

Product: **Exempt**  
 Name: **GIRL SCOUTS OF THE UNITED STATES OF AMERICA**  
 FEIN: **\*\*\*\*\*4016**  
 Bank Info:  
 Fiscal Year Begin Date: **10/1/2020**  
 IRS Message:

Category:  
 Plan Number:  
 Fiscal Year End Date: **9/30/2021**

IRS Center: **Ogden**  
 e-Postmark: **5/12/2022 7:18 AM**  
 Notification:  
 eSigned:

**Return Information**

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
05/12/2022	20X:0165344-00005:V2	Upload Started			Dehler,Nicole	
05/12/2022	20X:0165344-00005:V2	Released for Transmission - Validation in Progress			Dehler,Nicole	
05/12/2022	20X:0165344-00005:V2	Ready to transmit - Validation Complete				
05/12/2022	20X:0165344-00005:V2	Transmitted to FD	26377520221320334e22			
05/12/2022	20X:0165344-00005:V2	Accepted by FD on 5/12/2022				

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning OCT 1, 2020, and ending SEP 30, 2021

# 2020

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax  
**GIRL SCOUTS OF THE UNITED STATES OF AMERICA**

Taxpayer identification number  
**13-1624016**

Name and title of officer or person subject to tax  
**ANGELA OLDEN**  
**CFO**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>130,701,993.</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize GRANT THORNTON LLP to enter my PIN 26234  
**ERO firm name** **Enter five numbers, but do not enter all zeros**

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

*Angela Olden*

Date 5-11-2022

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

26377536605

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature

*Seth Sampert*

Date 5/12/2022

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

023051 11-03-20

14310429 153424 0165344-00005

2020.05093 GIRL SCOUTS OF THE UNITED 01653441

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2020** calendar year, or tax year beginning **OCT 1, 2020** and ending **SEP 30, 2021**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA		<b>D</b> Employer identification number 13-1624016
	Doing business as		<b>E</b> Telephone number 212-852-8000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	420 FIFTH AVENUE		<b>G</b> Gross receipts \$ 288,076,919.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018		
<b>F</b> Name and address of principal officer: <b>SOFIA CHANG</b> 420 FIFTH AVENUE, NEW YORK, NY 10018		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: WWW.GIRLSGOUTS.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: 1915 **M** State of legal domicile: DC

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: GIRL SCOUTING BUILDS GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER (SEE SCHEDULE O).		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	29
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	29
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	478
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	380000
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	1,943,178.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	8,054,845.	25,861,993.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	58,874,607.	43,706,039.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,924,217.	35,447,850.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,369,191.	25,686,111.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	112,222,860.	130,701,993.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	3,232,296.	9,257,286.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	260,660.	314,887.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	58,625,584.	42,098,574.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,625,675.	626,642.	360,000.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	60,024,941.	58,982,962.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	122,770,123.	111,013,709.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-10,547,263.	19,688,284.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	258,877,900.	294,411,077.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	79,796,900.	75,633,281.

**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		
	ANGELA OLDEN, CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	SCOTT THOMPSETT	<i>Scott Thompsett</i>	5/12/2022		P00741490
<b>Preparer Use Only</b>	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558			
	Firm's address ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013	Phone no. 212-599-0100			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. GIRL SCOUTS OF THE UNITED STATES OF AMERICA	Taxpayer identification number (TIN)  13-1624016
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 420 FIFTH AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10018	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ANGELA OLDEN

- The books are in the care of ▶ 420 FIFTH AVENUE - NEW YORK, NY 10018  
Telephone No. ▶ 212-852-8000 Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until AUGUST 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning OCT 1, 2020, and ending SEP 30, 2021.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: GIRL SCOUTS OF THE UNITED STATES OF AMERICA (GSUSA), HEADQUARTERED IN NEW YORK CITY, IS A NATIONAL NONPROFIT ORGANIZATION WITH THE MISSION TO BUILD GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER WHO MAKE THE WORLD A BETTER PLACE. (SEE SCHEDULE O)

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 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 43,250,089. including grants of \$ 3,657,262. ) (Revenue \$ 32,446,170. ) GIRL PROGRAM DEVELOPMENT AND ADULT LEARNING OPPORTUNITIES (SEE SCHEDULE O)

4b (Code: ) (Expenses \$ 39,216,900. including grants of \$ 5,600,024. ) (Revenue \$ 20,932,712. ) COMPREHENSIVE COUNCIL SUPPORT (SEE SCHEDULE O)

4c (Code: ) (Expenses \$ 15,692,334. including grants of \$ 0. ) (Revenue \$ 6,268,981. ) BRAND PROMOTION AND EXTERNAL ENGAGEMENT (SEE SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 98,159,323.

**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 donor-restricted endowments or in 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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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 25a</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), 501(c)(4), and 501(c)(29) 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> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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> .....		X
<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 or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ..... <b>2a</b> 478		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? ..... <b>3a</b>	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O ..... <b>3b</b>	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... <b>4a</b>		X
<b>b</b>	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ..... <b>5b</b>		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ..... <b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ..... <b>6a</b>		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ..... <b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? ..... <b>7a</b>		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? ..... <b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ..... <b>7c</b>		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ..... <b>7e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ..... <b>7f</b>		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... <b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? ..... <b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ..... <b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? ..... <b>9a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ..... <b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? ..... <b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? ..... <b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? ..... <b>14a</b>		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O ..... <b>14b</b>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ..... <b>15</b>	X	
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? ..... <b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			



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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
 ANGELA OLDEN - 212-852-8000  
 420 FIFTH AVENUE, NEW YORK, NY 10018

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (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. See instructions for the order in which to list the persons above.

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

(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) SYLVIA ACEVEDO FORMER CEO & EX OFFICIO BD	0.00 0.00						X	1,223,998.	0.	352,927.
(2) ANGELA OLDEN CHIEF FINANCIAL OFFICER	35.00 0.00			X				400,541.	0.	51,652.
(3) LYNELLE MCKAY (THRU 12/2020) CHIEF CUSTOMER OFFICER	35.00 0.00				X			387,511.	0.	47,383.
(4) BARRY HOROWITZ (THRU 05/2021) CHIEF REVENUE OFFICER	35.00 0.00				X			376,928.	0.	35,739.
(5) ANNETTE FREYTAG FORMER CHIEF OF STAFF	0.00 0.00						X	387,033.	0.	21,594.
(6) JENNIFER ROCHON GENERAL COUNSEL	35.00 0.00					X		350,945.	0.	50,415.
(7) SAPREET KAUR SALUJA CHIEF STR PSHIP/NEW VENT OFFICER	35.00 0.00				X			345,489.	0.	34,454.
(8) MAUREEN MCNERNEY CHIEF PEOPLE OFFICER	35.00 0.00					X		295,670.	0.	50,902.
(9) ROBERT O'CONNOR (THRU 09/2020) SR DIRECTOR, TECH OPERATIONS	35.00 0.00					X		266,968.	0.	23,510.
(10) AMY BODIN CHIEF ADMIN OFFICER	35.00 0.00				X			238,071.	0.	33,027.
(11) PHILIP KAGAN EXECUTIVE, IT & SECURITY OFFICER	35.00 0.00					X		249,891.	0.	9,782.
(12) DANIEL SCHULTZE (THRU 09/2020) SR. DR, PRODUCTS, PLATFORMS, & SVCS	35.00 0.00					X		241,564.	0.	16,078.
(13) WENDY LOU (AS OF 05/2021) CHIEF REVENUE OFFICER	35.00 0.00				X			213,744.	0.	9,493.
(14) JUDITH N. BATTY INTERIM CEO & EX OFFICIO BD	35.00 0.00			X				218,734.	0.	471.
(15) AMY BERKOWITZ FORMER CHIEF INFORMATION OFFICER	0.00 0.00						X	213,459.	0.	0.
(16) ANTHONY DOYE FORMER CHIEF OPERATING OFFICER	0.00 0.00						X	141,230.	0.	9,198.
(17) KATHY HOPINKAH HANNAN NATIONAL PRESIDENT (THRU 10/2020)	10.00 0.00	X		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) KAREN P. LAYNG NATIONAL PRESIDENT (AS OF 10/2020)	10.00 0.00	X		X				0.	0.	0.
(19) SHARON HOSKIN MATTHEWS FIRST VICE PRESIDENT (THRU 10/2020)	10.00 0.00	X		X				0.	0.	0.
(20) JEANNE KWONG BICKFORD FIRST VICE PRESIDENT (AS OF 10/2020)	10.00 0.00	X		X				0.	0.	0.
(21) NOORAIN KHAN SECOND VICE PRESIDENT (AS OF 10/2020)	10.00 0.00	X		X				0.	0.	0.
(22) JEANMARIE C GRISI TREASURER (THRU 10/2020)	10.00 0.00	X		X				0.	0.	0.
(23) VALARIE A. GELB TREASURER (AS OF 10/2020)	10.00 0.00	X		X				0.	0.	0.
(24) RACHEL ROCHE WALTON SECRETARY (AS OF 10/2020)	10.00 0.00	X		X				0.	0.	0.
(25) JENNY ALONZO BOARD MEMBER (THRU 10/2020)	5.00 0.00	X						0.	0.	0.
(26) MARY ANN ALTERGOTT BOARD MEMBER	5.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								5,551,776.	0.	746,625.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								5,551,776.	0.	746,625.

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 191

	Yes	No
3 Did the organization list any former officer, director, 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
SALESFORCE.ORG FDN, P.O. BOX 39000, SAN FRANCISCO, CA 94139-0001	TECHNICAL SERVICES	4,668,192.
ERNST & YOUNG U.S. LLP P.O. BOX 640382, PITTSBURGH, PA 15264-0382	IT DEVELOPMENT	2,542,800.
DORSEY & WHITNEY, 51 WEST 52ND STREET, NEW YORK, NY 10019-6119	LEGAL SERVICES	1,787,922.
ADOBE SYSTEMS, INC. 29322 NETWORK PLACE, CHICAGO, IL 60673	IT DEVELOPMENT	1,567,795.
VISIONIT, INC. 3031 W. GRAND BLVD, DETROIT, MI 48202	IT DEVELOPMENT	1,479,337.

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 119

SEE PART VII, SECTION A CONTINUATION SHEETS

**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 (check all that apply)						(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			
(27) MARY STENGEL AUSTEN BOARD MEMBER (THRU 10/2020)	5.00 0.00	X						0.	0.	0.
(28) BETH BOVIS BOARD MEMBER (AS OF 10/2020)	5.00 0.00	X						0.	0.	0.
(29) EILEEN DRAKE BOARD MEMBER	5.00 0.00	X						0.	0.	0.
(30) WENDY DRUMMOND BOARD MEMBER	5.00 0.00	X						0.	0.	0.
(31) CHARLES GARCIA JR BOARD MEMBER (THRU 10/2020)	5.00 0.00	X						0.	0.	0.
(32) VICKI GARDNER BOARD MEMBER	5.00 0.00	X						0.	0.	0.
(33) LORRAINE HACK BOARD MEMBER (AS OF 10/2020)	5.00 0.00	X						0.	0.	0.
(34) HEATHER HIGGINBOTTOM BOARD MEMBER (THRU 10/2020)	5.00 0.00	X						0.	0.	0.
(35) VIEVETTE HENRY BOARD MEMBER (AS OF 10/2020)	5.00 0.00	X						0.	0.	0.
(36) VIDYA KRISHNAN BOARD MEMBER (AS OF 10/2020)	5.00 0.00	X						0.	0.	0.
(37) ROSE LITTLEJOHN BOARD MEMBER	5.00 0.00	X						0.	0.	0.
(38) SUSAN MAJOR BOARD MEMBER	5.00 0.00	X						0.	0.	0.
(39) LYDIA MALLET BOARD MEMBER (AS OF 10/2020)	5.00 0.00	X						0.	0.	0.
(40) RUMI MORALES BOARD MEMBER (AS OF 10/2020)	5.00 0.00	X						0.	0.	0.
(41) BRIT MORIN BOARD MEMBER (THRU 07/2021)	5.00 0.00	X						0.	0.	0.
(42) ILEANA MUSA BOARD MEMBER	5.00 0.00	X						0.	0.	0.
(43) MINA NGUYEN BOARD MEMBER (THRU 10/2020)	5.00 0.00	X						0.	0.	0.
(44) DEBRA NIELSON BOARD MEMBER	5.00 0.00	X						0.	0.	0.
(45) MARCUS PEACOCK BOARD MEMBER (AS OF 10/2020)	5.00 0.00	X						0.	0.	0.
(46) EDMUND RASTRELLI BOARD MEMBER (AS OF 10/2020)	5.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line 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 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>	18,429.					
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>						
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	7,744,066.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	18,099,498.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 416,192.					
	<b>h Total.</b> Add lines 1a-1f			25,861,993.				
Program Service Revenue	<b>2 a</b> MEMBERSHIP DUES	Business Code	624100	35,045,793.	35,045,793.	0.	0.	
	<b>b</b> SOFTWARE MAINTENANCE		518210	6,128,351.	6,128,351.	0.	0.	
	<b>c</b> MEETING & LEARN. EVENT		721000	1,744,528.	468,225.	1,276,303.	0.	
	<b>d</b> ONE GS MEDIA ADV. REV.		541800	666,352.	0.	666,352.	0.	
	<b>e</b> USAGSO COUNCIL SERVICE		900099	99,730.	99,730.	0.	0.	
	<b>f</b> All other program service revenue		900099	21,285.	21,285.			
	<b>g Total.</b> Add lines 2a-2f			43,706,039.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			2,419,683.		-8,480.	2,428,163.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties			9,605,776.			9,605,776.	
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real					
			(ii) Personal					
	<b>b</b> Less: rental expenses	<b>6b</b>						
	<b>c</b> Rental income or (loss)	<b>6c</b>						
	<b>d</b> Net rental income or (loss)							
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	176,307,105.				
			(ii) Other					
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		143,278,938.				
<b>c</b> Gain or (loss)	<b>7c</b>		33,028,167.					
<b>d</b> Net gain or (loss)			33,028,167.		9,003.	33,019,164.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>							
<b>b</b> Less: direct expenses	<b>8b</b>							
<b>c</b> Net income or (loss) from fundraising events								
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>							
<b>b</b> Less: direct expenses	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities								
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		30,037,812.					
<b>b</b> Less: cost of goods sold	<b>10b</b>		14,095,988.					
<b>c</b> Net income or (loss) from sales of inventory			15,941,824.	15,941,824.				
Miscellaneous Revenue	<b>11 a</b> REBATES	Business Code	900099	102,908.		102,908.		
	<b>b</b> INSURANCE RECOVERY		900099	17,205.		17,205.		
	<b>c</b> _____							
	<b>d</b> All other revenue		900099	18,398.		18,398.		
	<b>e Total.</b> Add lines 11a-11d			138,511.				
<b>12 Total revenue.</b> See instructions			130,701,993.	57,705,208.	1,943,178.	45,191,614.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	9,172,976.	9,172,976.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	78,983.	78,983.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	5,327.	5,327.		
<b>4</b> Benefits paid to or for members .....	314,887.	314,887.		
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,826,018.	1,566,003.	899,623.	360,392.
<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 .....	33,574,605.	28,691,524.	3,353,289.	1,529,792.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	2,935,483.	2,779,447.	75,164.	80,872.
<b>10</b> Payroll taxes .....	2,762,468.	2,381,224.	277,529.	103,715.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	155,373.	155,373.		
<b>b</b> Legal .....	2,994,645.	2,830,894.	143,565.	20,186.
<b>c</b> Accounting .....	453,577.	338,755.	71,916.	42,906.
<b>d</b> Lobbying .....	185,749.	185,749.		
<b>e</b> Professional fundraising services. See Part IV, line 17	360,000.			360,000.
<b>f</b> Investment management fees .....	489,284.		489,284.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	10,181,738.	9,598,556.	507,058.	76,124.
<b>12</b> Advertising and promotion .....	3,299,918.	3,147,694.	14,412.	137,812.
<b>13</b> Office expenses .....	1,162,759.	1,075,780.	50,567.	36,412.
<b>14</b> Information technology .....	16,812,954.	14,647,179.	1,674,150.	491,625.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	3,235,219.	2,581,006.	539,733.	114,480.
<b>17</b> Travel .....	250,852.	185,799.	51,196.	13,857.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....	217,342.	191,581.	21,860.	3,901.
<b>21</b> Payments to affiliates .....	1,027,949.	1,027,949.		
<b>22</b> Depreciation, depletion, and amortization .....	10,813,603.	10,380,018.	235,212.	198,373.
<b>23</b> Insurance .....	1,278,875.	1,166,014.	93,094.	19,767.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> COMMISSION EXPENSE	1,338,861.	1,338,861.	0.	0.
<b>b</b> CREDIT CARD PROCESSING	1,093,903.	1,093,903.	0.	0.
<b>c</b> RECRUITMENT EXPENSE	409,781.	0.	409,781.	0.
<b>d</b> PAYROLL FEES	246,553.	0.	246,553.	0.
<b>e</b> All other expenses _____	3,334,027.	3,223,841.	74,725.	35,461.
<b>25</b> Total functional expenses. Add lines 1 through 24e	111,013,709.	98,159,323.	9,228,711.	3,625,675.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	114,306.	<b>1</b>	45,115.
	<b>2</b> Savings and temporary cash investments .....	15,212,764.	<b>2</b>	19,729,279.
	<b>3</b> Pledges and grants receivable, net .....	3,595,775.	<b>3</b>	5,429,916.
	<b>4</b> Accounts receivable, net .....	2,379,879.	<b>4</b>	3,770,774.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	0.	<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....	0.	<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	0.	<b>7</b>	
	<b>8</b> Inventories for sale or use .....	5,489,999.	<b>8</b>	6,470,011.
	<b>9</b> Prepaid expenses and deferred charges .....	2,531,286.	<b>9</b>	1,192,871.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 124,775,713.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 77,052,549.	48,690,844.	<b>10c</b> 47,723,164.
	<b>11</b> Investments - publicly traded securities .....	61,536,933.	<b>11</b>	123,863,682.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	118,402,701.	<b>12</b>	85,137,011.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	923,413.	<b>15</b>	1,049,254.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	258,877,900.	<b>16</b>	294,411,077.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	19,692,625.	<b>17</b>	18,795,356.
	<b>18</b> Grants payable .....	0.	<b>18</b>	
	<b>19</b> Deferred revenue .....	32,819,647.	<b>19</b>	27,735,321.
	<b>20</b> Tax-exempt bond liabilities .....	0.	<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	0.	<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	0.	<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	7,000,000.	<b>23</b>	24,000,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	0.	<b>24</b>	
	<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 .....	20,284,628.	<b>25</b>	5,102,604.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	79,796,900.	<b>26</b>	75,633,281.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	114,548,692.	<b>27</b>	138,110,133.
	<b>28</b> Net assets with donor restrictions .....	64,532,308.	<b>28</b>	80,667,663.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	179,081,000.	<b>32</b>	218,777,796.
<b>33</b> Total liabilities and net assets/fund balances .....	258,877,900.	<b>33</b>	294,411,077.	

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	130,701,993.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	111,013,709.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	19,688,284.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	179,081,000.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	8,539,870.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	11,468,642.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	218,777,796.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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>b</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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	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 on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</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 on Schedule O and describe any steps taken to undergo such audits _____		

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**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	14,382,286.	15,983,792.	15,611,118.	8,054,845.	25,861,993.	79,894,034.
<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 .....	14,382,286.	15,983,792.	15,611,118.	8,054,845.	25,861,993.	79,894,034.
<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) .....						2,813,694.
<b>6 Public support.</b> Subtract line 5 from line 4.						77,080,340.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	14,382,286.	15,983,792.	15,611,118.	8,054,845.	25,861,993.	79,894,034.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	10,777,779.	11,181,631.	12,123,359.	9,885,855.	12,025,459.	55,994,083.
<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 VI.) .....	128,739.	127,271.	160,407.	153,522.	138,511.	708,450.
<b>11 Total support.</b> Add lines 7 through 10						136,596,567.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	382,040,732.
<b>13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	56.43 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	49.19 %
<b>16a 33 1/3% support test - 2020.</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 checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</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 - 2020.</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 VI 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 - 2019.</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 VI 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<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						
<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 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<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 VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2019.** 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 .....

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020



**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

INSURANCE RECOVERY

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 74,368.

2019 AMOUNT: \$ 15,231.

2020 AMOUNT: \$ 17,205.

EMCC SERVICE CHARGES

2016 AMOUNT: \$ 89,707.

2017 AMOUNT: \$ 35,278.

2018 AMOUNT: \$ 38,991.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 0.

REBATES

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 31,654.

2019 AMOUNT: \$ 85,676.

2020 AMOUNT: \$ 102,908.

MISCELLANEOUS REVENUES

2016 AMOUNT: \$ 39,032.

2017 AMOUNT: \$ 91,993.

2018 AMOUNT: \$ 15,394.

2019 AMOUNT: \$ 52,615.

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

2020 AMOUNT: \$ 18,398.

Multiple horizontal lines for supplemental information.

# 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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2020

Name of the organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA	Employer identification number 13-1624016
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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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

Name of organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA	Employer identification number 13-1624016
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**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
1	<hr/> <hr/> <hr/>	\$ 7,306,904.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,471,437.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA	Employer identification number 13-1624016
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**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/>	\$ 900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 702,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 557,043.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA	Employer identification number 13-1624016
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**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 GIRL SCOUTS OF THE UNITED STATES OF AMERICA	Employer identification number 13-1624016
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA	Employer identification number 13-1624016
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule C (Form 990 or 990-EZ) 2020**

LHA

032041 12-02-20



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	9,040.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	176,709.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	185,749.													
<b>d</b>	Other exempt purpose expenditures .....	109,978,676.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	110,164,425.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	208,673.	161,535.	157,974.	185,750.	713,932.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	16,403.	11,067.	10,188.	9,040.	46,698.

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year .....	<b>2a</b>
<b>b</b> Carryover from last year .....	<b>2b</b>
<b>c</b> Total .....	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (See instructions) .....	<b>5</b>

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization** GIRL SCOUTS OF THE UNITED STATES OF AMERICA  
**Employer identification number** 13-1624016

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in 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" on 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 (for example, recreation or education)  Preservation of a 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 7/25/06, 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? .....

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

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

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

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" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

**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 make 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 program
  - 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" on 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, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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	177,963,000.	172,263,000.	171,261,000.	162,607,000.	130,538,000.
b Contributions	139,000.	2,333,000.	1,259,090.	3,935,000.	17,962,000.
c Net investment earnings, gains, and losses	43,492,000.	15,553,000.	7,929,000.	11,520,000.	18,815,000.
d Grants or scholarships	5,579,813.	6,861,576.	1,859,000.	1,031,000.	1,257,000.
e Other expenditures for facilities and programs	9,251,187.	5,324,424.	6,327,090.	5,770,000.	3,451,000.
f Administrative expenses					
g End of year balance	206,763,000.	177,963,000.	172,263,000.	171,261,000.	162,607,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  67.8300 %
  - b Permanent endowment  13.4900 %
  - c Term endowment  18.6800 %
- The percentages on 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:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		377,059.		377,059.
b Buildings		37,849,123.	36,559,984.	1,289,139.
c Leasehold improvements		23,087,049.	4,784,327.	18,302,722.
d Equipment		9,053,880.	5,249,946.	3,803,934.
e Other		54,408,602.	30,458,292.	23,950,310.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				47,723,164.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) PRIVATE EQUITY FUND	24,013,979.	END-OF-YEAR MARKET VALUE
(B) COMMON COLLECTIVE TRUST	14,205,074.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUND	21,144,920.	END-OF-YEAR MARKET VALUE
(D) REAL ESTATE	7,135,933.	END-OF-YEAR MARKET VALUE
(E) GLOBAL COMMINGLED	18,637,105.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	85,137,011.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION LIABILITY	4,461,131.
(3) FUNDS HELD IN TRUST	641,473.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,102,604.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	151,376,761.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 8,539,870.		
<b>b</b>	Donated services and use of facilities	<b>2b</b> 2,494,401.		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 11,468,642.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	22,502,913.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	128,873,848.
<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> 489,284.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> 1,338,861.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	1,828,145.
<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>	130,701,993.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	111,679,965.
<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> 2,494,401.		
<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>	2,494,401.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	109,185,564.
<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> 489,284.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> 1,338,861.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	1,828,145.
<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>	111,013,709.

**Part XIII Supplemental Information.**

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

PART III, LINE 4:

ORGANIZATION IS MAINTAINING COLLECTIONS OF ART, HISTORICAL TREASURES, OR

OTHER SIMILAR ASSETS.

GIRL SCOUTS OF THE USA OWNS UNIQUE COLLECTIONS AND PLACES - JULIETTE

GORDON LOW BIRTHPLACE, HEADQUARTERS, AND THE EDITH MACY CONFERENCE CENTER

- THAT SERVE AS A BRIDGE BETWEEN ITS RICH HISTORY AND THE 21ST CENTURY,

ALL TO SUPPORT THE ORGANIZATION'S MISSION TO "GROW GIRLS OF COURAGE,

CONFIDENCE, AND CHARACTER TO MAKE THE WORLD A BETTER PLACE." THEY OFFER

ENGAGING, RELEVANT, AND INNOVATIVE EXPERIENCES FOR GIRLS AND ADULTS,

WELCOMING MORE THAN 100,000 VISITORS ANNUALLY FROM AROUND THE NATION AND

WORLD, AND INCLUDE OVER 400 ACRES AND 40+ ROOFED STRUCTURES, AND

ENCOMPASSING A SIGNIFICANT CURATORIAL AND ARCHIVAL COLLECTION DOCUMENTING

**Part XIII** Supplemental Information (continued)

AND ILLUSTRATING THE HISTORY OF THE WORLD'S LARGEST EXTANT FEMALE-LED ORGANIZATION FOR GIRLS.

THE JULIETTE GORDON LOW BIRTHPLACE ("BIRTHPLACE"), LISTED ON THE NATIONAL REGISTER AND A CONTRIBUTING SITE TO A NATIONAL HISTORIC LANDMARK DISTRICT, IS LOCATED IN SAVANNAH, GA. PERHAPS THE ONLY HOUSE MUSEUM IN THE NATION CREATED SPECIFICALLY FOR GIRLS TO ENJOY, GROW, AND LEARN, IT ATTRACTS ANNUALLY APPROXIMATELY 40,000 VISITORS - MEN, WOMEN, AND YOUTH ALIKE. JULIETTE GORDON LOW WAS BORN IN THE HOUSE IN 1860, AND SHE LIVED IN AND VISITED IT THROUGHOUT HER LIFE, INCLUDING WHEN SHE FOUNDED GIRL SCOUTS THERE IN 1912. AS A RESULT OF THE PANDEMIC, AND A RENOVATION, THE BIRTHPLACE WAS FORCED TO CLOSE FROM MARCH 2020-MARCH 2021.

THE \$3.5 MILLION RENOVATION OF THE BUILDINGS AND GARDEN MODERNIZED THE VISITOR SERVICES EXPERIENCE, INCREASED ACCESSIBILITY, AND CREATED SPACES TO ACCOMMODATE NEW REVENUE STREAM OPPORTUNITIES. THE BUILDINGS ON THE PROPERTY NOW OPERATE AS A HISTORIC CAMPUS, INSTEAD OF INDIVIDUAL BUILDINGS. THE OUTBUILDINGS WERE UPDATED TO HOUSE A MODERN TICKETING CENTER, A MUSEUM STORE, AND PROGRAM SPACES. A MODERN STRUCTURE WITH AN ELEVATOR NOW CONNECTS THE TWO HISTORIC OUTBUILDINGS. IN THE MAIN HOUSE, THE BASEMENT LEVEL WAS UPDATED WITH A NEW ORIENTATION GALLERY FEATURING HISTORIC PHOTOGRAPHS AND CONTENT, PROGRAM SPACE, AND ACCESSIBLE RESTROOMS. ADDITIONALLY, CHANGES TO THE GARDEN CREATED ACCESSIBLE SPACE FOR GIRL SCOUT CEREMONIES AND BIRTHPLACE EVENTS.

THE BIRTHPLACE HAS SINCE REOPENED TO THE PUBLIC, OFFERS EXTENSIVE GIRL SCOUT PROGRAMMING, COLLABORATES WITH THE LOCAL HISTORIC GEORGIA COUNCIL, AND IS A LEADING CULTURAL INSTITUTION IN SAVANNAH. FOR MORE INFORMATION,

**Part XIII** Supplemental Information (continued)

PLEASE SEE

[HTTPS://WWW.JULIETTEGORDONLOWBIRTHPLACE.ORG/EN/EXPLORE/WHAT-WILL-I-SEE-.HT](https://www.juliettegordonlowbirthplace.org/en/explore/what-will-i-see-.ht)

ML

THE EDITH MACY CONFERENCE CENTER ("EMCC"), LOCATED IN BRIARCLIFF MANOR, WESTCHESTER COUNTY, NEW YORK, IS A 400+ ACRE CULTURAL ASSET OF GSUSA THAT SERVES AS A CONVENING PLACE FOR GIRL SCOUT MEETINGS AND TRAININGS, AND ALSO AS A CONFERENCE CENTER FOR OTHER CLIENTELE. V. EVERIT MACY DONATED THE ORIGINAL 200-ACRE CORE OF EMCC IN 1925 IN MEMORY OF HIS WIFE, EDITH CARPENTER MACY, THE CHAIRWOMAN OF THE GIRL SCOUTS OF THE USA NATIONAL BOARD FROM 1919 TO 1925. COMBINED WITH 1920 CAMP ANDREE - DONATED TO GIRL SCOUTS BY SENATOR AND MRS. WILLIAM A. CLARK IN MEMORY OF THEIR DAUGHTER, ANDREE, WHO DIED AT THE AGE OF 16 - EMCC ENCOMPASSES A LAKE (AND DAM SYSTEM), WALKING TRAILS, WOODLANDS, WETLANDS, AND OTHER TOPOGRAPHIES THAT STRADDLE VARIOUS TOWNSHIP AND SCHOOL DISTRICT BOUNDARIES, AND MORE THAN 40 ROOFED STRUCTURES, SOME OF WHICH EMBODY SIGNIFICANT HISTORICAL ATTRIBUTES, SUCH AS THE MAGNIFICENT GREAT HALL, DESIGNED BY JAMES YARDLEY RIPPEN, ARCHITECT OF THE FIRST PRESIDENTIAL RETREAT, RAPIDAN, BUILT FOR PRESIDENT AND MRS. HENRY HOOVER. THE EMCC CONFERENCE FACILITIES, BUILT IN 1982, INCLUDE 54 SLEEPING ROOMS, VARIOUS MEETING SPACES, A 200-SEAT AUDITORIUM, AND A SMALL RESTAURANT. SINCE 1999, GSUSA HAS OUTSOURCED THE MANAGEMENT OF EMCC TO BENCHMARK HOSPITALITY INTERNATIONAL, A GLOBAL HOTEL, RESORT, AND CONFERENCE CENTER MANAGING AND MARKETING FIRM.

THE COLLECTION OF THE GIRL SCOUTS OF THE USA ("COLLECTION") REFLECTS THE HISTORY OF THE OLDEST AND LARGEST EXTANT WOMEN-LED ORGANIZATION IN THE UNITED STATES, AND THUS IS A WINDOW INTO THE ROLE AND AGENCY OF WOMEN FROM SOME OF THE EARLIEST DAYS IN OUR COUNTRY'S HISTORY TO THE PRESENT.



**Part XIII** Supplemental Information (continued)

IT SPANS CENTURIES, GENRES, AND STYLES, AND INCLUDES CORPORATE RECORDS,  
 PERSONAL WRITINGS, EPHEMERA, MEDIA, SCRAPBOOKS, FINE AND DECORATIVE ARTS,  
 FARM AND CAMP EQUIPMENT, FURNISHINGS, TEXTILES, SCULPTURE, JEWELRY,  
 SILVER, INTERNATIONAL GIFTS, PRODUCT AND MEMORABILIA, AWARDS AND  
 RECOGNITIONS, AND GIRL SCOUT UNIFORMS, BADGES, AND INSIGNIA, AS WELL AS  
 PERSONAL LETTERS AND WRITINGS OF JULIETTE GORDON LOW, GSUSA FOUNDER, AND  
 LOU HENRY HOOVER, WIFE OF PRESIDENT HERBERT HOOVER AND TWICE NATIONAL  
 PRESIDENT OF GIRL SCOUTS. A WIDE VARIETY OF ARTISTS, CRAFTSPEOPLE, AND  
 MANUFACTURERS ARE REPRESENTED, INCLUDING SAUL BELLOWS, CARTIER, LYDIA  
 FIELDING EMMET, ROY HALSTON, FRIDA HANSEN, GEORGE PETER ALEXANDER HEALY,  
 ALFRED JONNIAUX, JAMES YARDLEY RIPPIN, W. & J. SLOANE, AND LOUIS COMFORT  
 TIFFANY. THE COLLECTION IS LOCATED AT NATIONAL HEADQUARTERS, THE EDITH  
 MACY CONFERENCE CENTER, AND THE JULIETTE GORDON LOW BIRTHPLACE, AND IS  
 AVAILABLE FOR RESEARCH BY APPOINTMENT IN BOTH NEW YORK AND GEORGIA.

## PART V, LINE 4:

## ENDOWMENT FUNDS

THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO DEVELOP,  
 SUPPORT, AND EXTEND THE GIRL SCOUT MOVEMENT.

## PART VI, LINE 1E:

THE AMOUNTS SHOWN AS "OTHER" REPRESENT SOFTWARE DEVELOPMENT COSTS.

## PART X, LINE 2:

THE ORGANIZATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR  
 UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX  
 RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND

**Part XIII** Supplemental Information (continued)

MEASUREMENT. THIS STANDARD PROVIDES THAT THE TAX EFFECTS FROM AN  
 UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL  
 STATEMENTS ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED  
 IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE STANDARD  
 ALSO PROVIDES GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND  
 PENALTIES, AND DISCLOSURE AND HAD NO MATERIAL IMPACT ON THE ACCOMPANYING  
 CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION HAS PROCESSES  
 PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO  
 IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX  
 OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND  
 EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

PENSION RELATED GAIN	10,846,561.
PENSION COSTS OTHER THAN NET PERIODIC PENSION COST	521,570.
CHANGE IN VALUE OF CHARITABLE GIFT ANNUITY	60,777.
CHANGE IN VALUE OF DEFERRED GIFTS	39,734.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	11,468,642.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

COMMISSION EXPENSE ON ROYALTIES	1,250,734.
COMMISSION EXPENSE ON ADVERTISING REVENUE	88,127.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,338,861.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

COMMISSION EXPENSE ON ROYALTIES	1,250,734.
COMMISSION EXPENSE ON ADVERTISING REVENUE	88,127.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	1,338,861.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA	Employer identification number 13-1624016
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	8	PROGRAM SERVICES	SEE PART V	883,877.
EAST ASIA AND THE PACIFIC	0	4	PROGRAM SERVICES	SEE PART V	621,931.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		39,178,126.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANT MAKING		5,327.
<b>3 a Subtotal</b> .....	0	12			40,689,261.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	12			40,689,261.

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	VARIOUS	5,327.	ACH PAYMENT	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **1**

3 Enter total number of other organizations or entities ..... **1**



**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

FORM 990, SCHEDULE F, PART I, LINE 2:

GRANTS PAID

GIRL SCOUTS OF THE UNITED STATES OF AMERICA MONITORS GRANTS AWARDED BY

REVIEWING PROGRESS REPORTS FOR THOSE GRANTS. ADDITIONALLY, FINANCIAL

STAFF REVIEWS ALL EXPENSES SUBMITTED FOR REIMBURSEMENT FOR ALL GRANTS

TO ENSURE COMPLIANCE WITH GSUSA POLICIES AND PROCEDURES.

FORM 990, SCHEDULE F, PART I, LINE 3, COLUMN C:

OFFICERS, EMPLOYEES, OR AGENTS OUTSIDE THE U.S.

GIRL SCOUTS OF THE UNITED STATES OF AMERICA HAS 12 EMPLOYEES LOCATED

OUTSIDE THE UNITED STATES SERVING DEPENDENT MILITARY FAMILIES AND

OTHERS ON US MILITARY BASES, AS WELL AS FAMILIES SERVING AT US

EMBASSIES AND CONSULATES.

FORM 990, SCHEDULE F, PART I, LINE 3, COLUMN E:

TO ASSURE THE DELIVERY OF SERVICES TO GIRLS AND ADULTS IN ACCORDANCE

WITH THE MISSION, POLICIES AND GOALS OF THE ORGANIZATION. SERVICES

INCLUDE LEADERSHIP DEVELOPMENT EXPERIENCES FOR GIRLS AND LEARNING

OPPORTUNITIES FOR ADULTS.

FORM 990, SCHEDULE F, PART IV FOREIGN FORMS:

GIRL SCOUTS OF THE UNITED STATES OF AMERICA ("GSUSA") INVESTS IN

DOMESTIC AND FOREIGN INVESTMENT VEHICLES THAT MAY OWN AN INTEREST IN A

FOREIGN CORPORATION, PASSIVE FOREIGN INVESTMENT COMPANY, OR FOREIGN

PARTNERSHIP. NEVERTHELESS, GIRL SCOUTS OF THE UNITED STATES OF AMERICA

ACTIVITIES MAY NOT REACH THE THRESHOLDS REQUIRED FOR FILING THE FORMS

926, 5471, 8621 OR 8865. TO THE EXTENT SUCH A FORM WAS COMPLETED, IT

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

HAS BEEN FILED WITH THE GSUSA'S FORM 990-T.

Multiple horizontal lines for supplemental information.





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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts .....			
	2	Less: Contributions .....			
	3	Gross income (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			
	11	Net income summary. Subtract line 10 from line 3, column (d) .....			

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue .....			
	2	Cash prizes .....			
Direct Expenses	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. Subtract line 7 from line 1, column (d) .....			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct 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: \_\_\_\_\_



**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.

**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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **GIRL SCOUTS OF THE UNITED STATES OF AMERICA**

**Employer identification number**  
13-1624016

**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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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 noncash assistance	<b>(h)</b> Purpose of grant or assistance
GS OF TROPICAL FLORIDA 11347 SW 160 ST MIAMI, FL 33157-2703	59-0651087	501 (C) (3)	30,092.	0.			PROGRAM FULFILLMENT
GS OF ALASKA 2000 W INTERNATIONAL AIRPORT RD. ANCHORAGE, AK 99505	92-6000179	501 (C) (3)	35,508.	0.			PROGRAM FULFILLMENT
GS OF BLACK DIAMOND COUNCIL 321 VIRGINIA ST. W CHARLESTON, WV 25302-2114	55-0420373	501 (C) (3)	53,336.	0.			PROGRAM FULFILLMENT
GS OF CARIBE 500 CALLE ELISA COLBERG SAN JUAN, PR 00907-9908	66-0200470	501 (C) (3)	5,727.	0.			PROGRAM FULFILLMENT
GS OF CENTRAL INDIANA 7201 GIRL SCOUT LANE INDIANAPOLIS, IN 46214	35-0876381	501 (C) (3)	159,509.	0.			PROGRAM FULFILLMENT
GS CENTRAL ILLINOIS 3020 BAKER DRIVE SPRINGFIELD, IL 62703-5918	37-0681529	501 (C) (3)	69,570.	0.			PROGRAM FULFILLMENT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 110.
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ 0.

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

**Schedule I (Form 990) 2020**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS OF CENTRAL & SOUTHERN NEW JERSEY - 40 BRACE RD - CHERRY HILL, NJ 08034-2621	22-1928958	501 (C) (3)	115,451.	0.			PROGRAM FULFILLMENT
GS OF THE CHESAPEAKE BAY 225 S. OLD BALTIMORE PIKE NEWARK, DE 19702	51-0064337	501 (C) (3)	43,562.	0.			PROGRAM FULFILLMENT
GS OF CITRUS 341 NORTH MILLS AVE ORLANDO, FL 32803-5753	59-0696293	501 (C) (3)	76,206.	0.			PROGRAM FULFILLMENT
GS OF GREATER MISSISSIPPI 1471 W COUNTY LINE RD JACKSON, MS 39213-7842	64-0384222	501 (C) (3)	50,011.	0.			PROGRAM FULFILLMENT
GS OF THE DESERT SOUTHWEST - SOUTHERN NEW MEXICO & WEST TEXAS - 9700 GIRL SCOUT WAY - EL PASO, TX 79924-3828	74-1189693	501 (C) (3)	48,816.	0.			PROGRAM FULFILLMENT
GS OF EASTERN OKLAHOMA 4810 S. 129TH E. AVE. TULSA, OK 74134	73-0579240	501 (C) (3)	42,218.	0.			PROGRAM FULFILLMENT
GS OF EASTERN WASHINGTON AND NORTHERN IDAHO - 1404 NORTH ASH ST. - SPOKANE, WA 99201-2806	91-0570844	501 (C) (3)	47,123.	0.			PROGRAM FULFILLMENT
GS OF EASTERN SOUTH CAROLINA 7257 CROSS COUNTY ROAD NORTH CHARLESTON, SC 29418	57-0341216	501 (C) (3)	42,432.	0.			PROGRAM FULFILLMENT
GS OF GATEWAY 1000 SHEARER AVE. JACKSONVILLE, FL 32205-6055	59-0637857	501 (C) (3)	114,328.	0.			PROGRAM FULFILLMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS OF GREATER IOWA 10715 HICKMAN RD DES MOINES, IA 50322-3733	42-0698218	501 (C) (3)	63,016.	0.			PROGRAM FULFILLMENT
GS OF GULFCOAST 4780 CATTLEMEN RD SARASOTA, FL 34233	59-0760212	501 (C) (3)	42,765.	0.			PROGRAM FULFILLMENT
GS OF HAWAII 410 ATKINSON DRIVE, SUITE 2E1 HONOLULU, HI 96814-4729	99-0073488	501 (C) (3)	39,823.	0.			PROGRAM FULFILLMENT
GS HEART OF MICHIGAN 601 WEST MAPLE ST KALAMAZOO, MI 49008-1923	38-1581300	501 (C) (3)	99,126.	0.			PROGRAM FULFILLMENT
GS HEART OF THE SOUTH 717 SOUTH WHITE STATION RD MEMPHIS, TN 38117	62-0502197	501 (C) (3)	76,314.	0.			PROGRAM FULFILLMENT
GS OF HISTORIC GEORGIA 330 DRAYTON STREET SAVANNAH, GA 31401	58-0566191	501 (C) (3)	116,776.	0.			PROGRAM FULFILLMENT
GS OF THE JERSEY SHORE 242 ADELPHIA RD FARMINGDALE, NJ 07727-3525	21-0731966	501 (C) (3)	57,498.	0.			PROGRAM FULFILLMENT
GS OF KANSAS HEARTLAND 360 S LEXINGTON RD WICHITA, KS 67218-1700	48-0556718	501 (C) (3)	50,619.	0.			PROGRAM FULFILLMENT
GS OF KENTUCKIANA 2115 LEXINGTON RD LOUISVILLE, KY 40206-2816	61-0444698	501 (C) (3)	88,260.	0.			PROGRAM FULFILLMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS OF KENTUCKY'S WILDERNESS ROAD 2277 EXECUTIVE DRIVE LEXINGTON, KY 40505-4807	61-0608104	501 (C) (3)	58,680.	0.			PROGRAM FULFILLMENT
GS OF MONTANA AND WYOMING 2303 GRAND AVE BILLINGS, MT 59102	81-6001486	501 (C) (3)	29,671.	0.			PROGRAM FULFILLMENT
GS OF MANITOU 5212 WINDWARD COURT SHEBOYGAN, WI 53083-1857	39-0920672	501 (C) (3)	15,730.	0.			PROGRAM FULFILLMENT
GS OF NASSAU COUNTY 110 RING RD WEST GARDEN CITY, NY 11530-3296	11-2041443	501 (C) (3)	68,964.	0.			PROGRAM FULFILLMENT
GS OF NORTHEASTERN NEW YORK 8 MOUNTAIN VIEW AVE ALBANY, NY 12205-2804	14-1438466	501 (C) (3)	24,889.	0.			PROGRAM FULFILLMENT
GS OF NORTHERN ILLINOIS 353 RANDALL ROAD SOUTH ELGIN, IL 60177	36-2358083	501 (C) (3)	83,013.	0.			PROGRAM FULFILLMENT
GS OF NORTHERN INDIANA-MICHIANA 10008 DUPONT CIRCLE DRIVE EAST FORT WAYNE, IN 46825	35-1054339	501 (C) (3)	81,872.	0.			PROGRAM FULFILLMENT
GS OF NYPENN PATHWAYS 8170 THOMPSON RD CICERO, NY 13039	16-0844808	501 (C) (3)	94,162.	0.			PROGRAM FULFILLMENT
GS OF SILVER SAGE 8948 W BARNES ST BOISE, ID 83709	82-0259644	501 (C) (3)	29,826.	0.			PROGRAM FULFILLMENT



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS OF SOUTHERN ALABAMA 3483 SPRINGHILL AVENUE MOBILE, AL 36608-1522	63-0421430	501 (C) (3)	46,624.	0.			PROGRAM FULFILLMENT
GS OF THE SOUTHERN APPALACHIANS 1567 DOWNTOWN WEST BLVD KNOXVILLE, TN 37919	62-0505206	501 (C) (3)	80,194.	0.			PROGRAM FULFILLMENT
GS OF SOUTHEAST FLORIDA 6944 LAKE WORTH RD. LAKE WORTH, FL 33467	59-0657327	501 (C) (3)	57,747.	0.			PROGRAM FULFILLMENT
GS SUFFOLK COUNTY 442 MORELAND RD COMMACK, NY 11725-5708	11-2164434	501 (C) (3)	54,104.	0.			PROGRAM FULFILLMENT
GS OF TEXAS OKLAHOMA PLAINS 4901 BRIARHAVEN RD FORT WORTH, TX 76109-4499	75-0818162	501 (C) (3)	94,245.	0.			PROGRAM FULFILLMENT
GS OF VIRGINIA SKYLINE 3663 PETERS CREEK RD, NW ROANOKE, VA 24019-2809	54-0737207	501 (C) (3)	47,370.	0.			PROGRAM FULFILLMENT
GS OF WESTERN NEW YORK 3332 WALDEN AVE., SUITE 106 DEPEW, NY 14043-2400	16-0743096	501 (C) (3)	46,096.	0.			PROGRAM FULFILLMENT
GS DAKOTA HORIZONS 1101 SOUTH MARION RD SIOUX FALLS, SD 57106-3466	46-0250744	501 (C) (3)	47,291.	0.			PROGRAM FULFILLMENT
GS HEART OF CENTRAL CALIFORNIA 6601 ELVAS AVE SACRAMENTO, CA 95819-4339	94-1582429	501 (C) (3)	74,548.	0.			PROGRAM FULFILLMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS OF COLORADO 3801 SOUTH FLORIDA AVE, #720 DENVER, CO 80210	84-0410630	501 (C) (3)	205,561.	0.			PROGRAM FULFILLMENT
GS IN THE HEART OF PENNSYLVANIA 350 HALE AVE HARRISBURG, PA 17104-1518	24-0795960	501 (C) (3)	115,503.	0.			PROGRAM FULFILLMENT
GS OF THE GREEN & WHITE MOUNTAINS 60 KNIGHT LANE, SUITE 30 WILLISTON, VT 05495	02-0243160	501 (C) (3)	95,901.	0.			PROGRAM FULFILLMENT
GS OF EASTERN MASSACHUSETTS 420 BOYLSTON ST, SUITE 505 BOSTON, MA 02116	04-2703281	501 (C) (3)	174,698.	0.			PROGRAM FULFILLMENT
GS OF EASTERN MISSOURI 2300 BALL DR ST. LOUIS, MO 63146	43-0662471	501 (C) (3)	28,834.	0.			PROGRAM FULFILLMENT
GS OF MAINE 138 GANNETT DR SOUTH PORTLAND, ME 04106-6909	01-0269802	501 (C) (3)	25,697.	0.			PROGRAM FULFILLMENT
GS OF SOUTHEASTERN NEW ENGLAND 500 GREENWICH AVE WARWICK, RI 02886	05-0300724	501 (C) (3)	52,225.	0.			PROGRAM FULFILLMENT
GS OF CONNECTICUT 340 WASHINGTON ST HARTFORD, CT 06106-3317	06-0646756	501 (C) (3)	164,425.	0.			PROGRAM FULFILLMENT
GS OF COLONIAL COAST 912 CEDAR RD CHESAPEAKE, VA 23322-7002	54-1158412	501 (C) (3)	64,702.	0.			PROGRAM FULFILLMENT

Schedule I (Form 990)

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GS COMMONWEALTH COUNCIL OF VIRGINIA - 4900 AUGUSTA AVENUE, SUITE 200 - RICHMOND, VA 23230	54-0534506	501 (C) (3)	58,884.	0.			PROGRAM FULFILLMENT
GS COUNCIL OF GREATER NEW YORK 40 WALL ST., SUITE 708 NEW YORK, NY 10005	13-1624014	501 (C) (3)	131,528.	0.			PROGRAM FULFILLMENT
GS OF GREATER SOUTH TEXAS 202 E MADISON AVE HARLINGEN, TX 78550-4904	74-1256499	501 (C) (3)	20,960.	0.			PROGRAM FULFILLMENT
GS OF NEW MEXICO TRAILS 4000 JEFFERSON PLAZA, NORTHEAST ALBUQUERQUE, NM 87109	85-6011246	501 (C) (3)	27,069.	0.			PROGRAM FULFILLMENT
GS HEART OF THE HUDSON 2 GREAT OAK LN PLEASANTVILLE, NY 10570-2110	13-2985898	501 (C) (3)	118,493.	0.			PROGRAM FULFILLMENT
GS OF OHIO'S HEARTLAND COUNCIL 1700 WATERMARK DR COLUMBUS, OH 43215-1097	31-4379475	501 (C) (3)	77,141.	0.			PROGRAM FULFILLMENT
GS HEART OF NEW JERSEY 1171 STATE ROUTE 28 NORTH BRANCH, NJ 08876	22-1638950	501 (C) (3)	113,124.	0.			PROGRAM FULFILLMENT
GS OF NORTHERN NEW JERSEY 95 NEWARK POMPTON TPKE RIVERDALE, NJ 07457-1426	22-1928958	501 (C) (3)	96,576.	0.			PROGRAM FULFILLMENT
GS OF EASTERN PENNSYLVANIA 330 MANOR RD MIQUON, PA 19444-1741	23-1352309	501 (C) (3)	182,726.	0.			PROGRAM FULFILLMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS OF ORANGE COUNTY 9500 TOLEDO WAY IRVINE, CA 92618	23-7395094	501 (C) (3)	101,532.	0.			PROGRAM FULFILLMENT
GS WESTERN PENNSYLVANIA 503 MARTINDALE STREET, SUITE 500 PITTSBURGH, PA 15212	25-1126094	501 (C) (3)	96,567.	0.			PROGRAM FULFILLMENT
GS OF WESTERN OHIO 4930 CORNELL RD CINCINNATI, OH 45242-1804	31-0679091	501 (C) (3)	172,036.	0.			PROGRAM FULFILLMENT
GS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 44056-2156	34-0726094	501 (C) (3)	134,387.	0.			PROGRAM FULFILLMENT
GS OF GREATER CHICAGO AND NORTHWEST INDIANA - GIRL SCOUT GATHERING PLACE - CHICAGO, IL 60030	36-3871241	501 (C) (3)	254,424.	0.			PROGRAM FULFILLMENT
GS OF EASTERN IOWA & WESTERN ILLINOIS - 940 GOLDEN VALLEY DRIVE - BETTENDORF, IA 52722	42-1008848	501 (C) (3)	69,625.	0.			PROGRAM FULFILLMENT
GS OF SOUTHERN ILLINOIS #4 GINGER CREEK PKY GLEN CARBON, IL 62034-3537	37-0811488	501 (C) (3)	59,966.	0.			PROGRAM FULFILLMENT
GS OF MICHIGAN SHORE TO SHORE 3275 WALKER AVE NW GRAND RAPIDS, MI 49544-9775	38-1366924	501 (C) (3)	45,193.	0.			PROGRAM FULFILLMENT
GS OF MIDDLE TENNESSEE, INC. 4522 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-0589380	501 (C) (3)	21,051.	0.			PROGRAM FULFILLMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS OF WISCONSIN SOUTHEAST 131 SOUTH 69 ST MILWAUKEE, WI 53214-1663	39-0892833	501 (C) (3)	94,489.	0.			PROGRAM FULFILLMENT
GS OF THE MINNESOTA AND WISCONSIN RIVER VALLEYS - 400 SOUTH ROBERT ST - ST. PAUL, MN 55107-2214	41-0877820	501 (C) (3)	97,889.	0.			PROGRAM FULFILLMENT
GS OF NE KANSAS & NW MISSOURI 8383 BLUE PKY DR KANSAS CITY, MO 64133-4750	43-0892926	501 (C) (3)	119,820.	0.			PROGRAM FULFILLMENT
GIRL SCOUTS OF CENTRAL MARYLAND 4806 SETON DR BALTIMORE, MD 21215-3247	52-0780207	501 (C) (3)	129,992.	0.			PROGRAM FULFILLMENT
GS OF THE NATIONS CAPITAL 4301 CONNECTICUT AVE, NW, STE. M-2 WASHINGTON, DC 20008-2304	54-0732966	501 (C) (3)	181,412.	0.			PROGRAM FULFILLMENT
GS HORNETS NEST COUNCIL 7007 IDLEWILD RD CHARLOTTE, NC 28212-5751	56-0563842	501 (C) (3)	23,390.	0.			PROGRAM FULFILLMENT
GS OF NORTH CENTRAL ALABAMA 105 HEATHERBROOKE PARK DRIVE BIRMINGHAM, AL 35242-8008	63-0288834	501 (C) (3)	73,670.	0.			PROGRAM FULFILLMENT
GS CAROLINAS PEAKS TO PIEDMONT, INC. - 8818 W MARKET ST - COLFAX, NC 27235	56-0577629	501 (C) (3)	109,034.	0.			PROGRAM FULFILLMENT
GS OF THE NORTHWESTERN GREAT LAKES 4693 NORTH LYNNDALE DRIVE APPLETON, WI 54913	39-1016314	501 (C) (3)	63,062.	0.			PROGRAM FULFILLMENT

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS NORTH CAROLINA COASTAL PINES 6901 PINECREST RD RALEIGH, NC 27613-4538	56-0791500	501 (C) (3)	98,864.	0.			PROGRAM FULFILLMENT
GS OF SOUTHEASTERN MICHIGAN 1333 BREWERY PARK BLVD, #500 DETROIT, MI 48202-3012	38-1359207	501 (C) (3)	62,144.	0.			PROGRAM FULFILLMENT
GS OF SOUTH CAROLINA-MOUNTAINS TO MIDLANDS - FIVE INDEPENDENCE POINTE, SUITE 120 - GREENVILLE, SC 29615	57-0314433	501 (C) (3)	65,476.	0.			PROGRAM FULFILLMENT
GS OF GREATER ATLANTA 5601 NORTH ALLEN RD MABLETON, GA 30126	58-0566190	501 (C) (3)	159,965.	0.			PROGRAM FULFILLMENT
GS OF WEST CENTRAL FLORIDA 4610 EISENHOWER BLVD TAMPA, FL 33634	59-0624454	501 (C) (3)	141,791.	0.			PROGRAM FULFILLMENT
GS DIAMONDS OF ARKANSAS, OKLAHOMA & TEXAS - 11311 ARCADE DR., SUITE 102 - LITTLE ROCK, AR 72212	71-0309373	501 (C) (3)	85,723.	0.			PROGRAM FULFILLMENT
GS WESTERN OKLAHOMA, INC. 6100 N ROBINSON AVE OKLAHOMA CITY, OK 73118-1809	73-0677849	501 (C) (3)	44,558.	0.			PROGRAM FULFILLMENT
GS OF CENTRAL TEXAS 12012 PARK 35 CIR AUSTIN, TX 78753	74-1109644	501 (C) (3)	76,974.	0.			PROGRAM FULFILLMENT
GS OF MINNESOTA & WISCO LAKES & PINES - 400 2ND AVE SOUTH - WAITE PARK, MN 56387-1470	41-0877820	501 (C) (3)	29,185.	0.			PROGRAM FULFILLMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS OF THE MISSOURI HEARTLAND 210 SOUTH INGRAM MILL RD SPRINGFIELD, MO 65802-6100	44-0594943	501 (C) (3)	69,028.	0.			PROGRAM FULFILLMENT
GS OF LOUISIANA PINES TO THE GULF 1720 KALISTE SALOOM RD, STE. C-1 LAFAYETTE, LA 70508-6140	72-0488660	501 (C) (3)	46,399.	0.			PROGRAM FULFILLMENT
GS OF LOUISIANA EAST 841 SOUTH CLEARVIEW PKY NEW ORLEANS, LA 70121-3119	72-0453615	501 (C) (3)	24,712.	0.			PROGRAM FULFILLMENT
GS OF SAN JACINTO COUNCIL 3110 SOUTHWEST FREEWAY HOUSTON, TX 77098-4508	74-6001254	501 (C) (3)	53,574.	0.			PROGRAM FULFILLMENT
GS OF SOUTHWEST TEXAS 811 N COKER LOOP RD SAN ANTONIO, TX 78216-2812	74-1109759	501 (C) (3)	63,234.	0.			PROGRAM FULFILLMENT
GS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR DALLAS, TX 75252	75-1101571	501 (C) (3)	284,856.	0.			PROGRAM FULFILLMENT
GS ARIZONA CACTUS PINE 119 E CORONADO RD PHOENIX, AZ 85004-1512	86-0133397	501 (C) (3)	120,431.	0.			PROGRAM FULFILLMENT
GS OF SOUTHERN ARIZONA 4300 EAST BROADWAY BLVD TUCSON, AZ 85711-3506	86-0008917	501 (C) (3)	43,423.	0.			PROGRAM FULFILLMENT
GS OF SOUTHERN NEVADA, INC 2941 HARRIS AVE LAS VEGAS, NV 89101-2309	88-0060273	501 (C) (3)	52,730.	0.			PROGRAM FULFILLMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS OF WESTERN WASHINGTON 5601 6TH AVE SOUTH, SUITE 150 SEATTLE, WA 98108	91-6060940	501 (C) (3)	152,778.	0.			PROGRAM FULFILLMENT
GS OF CENTRAL & WESTERN MASSACHUSETTS - 301 KELLY WAY - HOLYOKE, MA 01040-9685	04-2317694	501 (C) (3)	80,581.	0.			PROGRAM FULFILLMENT
GS OF OREGON & SW WASHINGTON INC. 9620 SW BARBUR BLVD PORTLAND, OR 97219	93-0399051	501 (C) (3)	66,562.	0.			PROGRAM FULFILLMENT
GS OF NORTHERN CALIFORNIA 1650 HARBOR BAY PKY, SUITE 100 ALAMEDA, CA 94502	94-1551410	501 (C) (3)	224,290.	0.			PROGRAM FULFILLMENT
GS OF CALIFORNIA'S CENTRAL COAST 1500 PALMA DR, SUITE 110 VENTURA, CA 93003	94-1567162	501 (C) (3)	55,979.	0.			PROGRAM FULFILLMENT
GS OF GREATER LOS ANGELES 1150 S. OLIVE ST, SUITE 600 LOS ANGELES, CA 90015	95-1644033	501 (C) (3)	129,048.	0.			PROGRAM FULFILLMENT
GS SAN DIEGO 1231 UPAS ST SAN DIEGO, CA 92103-5199	95-1644585	501 (C) (3)	81,339.	0.			PROGRAM FULFILLMENT
GS SPIRIT OF NEBRASKA 2121 SOUTH 44TH ST OMAHA, NE 68105-2809	47-0432299	501 (C) (3)	19,742.	0.			PROGRAM FULFILLMENT
GS OF CENTRAL CALIFORNIA SOUTH 1377 W SHAW AVE FRESNO, CA 93711-3604	95-1766795	501 (C) (3)	34,845.	0.			PROGRAM FULFILLMENT

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS OF SAN GORGONIO 1751 PLUM LN REDLANDS, CA 92374-4533	95-1967727	501 (C) (3)	67,091.	0.			PROGRAM FULFILLMENT
GS OF UTAH 445 EAST 4500 SOUTH, SUITE #125 MURRAY, UT 84107-3101	87-0221612	501 (C) (3)	49,577.	0.			PROGRAM FULFILLMENT
GS OF WISCONSIN-BADGERLAND 2710 SKI LN MADISON, WI 53713-3267	39-0806331	501 (C) (3)	54,703.	0.			PROGRAM FULFILLMENT
GS OF THE SIERRA NEVADA, INC. 605 WASHINGTON ST RENO, NV 89503	88-0060580	501 (C) (3)	17,502.	0.			PROGRAM FULFILLMENT
GS OF SOUTHWEST INDIANA 5000 E. VIRGINIA ST, SUITES 2 & 3 EVANSVILLE, IN 47715	35-0876380	501 (C) (3)	28,828.	0.			PROGRAM FULFILLMENT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
2021 ALCOA SCHOLARSHIP	6	27,937.	0.		
2021 KAPPA DELTA FOUNDATION SCHOLARSHIP	6	25,707.	0.		
2021 SUSAN BUTLER SCHOLARSHIP	4	25,339.	0.		

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

FORM 990, SCHEDULE I, PART I, LINE 2:

THE ORGANIZATION MONITORS GRANTS AND SCHOLARSHIPS BY REVIEWING PROGRESS

REPORTS FOR GRANTS AND SCHOLARSHIPS. ADDITIONALLY, FINANCIAL STAFF

REVIEWS ALL EXPENSES SUBMITTED FOR REIMBURSEMENT FOR ALL GRANTS AND

SCHOLARSHIPS TO ENSURE COMPLIANCE WITH GSUSA POLICIES AND PROCEDURES.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **GIRL SCOUTS OF THE UNITED STATES OF AMERICA**

Employer identification number  
**13-1624016**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <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 (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" 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 |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>	X	
<b>5b</b>		X
<b>6a</b>	X	
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

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

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

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SYLVIA ACEVEDO FORMER CEO & EX OFFICIO BD	(i)	324,747.	127,063.	772,188.	339,538.	13,389.	1,576,925.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANGELA OLDEN CHIEF FINANCIAL OFFICER	(i)	357,900.	41,000.	1,641.	11,796.	39,856.	452,193.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LYNELLE MCKAY (THRU 12/2020) CHIEF CUSTOMER OFFICER	(i)	325,991.	19,520.	42,000.	11,117.	36,266.	434,894.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BARRY HOROWITZ (THRU 05/2021) CHIEF REVENUE OFFICER	(i)	332,210.	37,500.	7,218.	5,044.	30,695.	412,667.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ANNETTE FREYTAG FORMER CHIEF OF STAFF	(i)	221,733.	38,000.	127,300.	9,188.	12,406.	408,627.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JENNIFER ROCHON GENERAL COUNSEL	(i)	350,081.	0.	864.	7,711.	42,704.	401,360.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SAPREET KAUR SALUJA CHIEF STR PSHIP/NEW VENT OFFICER	(i)	344,059.	0.	1,430.	11,117.	23,337.	379,943.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MAUREEN MCNERNEY CHIEF PEOPLE OFFICER	(i)	274,019.	21,000.	651.	9,176.	41,727.	346,573.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ROBERT O'CONNOR (THRU 09/2020) SR DIRECTOR, TECH OPERATIONS	(i)	160,284.	0.	106,684.	19,568.	3,942.	290,478.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) AMY BODIN CHIEF ADMIN OFFICER	(i)	232,096.	5,000.	975.	6,211.	26,816.	271,098.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) PHILIP KAGAN EXECUTIVE, IT & SECURITY OFFICER	(i)	249,891.	0.	0.	8,130.	1,652.	259,673.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DANIEL SCHULTZE (THRU 09/2020) SR. DR, PRODUCTS, PLATFORMS, & SVCS	(i)	198,839.	0.	42,725.	7,674.	8,404.	257,642.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) WENDY LOU (AS OF 05/2021) CHIEF REVENUE OFFICER	(i)	213,744.	0.	0.	6,873.	2,620.	223,237.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JUDITH N. BATTY INTERIM CEO & EX OFFICIO BD	(i)	218,734.	0.	0.	0.	471.	219,205.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) AMY BERKOWITZ FORMER CHIEF INFORMATION OFFICER	(i)	0.	0.	213,459.	0.	0.	213,459.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) ANTHONY DOYE FORMER CHIEF OPERATING OFFICER	(i)	50,932.	0.	90,298.	2,813.	6,385.	150,428.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

**Part III Supplemental Information**

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

FORM 990, SCHEDULE J, PART I, LINE 4A:

FORMER CEO, SYLVIA ACEVEDO, RECEIVED A SEVERANCE PAYMENT IN CALENDAR  
YEAR 2020 OF \$330,000 THAT IS INCLUDED IN HER WAGES IN SCHEDULE J, PART  
II, COLUMN (B)(III) AS REPORTABLE COMPENSATION. IN ADDITION, INCLUDED  
IN MS. ACEVEDO'S REPORTABLE COMPENSATION IS \$330,000 IN ATTORNEY FEES.  
THIS AMOUNT WAS PAID VIA A FORM 1099 AND IS, LIKEWISE, REPORTED IN  
SCHEDULE J, PART II, COLUMN (B)(III). FINALLY, A PORTION OF MS.  
ACEVEDO'S SEVERANCE COMPENSATION HAS BEEN DEFERRED UNTIL 2021 AND THAT  
\$330,000 PAYMENT IS REFLECTED IN SCHEDULE J, PART II, COLUMN (C) AS  
DEFERRED COMPENSATION.

DUE TO COVID, GSUSA RESTRUCTURED ITS STAFF IN 2020. THE FOLLOWING  
INDIVIDUALS DISCLOSED ON GSUSA FORM 990 RECEIVED A SEVERANCE PAYMENT  
DURING CALENDAR YEAR 2020:

AMY BERKOWITZ, CIO: \$159,373

TONY DOYE, COO: \$75,000

ANNETTE FREYTAG, CHIEF OF STAFF: \$78,750

ROBERT O'CONNOR, CTO: \$66,145

**Part III Supplemental Information**

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

DANIEL SCHULTZE, SR DIRECTOR, PRODUCTS, PLATFORMS & SERVICES: \$15,288

BARRY HOROWITZ, CHIEF REVENUE OFFICER, RECEIVED A SEVERANCE PAYMENT

DURING FISCAL 2021 THAT WILL BE DISCLOSED IN NEXT YEAR'S FORM 990.

A PORTION OF THE SEVERANCE PAYMENTS WAS PAID BY INSURANCE.

FORM 990, SCHEDULE J, PART I, LINE 5(A) AND 6(A):

EXECUTIVE TEAM INCENTIVE COMPENSATION IS BASED ON STRATEGIC, FINANCIAL

AND PROGRAM TARGETS, WHICH INCLUDE REVENUE AND OTHER METRICS AS

APPROVED BY THE EXECUTIVE DEVELOPMENT AND COMPENSATION COMMITTEE

(EDCC). BONUSES WERE PAID FOR FY2019 AND REPORTED AS TAXABLE INCOME IN

PART II, COLUMN B(II). THERE WERE NO BONUSES ACCRUED OR PAID FOR

FY2020 OR 2021.

CERTAIN NON-EXECUTIVE TEAM MEMBERS RECEIVED DISCRETIONARY BONUSES. THE

DISCRETIONARY BONUS AWARDS ARE ISSUED AS SPECIAL RECOGNITION AND REWARD

FOR EXCEPTIONAL PERFORMANCE, SIGNIFICANT CONTRIBUTIONS, SUBSTANTIAL

ACCOMPLISHMENTS, ALL DEMONSTRATED BY G.I.R.L BEHAVIORS. THE EXECUTIVE

**Part III** Supplemental Information

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

TEAM MEMBERS SUBMIT THEIR RECOMMENDATIONS, BASED ON ESTABLISHED  
CRITERIA IN THE PLAN, TO THE CHIEF PEOPLE OFFICER WHO PRESENTS TO THE  
CEO FOR FINAL APPROVAL.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **GIRL SCOUTS OF THE UNITED STATES OF AMERICA** Employer identification number **13-1624016**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	14	150,884.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( DRINKW. ITEMS )	X	6,000	265,308.	FAIR MARKET VALUE
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020



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

Multiple horizontal lines for supplemental information.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization	GIRL SCOUTS OF THE UNITED STATES OF AMERICA	Employer identification number	13-1624016
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COVID-19 IMPACT

DURING FISCAL YEAR 2021, COVID-19 CONTINUED TO HAVE A DETRIMENTAL IMPACT ON MEMBERSHIP AS MANY SCHOOLS CONTINUED TO BE CLOSED, RESUMED CLASSES ON A HYBRID BASIS AND SEVERLY RESTRICTED ACCESS TO SPACE. GSUSA AND THE GIRL SCOUT MOVEMENT CONTINUED TO RESPOND QUICKLY AND AGILELY. VIRTUAL PROGRAMMING FOR GIRLS WAS DEVELOPED NATIONALLY AND LOCALLY AND CONTINUED TO BE OFFERED TO ENSURE GIRLS COULD STILL BENEFIT FROM THE GIRL SCOUT LEADERSHIP EXPERIENCE. ALTHOUGH REVENUES WERE SIGNIFICANTLY IMPACTED, COST REDUCTIONS WERE MEASURED TO ENSURE THAT SERVICES TO OUR GIRLS WERE ENHANCED AND SUSTAINED DURING THIS CRITICAL PERIOD. PRUDENT FISCAL MANAGEMENT ALLOWED THE ORGANIZATION TO CONTINUE TO INVEST IN OUR MEMBERS AND OUR BUSINESS AND SUPPORT OUR COUNCILS WHILE MAINTAINING A STRONG BALANCE SHEET. A COMBINATION OF DEBT FINANCING AND UTILIZATION OF OUR STRONG INVESTMENTS ALLOWED US TO USE OUR RESOURCES WISELY. THE MAJORITY OF GSUSA STAFF CONTINUED TO EFFECTIVELY WORK IN A VIRTUAL WORK ENVIRONMENT.

AS A RESPONSE TO THE COVID-19 PANDEMIC THE U.S. FEDERAL GOVERNMENT PASSED THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT ("CARES ACT"). DURING THE PRIOR FISCAL YEAR 2020 GSUSA RECEIVED A \$7,307,000 PAYROLL PROTECTION PROGRAM LOAN ("PPP") UNDER THE CARES ACT AND AN ADVANCE OF \$10,000 UNDER THE ECONOMIC INJURY DISASTER LOAN PROGRAM ("EIDL"), BOTH ADMINISTERED BY THE SMALL BUSINESS ADMINISTRATION. ON JULY 20, 2021, THE SMALL BUSINESS ADMINISTRATION AUTHORIZED THE FULL FORGIVENESS OF THE \$7,307,000 PPP LOAN. SINCE THE CONDITIONS FOR THE USE OF THE FUNDS HAD BEEN MET, THE FORGIVEN TOTAL WAS RECOGNIZED IN

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

Name of the organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA	Employer identification number 13-1624016
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FISCAL YEAR 2020 AND IS REFLECTED GOVERNMENT GRANTS IN PART VIII.

DURING MAY 2021, GSUSA RECEIVED A SECOND PPP LOAN IN THE AMOUNT OF \$2,000,000. SIMILAR TO THE TREATMENT OF THE FIRST LOAN, GSUSA ACCOUNTED FOR THE SECOND PPP LOAN AS A CONDITIONAL CONTRIBUTION THAT WILL BE RECOGNIZED AS GRANT REVENUE WHEN THE CONDITIONS FOR USE OF THE FUNDS HAVE BEEN MET AND IT IS ACKNOWLEDGED BY THE LENDER THAT THE LOAN WILL BE FORGIVEN. THE FUNDING WAS RECORDED AS DEFERRED REVENUE IN THE STATEMENT OF FINANCIAL POSITION AT SEPTEMBER 30, 2021. THE PPP LOAN WAS FORGIVEN IN FISCAL YEAR 2022.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION'S MISSION:

WHO MAKE THE WORLD A BETTER PLACE.

FORM 990, PART I, LINE 6

TOTAL NUMBER OF VOLUNTEERS: ALL ADULT MEMBERS, WHO ARE NOT EMPLOYEES OF GIRL SCOUTS OF THE UNITED STATES OF AMERICA OR GIRL SCOUT COUNCILS, ARE CONSIDERED VOLUNTEERS OF THE ORGANIZATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION'S MISSION:

FORMED IN 1912 IN SAVANNAH, GEORGIA, GSUSA IS NOW IN ITS SECOND CENTURY OF SERVING GIRLS, WITH NEARLY TWO MILLION ADULT AND GIRL MEMBERS SPREAD ACROSS 111 INDEPENDENT GIRL SCOUT COUNCILS. THE GOVERNANCE OF THE ORGANIZATION RELIES ON AN EFFICIENT DEMOCRATIC PROCESS THAT IS RESPONSIVE TO OUR FAST-CHANGING WORLD.

AS THE WORLD'S FOREMOST GIRL LEADERSHIP ORGANIZATION, GSUSA PUTS GIRLS FRONT AND CENTER, UNDERSTANDING THAT WHEN GIRLS SUCCEED, SO DOES

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SOCIETY. THE GIRL-ONLY, GIRL-LED, AND ALL-AROUND GIRL-DEFINED ASPECTS OF GIRL SCOUTING ARE CRUCIAL TO WHAT THE ORGANIZATION OFFERS, AND THE FOUNDATION OF THE GIRL SCOUT PROGRAM IS THE GIRL SCOUT LEADERSHIP EXPERIENCE, WHICH HELPS GIRLS TAKE THE LEAD IN THEIR OWN LIVES AND THE WORLD.

WITH THE SUPPORT OF CARING ADULT VOLUNTEERS AND MENTORS, GIRL SCOUTS EXPLORE STEM (SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH), THE OUTDOORS, AND ENTREPRENEURSHIP, ALL WHILE DEVELOPING CRUCIAL LIFE SKILLS THAT SERVE THEM WELL BEYOND THEIR TIME AS GIRL MEMBERS. THE GIRL SCOUT PROGRAM IS PROVEN TO HELP GIRLS THRIVE IN FIVE KEY WAYS DEVELOPING A STRONG SENSE OF SELF; SEEKING CHALLENGES AND LEARNING FROM SETBACKS; DISPLAYING POSITIVE VALUES; FORMING AND MAINTAINING HEALTHY RELATIONSHIPS; AND IDENTIFYING AND SOLVING PROBLEMS.

GSUSA IS AN INCREASINGLY DIVERSE ORGANIZATION THAT SEEKS TO GIVE ALL GIRLS IN EVERY COMMUNITY ACROSS OUR NATION; OF EVERY BACKGROUND AND ABILITY; AND IN EVERY ECONOMIC CIRCUMSTANCE THE TOOLS THEY NEED TO EMPOWER THEMSELVES TO CREATE THE CHANGES THEY WANT TO SEE IN THE WORLD.

TODAY APPROXIMATELY 30% OF YOUTH MEMBERS ARE GIRLS OF DIVERSE RACIAL AND ETHNIC BACKGROUNDS, AND GSUSA IS COMMITTED TO DOING THE WORK TO BECOME AN ANTI-RACIST ORGANIZATION. IN JUNE 2020, GSUSA LAUNCHED ITS PLEDGE TO CREATE AN ANTI-RACIST ORGANIZATION AND WORLD AND ASKED ITS MEMBERS AND SUPPORTERS TO SIGN IT TO SIGNIFY THE ENTIRE GIRL SCOUT MOVEMENT'S COMMITMENT TO WORKING FOR JUSTICE AND EQUALITY - ENORMOUS AND ONGOING WORK THAT IS FOUNDATIONAL TO THE ORGANIZATION'S PROMISE TO SERVE ALL GIRLS.

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THE PURPOSE OF GSUSA IS TO PROMOTE THE GIRL SCOUT MOVEMENT, WHICH  
 CONSISTS OF ALL MEMBERS REGISTERED THROUGH THE NATIONAL OFFICE AND GIRL  
 SCOUT COUNCILS. GSUSA RECEIVED A CONGRESSIONAL CHARTER BY A SPECIAL ACT  
 OF THE UNITED STATES CONGRESS ON MARCH 16, 1950, AND GIRL SCOUTS' 111  
 COUNCILS ARE GRANTED CHARTERS BY THE GSUSA BOARD OF DIRECTORS. EACH  
 GIRL SCOUT COUNCIL IS SEPARATELY INCORPORATED BUT CHARTERED BY GSUSA  
 WITH TWO PRIMARY RESPONSIBILITIES: TO DELIVER THE GIRL SCOUT LEADERSHIP  
 EXPERIENCE TO ANY GIRL IN GRADE K-12 WHO MEETS THE MEMBERSHIP  
 REQUIREMENTS, AND TO FURTHER THE DEVELOPMENT OF THE GIRL SCOUT MOVEMENT  
 IN THE UNITED STATES.

GSUSA PROVIDES SERVICES TO ITS CHARTERED COUNCILS. IN PROVIDING THESE  
 SERVICES, GSUSA IS EXEMPT FROM FEDERAL INCOME TAX IN ACCORDANCE WITH  
 SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

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

GIRL PROGRAM DEVELOPMENT AND ADULT LEARNING OPPORTUNITIES:

-DEVELOP AND EVALUATE TIMELY, GIRL-ENDORSED PROGRAMMING FOR GIRL

MEMBERS OF GSUSA, UPHOLDING GSUSA'S REPUTATION AS THE PREMIER

LEADERSHIP DEVELOPMENT EXPERIENCE FOR GIRLS.

-DRIVE THE FULL LIFECYCLE MANAGEMENT OF GIRL SCOUT PROGRAMS, ENSURING

RELEVANT AND ENGAGING IN-PERSON AND ONLINE EXPERIENCES FOR GIRLS.

-PROVIDE OPPORTUNITIES FOR GIRL SCOUTS TO ENJOY VALUABLE CROSS-CULTURAL

EXPERIENCES THAT HELP THEM BETTER UNDERSTAND AND RESPECT OTHER CULTURES

AND GLOBAL ISSUES, AS WELL AS HOW THEY CAN HELP WHERE THEY FEEL

INSPIRED TO DO SO.

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-LEAD COOKIE PROGRAM STRATEGY, GOVERNANCE AND NATIONAL EXECUTION IN SUPPORT OF THE GIRL SCOUT COOKIE PROGRAM.

-DEVELOP AND ENHANCE DIGITAL COOKIE TECHNOLOGY PROVIDING GIRLS THE OPPORTUNITY TO BUILD THEIR OWN E-COMMERCE WEBSITE FOR THEIR COOKIE BUSINESS.

-EFFECTIVELY UTILIZE GIRL SCOUT PROPERTIES TO PROVIDE UNIQUE CUSTOMER EXPERIENCES AND GROW MEMBERSHIP INCLUDING THE JULIETTE GORDON LOW BIRTHPLACE IN SAVANNAH, GA AND THE EDITH MACY CENTER IN WESTCHESTER COUNTY, NY.

-DEVELOP AND MANAGE GSUSA'S RELATIONSHIP AND PROGRAMMING WITH THE WORLD ASSOCIATION OF GIRL GUIDES AND GIRL SCOUTS (WAGGGS) AND OTHER GLOBAL ORGANIZATIONS.

-DEVELOP AND EVALUATE LEARNING OPPORTUNITIES FOR ADULT MEMBERS OF GSUSA, SO THAT GIRL SCOUT VOLUNTEERS FEEL SUPPORTED AND ABLE TO CONFIDENTLY AND EFFECTIVELY GUIDE AND DELIVER PROGRAMMING TO GIRLS.

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

COMPREHENSIVE COUNCIL SUPPORT:

-PROVIDE DIRECT CONSULTING AND ASSISTANCE TO ALL 111 GIRL SCOUT COUNCILS AND USA GIRL SCOUTS OVERSEAS TO ENSURE THAT GIRL SCOUT PROGRAMS AND SERVICES ARE DELIVERED EFFECTIVELY AND CONSISTENTLY NATIONWIDE AND OVERSEAS IN ACCORDANCE WITH THE MISSION, POLICIES, AND GOALS OF THE ORGANIZATION.

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-DRIVE SUSTAINABLE MEMBERSHIP GROWTH AND MOVEMENT HEALTH BY ENGAGING OUR GIRLS, VOLUNTEERS, PARENTS, COUNCILS, AND SUPPORTERS TO FULFILL THE GIRL SCOUT MISSION. THE TEAMS PROVIDING COUNCIL SUPPORT ARE INVOLVED WITH NETWORK ALIGNMENT AND ADVANCEMENT OF MISSION DELIVERY STRATEGIES; COUNCIL LEADERSHIP SUPPORT AND TRAINING; CULTIVATION OF NATIONAL PARTNERSHIPS THAT DRIVE MEMBERSHIP GROWTH; AND MOVEMENT PROPERTY STRATEGY AND SUPPORT. THE TEAMS WORK CLOSELY WITH ALL OTHER GSUSA COMMUNITIES TO BRING AN EXCEPTIONAL EXPERIENCE TO OUR MEMBERS AND TO ENSURE A VIBRANT, SUSTAINABLY GROWING MOVEMENT.

-ENHANCE THE CUSTOMER EXPERIENCE WITH A FOCUS ON ENGAGEMENT OF VOLUNTEERS, AND THE RETENTION AND RECRUITMENT OF MEMBERS, SUPPORTED BY DEVELOPMENT, IMPLEMENTATION AND OPERATIONS OF THE MOVEMENT-WIDE COMMON TECHNOLOGY PLATFORM AND PRODUCTS.

-PROVIDE DIRECT GRANTS TO COUNCILS TO ENHANCE THEIR FINANCIAL STABILITY AND BUILD PROGRAMMATIC CAPACITY.

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

BRAND PROMOTION AND EXTERNAL ENGAGEMENT:

-PROMOTE THE GIRL SCOUT BRAND, PROGRAM, AND MISSION FAR AND WIDE, EMPHASIZING THAT GIRL SCOUTS OF THE USA IS THE PLACE WHERE GIRLS AND YOUNG WOMEN LEARN TO TAKE THE LEAD IN THEIR OWN LIVES AND THE WORLD.

-MAINTAIN GSUSA'S POSITION IN THE MARKETPLACE AS THE SINGLE BEST LEADERSHIP DEVELOPMENT ORGANIZATION FOR GIRLS IN THE WORLD.

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-RESEARCH AND ADVOCATE ON ISSUES THAT AFFECT GIRLS AND WOMEN LOCALLY, NATIONALY, AND/OR GLOBALLY.

-DEVELOP AND PROMOTE THE GIRL SCOUT COOKIE PROGRAM, THE LARGEST GIRL-LED ENTREPRENEURIAL PROGRAM IN THE WORLD.

-DEVELOP, MARKET, AND SELL GIRL SCOUT-BRANDED ITEMS AND PROGRAM MATERIALS TO GIRL SCOUT MEMBERS AND THE GENERAL PUBLIC.

-PROVIDE GIRL SCOUT COUNCILS WITH MARKETING AND COMMUNICATIONS TOOLS AND RESOURCES TO HELP THEM REACH EXTERNAL AUDIENCES IN WAYS THAT ARE CONSISTENT WITH NATIONAL EFFORTS, TO DRIVE THE PUBLIC'S RECOGNITION OF GIRL SCOUTS AS A SINGLE COHESIVE MOVEMENT FOR GIRLS.

FORM 990, PART VI, SECTION A, LINE 4:  
IN OCTOBER 2020, BY VOTE OF THE NATIONAL COUNCIL, GSUSA AMENDED ITS CONSTITUTION TO (1) REQUIRE DELEGATES TO BE ELECTED IN THE CALENDAR YEAR PRECEDING THE NATIONAL COUNCIL SESSION AND (2) FURTHER DESCRIBE THE GOVERNING PROCESS AND PROCEDURE FOR SETTING DUES.

FORM 990, PART VI, SECTION A, LINE 6:  
MEMBERSHIP  
THE MEMBERSHIP OF THE CORPORATION CONSISTS OF THE MEMBERS OF THE NATIONAL COUNCIL OF GIRL SCOUTS OF THE USA. THE MEMBERSHIP OF THE NATIONAL COUNCIL INCLUDES: A. DELEGATES ELECTED BY GIRL SCOUT COUNCILS WHO ARE REGISTERED THROUGH SUCH LOCAL COUNCILS; B. DELEGATES FROM USA GIRL SCOUTS OVERSEAS; C. MEMBERS OF THE NATIONAL BOARD OF DIRECTORS; D. NATIONAL BOARD DEVELOPMENT COMMITTEE MEMBERS; E. PAST PRESIDENTS OF GSUSA; F. SUCH OTHER PERSONS AS



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MAY BE ELECTED BY THE NATIONAL COUNCIL. A REGULAR SESSION OF THE NATIONAL COUNCIL IS HELD TRIENNIALLY TO ELECT A NATIONAL BOARD OF DIRECTORS AND DETERMINE GENERAL LINES OF POLICY BY ACTING UPON PROPOSALS.

FORM 990, PART VI, SECTION A, LINE 7A:  
SEE FORM 990, PART VI, SECTION A, LINE 6 EXPLANATION

FORM 990, PART VI, SECTION A, LINE 7B:  
SEE FORM 990, PART VI, SECTION A, LINE 6 EXPLANATION

FORM 990, PART VI, SECTION B, LINE 11B:  
FORM 990 REVIEW  
THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCE DEPARTMENT. THE DRAFT WAS THEN REVIEWED BY THE AUDIT COMMITTEE. A COPY OF THE DRAFT FORM 990 WAS CIRCULATED TO THE FULL BOARD OF DIRECTORS IN EITHER PAPER OR ELECTRONIC FORM FOR DISCUSSION AND COMMENT. EACH BOARD MEMBER WAS PROVIDED THE OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990 PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:  
CONFLICT OF INTEREST POLICY  
EACH EMPLOYEE AND BOARD MEMBER IS REQUIRED TO ANNUALLY COMPLETE A DISCLOSURE FORM THAT REQUIRES DISCLOSURE OF ANY CONFLICTS OF INTEREST. THE ORGANIZATION ENSURES EACH EMPLOYEE AND BOARD MEMBER HAS COMPLETED THE FORM AND MAINTAINS THE DOCUMENTATION. POTENTIAL BOARD CONFLICTS ARE DISCLOSED TO THE BOARD CHAIR, WHO REFERS THE MATTER TO THE FULL BOARD, THE EXECUTIVE COMMITTEE, AUDIT COMMITTEE, OR OTHER BOARD COMMITTEE HAVING AUTHORITY OVER

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THE SUBSTANTIVE MATTER IN QUESTION. FOR EACH CONFLICT DISCLOSED, THE BOARD OR BOARD COMMITTEE WILL DETERMINE WHETHER THE ARRANGEMENT IS IN GSUSA'S BEST INTEREST AND WHETHER IT IS FAIR AND REASONABLE TO GSUSA AND DETERMINE WHETHER TO ENTER INTO SUCH ARRANGEMENT. THE BOARD MEMBER MAY NOT BE PRESENT FOR DISCUSSION OF OR VOTE ON THE ARRANGEMENT AND IS NOT COUNTED IN A QUORUM FOR SUCH MEETING. DISCLOSED EMPLOYEE POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY THE GENERAL COUNSEL, CFO OR, IN THE CASE OF KEY EMPLOYEES, THE AUDIT COMMITTEE OF THE BOARD, WHO MAY APPROVE THE MATTER ONLY IF IT IS FAIR, REASONABLE AND IN THE BEST INTEREST OF GSUSA.

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

COMPENSATION REVIEW

THE ORGANIZATION FOLLOWS A CONSISTENT PROCESS TO DETERMINE SALARIES OF THE CEO AND TOP MANAGEMENT WHICH INCLUDES:

1. USING WILLIS TOWERS WATSON, AN INDEPENDENT COMPENSATION CONSULTING FIRM WHO COMPILES BENCHMARKS, MARKET ASSESSMENTS, SALARY AND TOTAL COMPENSATION DATA FOR THE CEO AND EXECUTIVE TEAM.

2. THE CHAIR OF THE NATIONAL BOARD AND THE CHAIR OF THE EXECUTIVE DEVELOPMENT AND COMPENSATION COMMITTEE REVIEW THE CEO'S PERFORMANCE BASED ON GSUSA'S PERFORMANCE AGAINST GOALS AND DETERMINE ANY RECOMMENDED SALARY OR INCENTIVE PAYMENTS.

3. THE CEO SHARES A SUMMARY OF THE EXECUTIVE TEAM'S PERFORMANCE AND DISCUSSES RECOMMENDED SALARY OR INCENTIVE PAYMENTS WITH THE EXECUTIVE DEVELOPMENT AND COMPENSATION COMMITTEE.

Name of the organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA	Employer identification number 13-1624016
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4. BASED ON THIS INFORMATION, THE EDCC REVIEWS AND RECOMMENDS COMPENSATION;

THE RECOMMENDATIONS ARE REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ

NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VT, VA, WA, WV, WI

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

DISCLOSURES

THE ORGANIZATION MAKES ITS AUDITED FINANCIAL STATEMENTS AND FORM 990 AVAILABLE TO THE GENERAL PUBLIC VIA ITS WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS ARE ADDITIONALLY PUBLISHED IN A "BLUE BOOK OF BASIC DOCUMENTS" WHICH IS ALSO AVAILABLE TO THE GENERAL PUBLIC VIA ITS WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION RELATED GAIN	10,846,561.
PENSION COSTS OTHER THAN NET PERIODIC PENSION COST	521,570.
CHANGE IN VALUE OF CHARITABLE GIFT ANNUITY	60,777.
CHANGE IN VALUE OF DEFERRED GIFTS	39,734.
TOTAL TO FORM 990, PART XI, LINE 9	11,468,642.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **GIRL SCOUTS OF THE UNITED STATES OF AMERICA** Employer identification number **13-1624016**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NEW YORK GIRL SCOUTS, INC. (NOMINEE) 420 FIFTH AVENUE NEW YORK, NY 10018	REAL PROPERTY HOLDING	NEW YORK	0.	16,923,000.	GSUSA
ONE GS MEDIA, LLC 420 FIFTH AVENUE NEW YORK, NY 10018	MEDIA	DELAWARE	666,352.	234,497.	GSUSA

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
WORLD FOUNDATION FOR GIRL GUIDES AND GIRL SCOUTS - 23-7147834, 420 FIFTH AVENUE, NEW YORK, NY 10018	GIRL SCOUTING	NEW YORK	501(C)(3)	LINE 7	GSUSA	X	

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

Schedule R (Form 990) 2020



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WORLD FOUNDATION FOR GIRL GUIDES AND GIRL SCOUTS	C	150,482. FMV	
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.