>250.</u>	
c. <b>Total fee</b>	\$ <u>275.</u>	

<b>6. Attachments</b> - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments <b>▶▶▶</b>
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GIRL SCOUTS HEART OF THE HUDSON INC.

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

**Organization's Registration Type**   **Fee Instructions**

- **Article 7-A**                      Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is \$0.
- **EPTL**                                Calculate the EPTL filing fee using the table in **part b** below. The Article 7-A filing fee is \$0.
- **Dual**                                Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

\* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

<b>For All Filers</b>		
<u>Filing Fee</u>		
<input checked="" type="checkbox"/> Single check or money order payable to "NYS Department of Law"		
<u>Copies of Internal Revenue Service Forms</u>		
<input checked="" type="checkbox"/> <b>IRS Form 990</b>	<input type="checkbox"/> <b>IRS Form 990-EZ</b>	<input type="checkbox"/> <b>IRS Form 990-PF</b>
<input checked="" type="checkbox"/> All required schedules (including Schedule B)	<input type="checkbox"/> All required schedules (including Schedule B)	<input type="checkbox"/> All required schedules (including Schedule B)
<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T

<b>Additional Article 7-A Document Attachment Requirement</b>
<u>Independent Accountant's Report</u>
<input checked="" type="checkbox"/> Audit Report (total support & revenue more than \$250,000)
<input type="checkbox"/> Review Report (total support & revenue \$100,001 to \$250,000)
<input type="checkbox"/> No Accountant's Report Required (total support & revenue not more than \$100,000)