PUBLIC DISCLOSURE COPY

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Form	MAIL	

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.



Depa	artment nal Reve	of the Treasury		s.gov/Form990 for		-	-		Open to Public Inspection
-		e 2021 calendar year, or tax					EP 30, 2022		
в	Check if applicat	C Name of organization				_	D Employer iden	tificati	on number
	Addro	GIRL SCOUTS OF TH	HE UNITED STA	NTES OF					
	chan	ge AMERICA							
	chan	pe Doing business as					13-16240		
	returr	Number and street (or	P.O. box if mail is r	not delivered to street	address)	Room/suite			
	Final returr termi	n-					212-852-80	00	
	ated Amer	City or town, state or p		, and ZIP or foreign	postal code		G Gross receipts \$		192,663,447.
	returr	NEW IORK, NI 10					H(a) Is this a grou		
	tion	F Name and address of			WSK1		for subordina		
		420 FIFTH AVENUE,					H(b) Are all subordinate		
		empt status: X 501(c)(3)	<u>501(c) (</u>) < (insert no.)	4947(a)(1)	or 527	1 '		. See instructions
		te: WWW.GIRLSCOUTS.O		Accesiation	Othor		H(c) Group exemp		
	-orm o art l	f organization: X Corporation Summary	n Trust	Association	Other 🕨	L Year	of formation: 1915	M St	ate of legal domicile: DC
	T				CTPI C				
e	1	Briefly describe the organiza COURAGE, CONFIDENCE,			IVITIES: GIRL 5	COOLING 1	SOLUDS GIVIS OF		
ano							then OFO(of its not		
/err	2		-	discontinued its ope	-				. 28
60	3	Number of voting members		<u>3</u> 4	28				
Activities & Governance	4 5	Number of independent voti		5	447				
ties	6								592000
itivi	7 2	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12						6 7a	3,745,217.
A	/ u	Net unrelated business taxal						7b	0.
	<u> </u>						Prior Year		Current Year
	8	Contributions and grants (Pa	art VIII, line 1h)				25,861,99	3.	28,570,430.
nue	9	Program service revenue (Pa					43,706,03	9.	48,449,641.
Revenue	10	Investment income (Part VIII					35,447,85	0.	10,209,160.
ŭ	11	Other revenue (Part VIII, colu					25,686,11		32,952,122.
	12	Total revenue - add lines 8 th					130,701,99	3.	120,181,353.
	13	Grants and similar amounts					9,257,28	6.	9,432,950.
	14	Benefits paid to or for memb					314,88	7.	318,128.
Ś	15		s, other compensation, employee benefits (Part IX, column (A), lines 5-10) 42,098,						
Expenses	16a	Professional fundraising fees	s (Part IX, column	ı (A), line 11e)			360,00	0.	250,500.
Del	. b	Total fundraising expenses (D), line 25) 🛛 🕨 _	4,367,	392.			
Û	17	Other expenses (Part IX, colu	umn (A), lines 11a	a-11d, 11f-24e)			58,982,96	2.	60,213,360.
	18	Total expenses. Add lines 13	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				111,013,70	9.	118,251,913.
	19	Revenue less expenses. Sub	otract line 18 from	n line 12			19,688,28	4.	1,929,440.
Net Assets or	9					Ве	ginning of Current Ye		End of Year
sets	20	Total assets (Part X, line 16)					294,411,07		240,386,284.
tAs	21	Total liabilities (Part X, line 2	6)				75,633,28	_	58,907,232.
R	22	Net assets or fund balances	. Subtract line 21	from line 20			218,777,79	6.	181,479,052.
P	art 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.

0.		AS ORIGINALLY FILED			Date			
Sign Here		ANGELA OLDEN, CFO Type or print name and title			Duto			
Paid		t/Type preparer's name TT THOMPSETT	Preparer's signature Seth Shompath	Date 5/9/20	23	Check if self-employed	PTIN P00741490	
Preparer	Firm	n's name 🕒 GRANT THORNTON LLP			Firm's	s EIN 🕨 3	6-6055558	
Use Only	Firm	n's address 🕨 757 THIRD AVENUE, 3RD FL	OOR					
NEW YORK, NY 10017-2013 Phone no.212-5								
May the II	RS di	scuss this return with the preparer shown abov	ve? See instructions				X Yes	No
132001 12-0	9-21	LHA For Paperwork Reduction Act Notic	e. see the separate instructions.				Form 990	(2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(Rev. January 2022)

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 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*.

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

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

Type or print										
print	AMERICA 13-1624016									
File by the due date f filing your return. See	or Number, street, and room or suite no. If a P.O. box, s 420 FIFTH AVENUE	see instruct	tions.							
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10018										
Enter th	ne Return Code for the return that this application is for (fi	le a separa	te application for each return)			0 1				
Applica	ation	Return	Application			Return				
ls For		Code	Is For			Code				
Form 99	90 or Form 990-EZ	01	Form 1041-A			08				
Form 4	720 (individual)	03	Form 4720 (other than individual)			09				
Form 99	90-PF	04	Form 5227			10				
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 99	90-T (trust other than above)	06	Form 8870			12				
Form 99	90-T (corporation)	07								
Tele If the If thi box 1 I the 2 If [books are in the care of ► 420 FIFTH AVENUE - NH phone No. ► 212-852-8000 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit □ . If it is for part of the group, check this box ► □ request an automatic 6-month extension of time until _ he organization named above. The extension is for the org □ calendar year or ► X tax year beginning OCT 1, 2021 the tax year entered in line 1 is for less than 12 months, of □ Change in accounting period	s in the Un Group Exe and atta <u>AUGUST</u> ganization's , an check reaso	Fax No. ▶ ited States, check this box	If this is fo all memb	r the whole ers the exte npt organiza	group, check this				
	this application is for Forms 990-PF, 990-T, 4720, or 606 ny nonrefundable credits. See instructions.	9, enter the	tentative tax, less	3a	\$	0.				
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and										
e	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b									
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by										
u	sing EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ns.	3c	\$	0.				
Caution instruct	n: If you are going to make an electronic funds withdrawa ions.	l (direct del	bit) with this Form 8868, see Form 8	453-TE an	d Form 8879	9-TE for payment				
LHA	For Privacy Act and Paperwork Reduction Act Notice	. see instru	ictions.		Form	8868 (Rev. 1-2022)				

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	990 (2021) AMERICA	13-1624016	Page
Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u>.</u>	X
1	Briefly describe the organization's mission: 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 🗴 N
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
;	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	X	Yes 🗌 N
Ļ	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expen-	ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expense	es, and
	revenue, if any, for each program service reported.		0.00.000
la	(Code:) (Expenses \$ 42,096,617. including grants of \$ 3,922,755. 3,922,755.) (Revenue of \$ 100000000000000000000000000000000000	e\$40	,868,060.
	0)		
			226 251
b	(Code:) (Expenses \$41,725,796. including grants of \$5,510,195.) (Revenue COMPREHENSIVE COUNCIL SUPPORT (SEE SCHEDULE O)	e\$21	,550,251.
ŀc	(Code:) (Expenses \$ 20,372,773. including grants of \$ 0.) (Revenue	e\$7	243 098
rC	BRAND PROMOTION AND EXTERNAL ENGAGEMENT (SEE SCHEDULE O)	50	/ / • •
łd	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
		/	
1e	Total program service expenses 104,195,186.		rm 990 (202

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Par	t 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4	х	
F	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	21	<u> </u>
5		5		x
6	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	–		
U	Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Λ	
a	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			
		14b	х	
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
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	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>^</u>
d	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	056		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? <i>If</i> " <i>Yes</i> ," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34	Х	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	1
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	Ĺ
1 01	Check if Schedule O contains a response or note to any line in this Part V			
			V	
4	Enter the number reported in box 3 of Form 1096. Enter -0 , if not applicable $1a$	5	Yes	No
-				
b c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	х	
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				· · - · /

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orm	990 (2021) AMERICA	13-1	624016	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1 1		Yes	No
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		447		
L_	filed for the calendar year ending with or within the year covered by this return	2a		х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			Δ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e - <i>file</i> . See instructions			x	
		~		X	
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to <i>line 3b, provide an explanation on Schedule</i> At any time during the calendar year, did the organization have an interest in, or a signature or other a				
a	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
h	If "Yes," enter the name of the foreign country		4 a		
5	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR)	_		
Ба	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac				x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?				x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
,	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the I	oayor? 7a		X
		· · · · · · · · · · · · · · · · · · ·			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as require	d? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 109	8-C? 7h		
B	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
D	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а			<u>13a</u>		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	405			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		<u>14b</u>		
b			45		x
b	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		15		
b	excess parachute payment(s) during the year?				v
ь 5	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		40		
ь 5	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment		16		X
5	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	income?	16		
b 5	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	income?			•
ь 5 5	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	income?	<u>16</u> <u>17</u>		

 $\begin{array}{c} {}^{132005 \ 12-09-21} \\ 18150509 \ 153424 \ 0165344-00005 \end{array}$

GIRL	SCOUTS	OF	THE	UNITED	STATES	OF

				-
	990 (2021) AMERICA 13-16240		Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	a "No" i	respon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
800	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
4-	Enter the number of voting members of the governing body at the end of the tax year $1a$		Yes	No
1a		4		
	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.			
Ь		3		
_	Enter the number of voting members included on line 1a, above, who are independent 1b / Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
2		2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		
5		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	x	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6	х	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
74	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	х	
9	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	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			_
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X X	
14 15	Did the organization have a written document retention and destruction policy?	14	А	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15a	x	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
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?	16b		
Sec	tion 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)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X 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	d finan	cial	
	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	F.a	000	(0004)
132006	5 12-09-21 6	Form	1990	(2021)
	U U			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hi	ghest 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 Employe	es	
1a Compl	ete this table for all persons required to be listed. Report compensation for the calendar y	ear ending with or within the organization'	s tax year.
• List a	all of the organization's current officers, directors, trustees (whether individuals or organiz	ations), regardless of amount of compens	sation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

GIRL SCOUTS OF THE UNITED STATES OF

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

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average	(do			ition	۱ than o	nne	Reportable	Reportable Reportable	
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		Cer ar		recio	or/trus T	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	fee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruster	l trus		/ee	npen		1099-NEC)	1099-NEC)	and related
	below	Individual trustee or director	Institutional trustee	L_	Key employee	st cor	5	1000 (120)		organizations
	line)	Indivi	nstitu	Officer	Key ei	Highest compensated employee	Former			
(1) JUDITH N. BATTY (THRU 01/2022)	35.00									
INTERIM CEO & EX OFFICIO BD	0.00			х				550,575.	0.	2,358.
(2) ANGELA OLDEN	35.00									
CHIEF FINANCIAL OFFICER	0.00			х				361,986.	0.	36,312.
(3) JENNIFER ROCHON	35.00									
GENERAL COUNSEL (THRU 06/2022)	0.00					x		353,037.	0.	36,025.
(4) BARRY HOROWITZ	0.00									
FORMER CHIEF REVENUE OFFICER	0.00						Х	274,435.	0.	103,840.
(5) SAPREET KAUR SALUJA(THRU 11/21)	35.00									
CHIEF STR PSHIP/NEW VENT OFFICER	0.00				Х			318,390.	0.	21,406.
(6) SYLVIA ACEVEDO	0.00									
FORMER CEO & EX OFFICIO BD	0.00						Х	330,000.	0.	0.
(7) MAUREEN MCNERNEY	35.00									
CHIEF PEOPLE OFFICER	0.00					X		274,288.	0.	43,806.
(8) WENDY LOU	35.00									
CHIEF REVENUE OFFICER	0.00				Х			287,316.	0.	5,933.
(9) KENNETH DISTEFANO	35.00									
DEPUTY CHIEF FINANCIAL OFFICER	0.00					x		230,796.	0.	35,097.
(10) AMY BODIN	35.00									
CHIEF ADMIN OFFICER (THRU 06/2022)	0.00				х			232,102.	0.	28,509.
(11) PHILIP KAGAN (THRU 09/2022)	35.00									
EXECUTIVE, IT & SECURITY OFFICER	0.00					X		242,075.	0.	4,123.
(12) KELLY PARISI (THRU 06/2022)	35.00									
VP, EXECUTIVE & BRAND COMMUNICATIONS	0.00					X		229,029.	0.	15,603.
(13) KAREN P. LAYNG	10.00									
NATIONAL PRESIDENT	0.00	Х		х				0.	0.	0.
(14) JEANNE KWONG BICKFORD	10.00									
FIRST VICE PRESIDENT	0.00	Х		х				0.	0.	0.
(15) NOORAIN KHAN	10.00									
SECOND VICE PRESIDENT	0.00	х		X				0.	0.	0.
(16) VALARIE A. GELB	10.00									
TREASURER	0.00	х		х			L	0.	0.	0.
(17) RACHEL ROCHE WALTON	10.00									
SECRETARY	0.00	Х		Х				٥.	0.	0.
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Part VII Section A. Officers, Directors, 1		ploy	ees,			ghes	st Co	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box	not c , unles	Pos heck ss per	more rson i	ר than is botl or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	f org an	rom th ganizat d relat anizati	e ion ed
(18) MARY ANN ALTERGOTT	5.00											
BOARD MEMBER	0.00	Х						٥.	0.			0.
(19) BETH BOVIS	5.00											
BOARD MEMBER	0.00	Х						0.	0.			0.
(20) EILEEN DRAKE	5.00											
BOARD MEMBER	0.00	х						0.	0.			0.
(21) WENDY DRUMMOND	5.00											
BOARD MEMBER	0.00	х						0.	0.			0.
(22) VICKI GARDNER	5.00											
BOARD MEMBER (THRU 01/2022)	0.00	х						0.	0.			0.
(23) LORRAINE HACK	5.00	-										•
BOARD MEMBER	0.00	х						0.	0.			0.
(24) VIEVETTE HENRY	5.00								•			•
BOARD MEMBER (25) VIDYA KRISHNAN	0.00	х				-		0.	0.			0.
(25) VIDYA KRISHNAN BOARD MEMBER	5.00	x						0.	0.			0
(26) ROSE LITTLEJOHN	5.00	~						0.	0.			0.
BOARD MEMBER	0.00	x						0.	0.			Ο.
	-							3,684,029.	0.		333,	
1b Subtotal								<u> </u>	0.		555,	012.
c Total from continuation sheets to Par								3,684,029.	0.		333,	-
d Total (add lines 1b and 1c)								, ,	•		555,	012.
2 Total number of individuals (including b		lose	liste	a ac	oove	e) wr	io re	ceived more than \$100,	000 of reportable			139
compensation from the organization											Yes	No
3 Did the organization list any former offi	icor director truct	00 L		me			bia	hast componented amp			103	
			-		-		-		•	3	x	
line 1a? <i>If</i> "Yes," complete Schedule J f 4 For any individual listed on line 1a, is th										3		
										4	x	
and related organizations greater than S	#130,000? IT "Yes,	со	mple	ete S	scne	eaule	e J fo	or such individual		4		

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SALESFORCE.COM, INC., 415 MISSION STREET,		
3RD FLOOR, SAN FRANCISCO, CA 94105	TECHNICAL SERVICES	4,914,375.
THE GOODKIND GROUP		
275 MADISON AVE, 5TH FL, NEW YORK, NY 10016	STAFFING AGENCY	1,947,317.
ADOBE SYSTEMS, INC.		
345 PARK AVE., SAN JOSE, CA 95110	IT DEVELOPMENT	1,629,874.
VISION INTEGRATION TECHNOLOGIES, INC.		
22503 GRAND RIVER AVENUE, DETROIT, MI 48219	IT DEVELOPMENT	1,507,130.
SAP PUBLIC SERVICES, 3999 WEST CHESTER		
PIKE, NEWTON SQUARE, PA 19073	TECHNICAL SERVICES	1,204,495.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 78 78		
SEE PART VII, SECTION A CONTINUATION SHEETS		Form 990 (2021)

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Form 990AMERICA	IS OF THE UNIT								13-16240)16
Part VII Section A. Officers, Directors,		nplo	yee			ligh	est (es (continued)	
(A) Name and title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee do	Former (K	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(27) SUSAN MAJOR	5.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(28) LYDIA MALLETT	5.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(29) RUMI MORALES	5.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(30) ILEANA MUSA	5.00									
BOARD MEMBER	0.00	Х						٥.	0.	0.
(31) DEBRA NIELSON	5.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(32) MARCUS PEACOCK	5.00									
BOARD MEMBER	0.00	х						٥.	0.	0.
(33) EDMUND RASTRELLI	5.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(34) ERIKA ROTTENBERG	5.00									
BOARD MEMBER	0.00	х						٥.	0.	0.
(35) TROOPER SANDERS	5.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(36) EARL SIMPKINS JR.	5.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(37) ZETA SMITH	5.00									
BOARD MEMBER	0.00	х						0.	Ο.	Ο.
(38) LESLEE TEMPLE	5.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(39) CYNTHIA TENIENTE-MATSON	5.00									
BOARD MEMBER	0.00	х						٥.	0.	0.
(40) DIANE TIPTON	5.00									
BOARD MEMBER	0.00	х						٥.	0.	0.
(41) MARYANN WARYJAS	5.00									
BOARD MEMBER	0.00	х						٥.	0.	0.
(42) SOFIA CHANG	35.00									
CEO (AS OF 01/2022)	0.00	1		х				٥.	0.	0.
		1								
		-								
					\vdash					
		1								
Total to Part VII, Section A, line 1c			<u></u> .							

		Check if Schedule O	cont	ains a respoi	nse	or note to any line	e in this Part VIII			Γ
			00114		100		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
ţ	1 a	Federated campaigns		1a		12,938.				
and Other Similar Amounts	k	Membership dues		1b						
Ā	c	Fundraising events		1c						
ar	c	Belated organizations		1d						
E	e	e Government grants (cont	ributi	ons) 1e		2,234,570.				
r S	f	All other contributions, gifts,	gran	ts, and						
the		similar amounts not include	d abov			26,322,922.				
pq	ç	Noncash contributions included in	lines '	1a-1f 1g \$		18,237.				
a	ł	Total. Add lines 1a-1f		<u></u>			28,570,430.			
						Business Code				
		MEMBERSHIP DUES				624100	36,976,565.	36,976,565.	2 510 500	
e	k					721000	5,700,213.	1,989,691.	3,710,522.	
Řevenue	c					518210	5,585,871.	5,585,871.		
Rev	-	USAGSO COUNCIL SERV				900099	145,960.	145,960.	10 050	
,	-	ONE GS MEDIA ADV. H				541800 900099	13,252.	07.700	13,252.	
		All other program service					27,780.	27,780.		
	<u>ç</u>						48,449,641.			
	3	Investment income (inclu	Ũ				2 781 646		10,253.	2 771 3
		other similar amounts)					2,781,646.		10,255.	2,771,3
	4	Income from investment		-		Г	10,579,898.			10,579,8
	5	Royalties		(i) Real		(ii) Personal	10,375,050.			10,575,0
	6 -	Croco ronto	6-			(ii) i eisonai				
		Gross rents	6a 6h							
		Less: rental expenses	6b							
		Rental income or (loss)	6 <u>6</u>	1						
		 Net rental income or (loss Gross amount from sales of 	s) <u></u>	(i) Securiti		(ii) Other				
	1 8		7-	62,214,2						
	L	assets other than inventory Less: cost or other basis	7 a	02,211,2	52.					
Ð	L	and sales expenses	76	54,786,7	38					
venue		Gain or (loss)	70 7c							
eve		Net gain or (loss)					7,427,514.		11,190.	7,416,3
		Gross income from fundrais			<u> </u>		.,		,	.,,.
Ĕ	0 6			of						
		contributions reported or								
		Part IV, line 18		,	8a					
	r	Less: direct expenses			8b					
		Net income or (loss) from								
		Gross income from gami		-						
		Part IV, line 19			9a					
	ŀ				9b					
		Net income or (loss) from								
		Gross sales of inventory,	-	-	<u> </u>					
		and allowances			10a	38,693,124.				
	Ł	Less: cost of goods sold				17,695,356.				
		Net income or (loss) from				····· •	20,997,768.	20,997,768.		
					,	Business Code	. , .			
	11 a	INSURANCE RECOVERY				900099	1,068,589.			1,068,5
Revenue		MISCELLANEOUS REVEN	IUE			900099	203,412.			203,4
vel		REBATES			_	900099	102,455.			102,4
Be		All other revenue					· · · · · ·			
		• Total. Add lines 11a-11d					1,374,456.			
							120,181,353.	65,723,635.	3,745,217.	22,142,0

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AMERICA

Form 990 (2021)

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<u>(D)</u>

X

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

	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	9,211,245.	9,211,245.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	221,705.	221,705.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	318,128.	318,128.		
5	Compensation of current officers, directors,				
	trustees, and key employees	2,282,360.	1,340,096.	631,436.	310,828.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	36,513,046.	30,600,322.	3,971,145.	1,941,579.
8	Pension plan accruals and contributions (include	, ,		, ,	
-	section 401(k) and 403(b) employer contributions)	1,610,240.	1,367,294.	160,279.	82,667.
9	Other employee benefits	4,802,059.	4,138,955.	424,711.	238,393.
10	Payroll taxes	2,829,270.	2,409,300.	273,732.	146,238.
11	Fees for services (nonemployees):	_,,	_,,		
	-	257,845.	257,845.		
	Management	1,544,863.	1,409,008.	113,943.	21,912.
		545,944.	409,322.	85,513.	51,109.
	Accounting	· · · ·		05,515.	51,109.
d	Lobbying	148,032.	148,032.		250 500
-	Professional fundraising services. See Part IV, line 17	250,500.		460.954	250,500.
f	Investment management fees	462,854.		462,854.	
g	Other. (If line 11g amount exceeds 10% of line 25,	15 604 150	15 000 615	F44 110	20,400
	column (A), amount, list line 11g expenses on Sch 0.)	15,604,158.	15,029,617.	544,112.	30,429.
12	Advertising and promotion	3,246,471.	3,142,836.	26,485.	77,150.
13	Office expenses	876,785.	746,381.	87,499.	42,905.
14	Information technology	15,698,066.	13,705,946.	1,437,333.	554,787.
15	Royalties				
16	Occupancy	3,436,973.	3,051,934.	197,858.	187,181.
17	Travel	1,041,277.	875,865.	115,585.	49,827.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	329,277.	230,748.	79,810.	18,719.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,320,158.	9,880,376.	236,819.	202,963.
23	Insurance	1,434,931.	1,126,725.	246,349.	61,857.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	COMMISSION EXPENSE	1,337,023.	1,337,023.		
b	CREDIT CARD PROCESSING	1,232,452.	1,232,452.		
c	WAGGGS MEMBERSHIP DUES	1,055,699.	1,055,699.		
d	RECRUITMENT EXPENSE	252,166.	_, ,	252,166.	
	All other expenses	1,388,386.	948,332.	341,706.	98,348.
-	·	118,251,913.	104,195,186.	9,689,335.	4,367,392.
25 26	Total functional expenses. Add lines 1 through 24e	, 20, 55.	101,199,100.	5,005,005.	1,007,002.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2021

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11

	990 () rt X					13-	1624016 Page 11
Га	נא			the state is the is Device M			
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			45,115.	1	18,809.
	2	Savings and temporary cash investments			19,729,279.	2	11,938,036.
	3	Pledges and grants receivable, net			5,429,916.	3	4,497,146.
	4	Accounts receivable, net			3,770,774.	4	3,811,614.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualit	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	l in secti	ion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			6,470,011.	8	8,186,073.
As	9	Description of the second state for the second state of the second			1,192,871.	9	2,891,637.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	129,696,298.			
	b	Less: accumulated depreciation	10b	87,372,706.	47,723,164.	10c	42,323,592.
	11	Investments - publicly traded securities			123,863,682.	11	91,936,697.
	12	Investments - other securities. See Part IV, line 1		85,137,011.	12	74,248,109.	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		1,049,254.	15	534,571.	
	16	Total assets. Add lines 1 through 15 (must equa	al line 33	3)	294,411,077.	16	240,386,284.
	17	Accounts payable and accrued expenses		18,795,356.	17	17,098,292.	
	18	Grants payable				18	
	19	Deferred revenue			27,735,321.	19	27,872,183.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV c	of Schedule D		21	
ŝ	22	Loans and other payables to any current or form	er office	er, director,			
liti		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	se perso	ns		22	
-	23	Secured mortgages and notes payable to unrela	ted third	d parties	24,000,000.	23	8,200,000.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	,				
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			5,102,604.	25	5,736,757.
	26	Total liabilities. Add lines 17 through 25			75,633,281.	26	58,907,232.
ú		Organizations that follow FASB ASC 958, che	ck here				
ice.		and complete lines 27, 28, 32, and 33.			100 110 100	-	110 001 664
alar	27			·····	138,110,133.	27	112,991,664.
ä	28	Net assets with donor restrictions			80,667,663.	28	68,487,388.
ŭ		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🛄			
ъ		and complete lines 29 through 33.					
its (29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or ec				30	<u> </u>
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			218 777 706	31	181 470 050
ž	32	Total net assets or fund balances			218,777,796. 294,411,077.	32	181,479,052. 240,386,284.
	33	Total liabilities and net assets/fund balances			<u>∠94,411,0//.</u>	33	

Form 990 (2021)

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	GIRL SCOUTS OF THE UNITED STATES OF				
Form	990 (2021) AMERICA	13-1624	016	Pa	_{ge} 12
	t XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	120,	181,	353.
2	Total expenses (must equal Part IX, column (A), line 25)	2	118,	251,	913.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	929,	440.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	218,	, 777	796.
5	Net unrealized gains (losses) on investments	5	-34,	386,	689.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-4,	841,	495.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	181,	479,	052.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			ĺ
	Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
				aan	(2021)

Form **990** (2021)

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SC	HED	DULE A		Dublic Cha	ity Status and Public Support							
(Fo	rm 99	90)			-					2021		
					ization is a section 501 47(a)(1) nonexempt cha			or a section		ZUZ I		
		of the Treasury			Attach to Form 990 or F					Open to Public		
		nue Service		-	//Form990 for instruction	ons and th	ne latest in	nformation.		Inspection		
Nam	ne of	the organizati		COUTS OF THE UN	IITED STATES OF					identification number		
De		Decem	AMERIC							13-1624016		
Pa					(All organizations must c			ee instruction	IS.			
	organ		-		For lines 1 through 12, cl	•	-					
1					on of churches described		on 170(b)(*	I)(A)(i).				
2					Attach Schedule E (Form			::)				
3 4		=	-		anization described in se njunction with a hospital			-	Viii) Entor	the hospital's name		
4		city, and stat	•	ation operated in col	njunction with a nospital	described	Section			the hospital s hame,		
5		-	-	or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in		
Ū		0	•	Complete Part II.)								
6					nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X		-	-	ntial part of its support fr				ne general j	public described in		
		section 170()(1)(A)(vi). (C	omplete Part II.)								
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(i x) operate	ed in conju	inction with a	land-grant	college		
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or		
	university:											
10												
					t to certain exceptions; a					-		
				mplete Part III.)	(less section 511 tax) fro		ses acqui	red by the org	Janization a	aner June 30, 1975.		
11					ively to test for public sat	etv See	section 50)9(a)(4).				
12	\square				ively for the benefit of, to				rrv out the	purposes of one or		
		-	-	-	d in section 509(a)(1) o				•			
		lines 12a thro	ugh 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.			
а		Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	pically by	giving		
		the suppor	ed organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting		
	_	¬ -		complete Part IV, Se								
b				-	l or controlled in connect			-		-		
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported		
		_		t complete Part IV,	g organization operated	in connoct	tion with	and functional	l, intograto			
С). You must complete i				iy integrate	ea with,		
d		-			orting organization oper				ted organiz	zation(s)		
-			-	• •	ation generally must sat				•			
					nplete Part IV, Sections							
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III			
		functionally	integrated, or	r Type III non-functio	nally integrated supportin	ng organiz	ation.					
f		er the number	• •	•								
g		vide the follow (i) Name of supp		n about the supporte (ii) EIN	d organization(s).	(iv) is the oro	anization listed	(v) Amount o	fmonoton	(vi) Amount of other		
		organizatior			(described on lines 1-10	in your governi	ing document?	support (see in		support (see instructions)		
					above (see instructions))	Yes	No					
										ļ		
<u>Tota</u>	l											

GIRL	SCOUTS	OF	THE	UNITED	STATES	OF
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Schedule A (Form 990) 2021	AM	ERICA				13-1624	016
Part II Support Sche	dule for C	Organizations	Described in	Sections 170(b)(1)(A)(iv) and	l 170(b)(1)(A)(v	i)
(Complete only if y	ou checked	the box on line 5	, 7, or 8 of Part I o	r if the organizatio	n failed to qualify u	under Part III. If the	e org
fails to qualify und	er the tests I	listed below, plea	se complete Part I	II.)			
Section A. Public Suppo	rt						
Calendar year (or fiscal year begin	ning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	
1 Gifts, grants, contributions	, and						
membership fees received.	. (Do not						

	membership fees received. (Do not						
	include any "unusual grants.")	15,983,792.	15,611,118.	8,054,845.	25,861,993.	28,570,430.	94,082,178.
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	15,983,792.	15,611,118.	8,054,845.	25,861,993.	28,570,430.	94,082,178.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						13,092,988.
6	Public support. Subtract line 5 from line 4.						80,989,190.

Section B. Total Support

	enen zi ienn enkkeit		•								
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
7	Amounts from line 4	15,983,792.	15,611,118.	8,054,845.	25,861,993.	28,570,430.	94,082,178.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	11,181,631.	12,123,359.	9,885,855.	12,025,459.	13,361,544.	58,577,848.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)	127,271.	160,407.	153,522.	138,511.	1,374,456.	1,954,167.				
11	Total support. Add lines 7 through 10						154,614,193.				
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	380,528,433.				
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, fo	ourth, or fifth tax y	ear as a section 5	01(c)(3)					
	organization, check this box and stop	here									
Se	ction C. Computation of Publi										
14	Public support percentage for 2021 (li	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	52.38 %				
15	Public support percentage from 2020	Schedule A, Part I	I, line 14			15	56.43 %				
	a 33 1/3% support test - 2021. If the c					ore, check this box	and				
	stop here. The organization qualifies	as a publicly suppo	orted organization				X				
I	33 1/3% support test - 2020. If the c	organization did no	t check a box on li								
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion							
17a	a 10% -facts-and-circumstances test	- 2021. If the org	anization did not cl	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,				
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization										
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
I	b 10% -facts-and-circumstances test - 2020. 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 stop here. Explain in Part VI how the										
	organization meets the facts-and-circu	imstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	►□				
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	, 16b, 17a, or 17b	, check this box ar	nd see instructions					

Schedule A (Form 990) 2021

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(f) Total

III. If the organization

GIRL	SCOUTS	OF	THE	UNITED	STATES	OF
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13-1624016 Page 3

Schedule A (Form 990) 2021 Part III Support Schedule for Organizations Described in Section 509(a)(2)

AMERICA

(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	1 A. Public Support						
Calendar y	year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts	s, grants, contributions, and						
men	nbership fees received. (Do not						
inclu	ude any "unusual grants.")						
mero form any	es receipts from admissions, chandise sold or services per- ned, or facilities furnished in activity that is related to the anization's tax-exempt purpose						
3 Gros	ss receipts from activities that						
	not an unrelated trade or bus- s under section 513						
4 Tax	revenues levied for the organ-						
izati	on's benefit and either paid to xpended on its behalf						
	value of services or facilities ished by a governmental unit to						
the o	organization without charge						
6 Tota	al. Add lines 1 through 5						
	ounts included on lines 1, 2, and ceived from disqualified persons						
from o excee	Ints included on lines 2 and 3 received other than disqualified persons that ed the greater of \$5,000 or 1% of the nt on line 13 for the year						
	lines 7a and 7b						
	Iic support. (Subtract line 7c from line 6.) B. Total Support						
Calendar y	year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	punts from line 6						
10a Gros divid secu	ss income from interest, Jends, payments received on urities loans, rents, royalties, income from similar sources						
b Unre	lated business taxable income						
(less	section 511 taxes) from businesses						
acqu	ired after June 30, 1975						
c Add	lines 10a and 10b						
activ whe	income from unrelated business vities not included on line 10b, ther or not the business is larly carried on						
or lo	er income. Do not include gain ss from the sale of capital ets (Explain in Part VI.)						
13 Tota	I support. (Add lines 9, 10c, 11, and 12.)		<u> </u>				
14 First	t 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	ization,
cheo	ck this box and stop here						>
	n C. Computation of Publi		¥			<u> </u>	
	lic support percentage for 2021 (I	, (),	,	column (f))		15	%
-	lic support percentage from 2020					16	%
	n D. Computation of Inves					T T	
 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2020 Schedule A, Part III, line 17 						17 18	<u> </u>
						· · · ·	
	I/3% support tests - 2021. If the						
	e than 33 1/3%, check this box ar $1/3\%$, check this box ar	-	•				PL
	I/3% support tests - 2020. If the 18 is not more than 33 1/3%, cho	-					
	18 is not more than 33 1/3%, che						
	ate foundation. If the organizatio	T GIU HOL CHECK A	507 OF III e 14, 19		INS DUA ANU SEE INS		ule A (Form 990) 2021
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1

2

3a

3b

3c

Yes No

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

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

132024 01-04-21

4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

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	GIRL SCOUTS OF THE UNITED STATES OF			
Sche	dule A (Form 990) 2021 AMERICA	13-1624016	Pa	age 5
	rt IV Supporting Organizations (continued)			9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supervised area.	cers, rted the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		-	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the meth	od that the organization	used to satisfy the	e Integral Part Test dur	ing the year (see instructions).
---	--------------------------------	--------------------------	---------------------	--------------------------	----------------------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** _____ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

За

Yes No

18150509 153424 0165344-00005

GIRL SCOUTS OF THE UNITED STATES OF	GIRL	SCOUTS	OF	THE	UNITED	STATES	OF
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che	edule A (Form 990) 2021 AMERICA	01		13-1624016 Pag
	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	Fay
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated		anization (see

7 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) 2021

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Sche	dule A (Form 990) 2021 AMERICA				13-1624016	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ed)		
Secti	on D - Distributions		·		Current Y	ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributa Amount for	
_1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
_3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2017					
b	Excess from 2018					
с	Excess from 2019					
d	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

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GIRL SCOUTS OF THE UNITED STATES OF		
Schedule A (Form 990) 2021 AMERICA	13-1624016	Page
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lin 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; P Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add	es 1 and 2; Part IV, Sectio art V, Section B, line 1e; P	
(See instructions.)		
CHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
INSURANCE RECOVERY		
2017 AMOUNT: \$ 0.		
2018 AMOUNT: \$ 74,368.		
2019 AMOUNT: \$ 15,231.		
2020 AMOUNT: \$ 17,205.		
2021 AMOUNT: \$ 1,068,589.		
EMCC SERVICE CHARGES		
2017 AMOUNT: \$ 35,278.		
2018 AMOUNT: \$ 38,991.		
019 AMOUNT: \$ 0.		
2020 AMOUNT: \$ 0.		
2021 AMOUNT: \$ 0.		
REBATES		
2017 AMOUNT: \$ 0.		
2018 AMOUNT: \$ 31,654.		
019 AMOUNT: \$ 85,676.		
020 AMOUNT: \$ 102,908.		
2021 AMOUNT: \$ 102,455.		
MISCELLANEOUS REVENUES		
2017 AMOUNT: \$ 91,993.		
018 AMOUNT: \$ 15,394.		
2019 AMOUNT: \$ 52,615.		
2020 AMOUNT: \$ 18,398.		
32028 01-04-22	Schedule A (Form	990) 20

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			GIRL SCOUTS OF THE UNITED STATES OF		
Schedule A	<u>(Form 9</u> 9	0) 2021	AMERICA	13-1624016	Page 8
Part VI	Part IV, line 1; P Section	Section A, lines 1 art IV, Section D,	mation. Provide the explanations required by Part II, line 10; Part II, lin , 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section I lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any	3, lines 1 and 2; Part IV, Section 1; Part V, Section B, line 1e; F	on C, Part V,
021 AMOU	NT: \$	203,412.			
32028 01-04-2	22		22	Schedule A (Form	990) 202

** PUBLIC DISCLOSURE COPY **

GIRL SCOUTS OF THE UNITED STATES OF

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

Name	of the	organization

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

	AMERICA	13-1624016				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization					
	4947(a)(1) nonexempt charitable trust 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					
, 0	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.				
General Rule						
-	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor'					
Special Rules						
sections 509(a) contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	d that received from any one				

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

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

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

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

Schedule I	B (Form 990) (2021)		Page 2
	rganization		Employer identification number
GIRL SCC	NUTS OF THE UNITED STATES OF		13-1624016
Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional anges is readed	10 1021010
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
1		\$15,000,	000. (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contributions
2		\$2,000,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	s Type of contribution
3		\$1,380,	000. Person X 000. Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
4		\$1,300,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
5		\$1,050,	000. Person X Payroll Noncash Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
6		\$1,000,	(Complete Part II for noncash contributions.)
123452 11-11	-21		Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

2021.05080 GIRL SCOUTS OF THE UNITED 01653441

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	B (Form 990) (2021)		Page 2
	rganization DUTS OF THE UNITED STATES OF	Emp	oloyer identification number
AMERICA	or or the onlied states or		13-1624016
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$614,698.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4	Total contributions	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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	ganization UTS OF THE UNITED STATES OF	En	ployer identification num
RL SCO ERICA	UTS OF THE UNITED STATES OF		13-1624016
art II	Noncash Property (see instructions). Use duplicate copies of P	art 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule E	B (Form 990) (2021)			Page 4
Name of o	rganization			Employer identification number
GIRL SCO	OUTS OF THE UNITED STATES OF			
AMERICA				13-1624016
Part III	from any one contributor. Complete columns (a) through (e) and the following line ent	v. For organizations	
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info. o	Ince.) \$
(a) No.	Use duplicate copies of Part III if additional	space is needed.		
from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
Part I				
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No.				
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		· ·		
		(e) Transfer of gift		
			Deletionship of th	
	Transferee's name, address, a	na ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
Part I				
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
<u> </u>				
		(e) Transfer of gift		
			_	
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
123454 11-11	-21	L		Schedule B (Form 990) (2021)
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SCHEDULE C	Po	litical Campaign a	and Lobbyin	g Activities		OMB No. 1545-0047
(Form 990)						2021
	-					
Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection
•	-	Form 990, Part IV, line 3, or For		e 46 (Political Campai	gn Activi	ities), then
		plete Parts I-A and B. Do not com	•		_	
.,		1(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Part I-	В.	
Section 527 organiza	•	,	000 57 5	47 /l - h h - i - n A - i - i		-
•	-	Form 990, Part IV, line 4, or For have filed Form 5768 (election und			••	
		ave NOT filed Form 5768 (election und		•		
	•	Form 990, Part IV, line 5 (Proxy		<i>,,</i> 1		
Tax) (See separate inst		· ····· · ···· · ···· · · · · · · · ·			,-	
 Section 501(c)(4), (5) 	, or (6) organizat	ions: Complete Part III.				
Name of organization	GIRL SCOUTS	GOF THE UNITED STATES OF		E	mployer	identification number
	AMERICA					13-1624016
Part I-A Comple	ete if the org	anization is exempt unde	r section 501(c) c	or is a section 527	organi	zation.
		ation's direct and indirect politica	l campaign activities ir			
2 Political campaign	, ,				▶\$	
3 Volunteer hours for	political campai	gn activities				
Part I-B Comple	ete if the org	anization is exempt unde	r section 501(c)(3	3).		
-		ncurred by the organization unde		<u>,</u>	► \$	
	2	ncurred by organization manager				
		n 4955 tax, did it file Form 4720 f				Yes No
		, 				Yes No
b If "Yes," describe ir	n Part IV.					
Part I-C Comple	ete if the org	anization is exempt unde	r section 501(c),	except section 50	1(c)(3).	
		by the filing organization for sect			►\$	
2 Enter the amount o		zation's funds contributed to oth	-			
exempt function ac					►\$	
	-	Add lines 1 and 2. Enter here an		•		
		1400 DOL (► \$ <u> </u>	Yes No
		1120-POL for this year?				
		ion listed, enter the amount paid				
		omptly and directly delivered to a				
political action com	mittee (PAC). If a	additional space is needed, provid	le information in Part I	V.		
(a) Name)	(b) Address	(c) EIN	(d) Amount paid fro filing organization's funds. If none, enter	s con	e) Amount of political htributions received and promptly and directly
					d	elivered to a separate political organization. If none, enter -0
				+		
For Paperwork Reducti	ion Act Notice	see the Instructions for Form 90		1	Scher	dule C (Form 990) 2021

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

Schedule C (Form 990) 2021

132041 11-03-21

(GIRL SCOUTS OF TH	IE UNITED STATES	OF		
	AMERICA				524016 Page 2
Part II-A Complete if the orga	anization is exem	pt under section	501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).					
A Check 🕨 🗌 if the filing organizat	tion belongs to an affili	ated group (and list in	Part IV each affiliated g	group member's name	, address, EIN,
expenses, and share	e of excess lobbying e	xpenditures).			
B Check 🕨 🔄 if the filing organizat	tion checked box A an	d "limited control" pro	visions apply.		
	ts on Lobbying Expen litures" means amou			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public opinion (a	rassroots lobbving)		8,533.	
b Total lobbying expenditures to influ				169,787.	
c Total lobbying expenditures (add lir		• • • •		178,320.	
d Other exempt purpose expenditure				117,360,239.	
e Total exempt purpose expenditures				117,538,559.	
f Lobbying nontaxable amount. Ente			Г	1,000,000.	
If the amount on line 1e, column (a) or		oving nontaxable amo			
Not over \$500,000		he amount on line 1e.			
Over \$500,000 but not over \$1,000		0 plus 15% of the exce	ess over \$500.000.		
Over \$1,000,000 but not over \$1,50		0 plus 10% of the exce			
Over \$1,500,000 but not over \$17,0		0 plus 5% of the exces			
Over \$17,000,000	\$1,000,0				
· · · / /	, ,				
g Grassroots nontaxable amount (en	ter 25% of line 1f)			250,000.	
h Subtract line 1g from line 1a. If zero	,			٥.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than zer			-		
reporting section 4911 tax for this	year?				Yes No
	4-Year Ave	raging Period Under	Section 501(h)		
(Some organizations the				f the five columns be	low.
	•	te instructions for lin			
	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	161,535.	157,974.	185,750.	178,320.	683,579.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	11,067.	10,188.	9,040.	8,533.	38,828.

Schedule C (Form 990) 2021

132042 11-03-21

AM	ERICA	

Schedule C (Form 990) 2021

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)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of th	e lobbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			- •	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5),	or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
_3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year		2b		
с			2c		
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t 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.

Schedule C (Form 990) 2021

132043 11-03-21

201	HEDULE D		Sup	plementa	al Financial	Statemen	ts		OMB No. 15	545-0047
	Form 990) Complete if the organization answered "Yes" on Form 990,					202	21			
-	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Partment of the Treasury Attach to Form 990.						Open to	Public		
Interna	►Go to www.irs.gov/Form990 for instructions and the latest information.						Inspecti			
Nam	e of the organizati	///	RL SCOUTS OF	THE UNITED S	TATES OF				identification	
Par	t I Organiza			onor Advise	d Funds or Oth	er Similar Fund	s or Ac			
			ed "Yes" on Form							
					(a) Donor ad	dvised funds	(b) Funds and	d other accou	nts
1	Total number at er									
2	Aggregate value of	contribut	tions to (during y	ear)						
3	Aggregate value of	-								
4	Aggregate value a									
5	-				writing that the asse				Yes	No
6					exclusive legal conti dvisors in writing tha				res	
U					r donor advisor, or f					
	impermissible priv							•	Yes	No
Par	t II Conserv	ation Ea	asements. _{Co}	mplete if the org	ganization answered	"Yes" on Form 990	, Part IV,	line 7.		
1					on (check all that ap					
	Preservation	of land fo	or public use (for	example, recrea	tion or education)	Preservation	of a histo	rically impor	tant land area	ı
	Protection o					Preservation	of a certif	ied historic :	structure	
	Preservation									
2		•	2d if the organizat	ion held a qualif	ied conservation co	ntribution in the forr	n of a cor			
_	day of the tax year								at the End of th	e lax teal
								2a 2b		
b C	Total acreage rest				ucture included in (a			20 2c		
					after 7/25/06, and no			20		
								2d		
3					eased, extinguished			zation during	the tax	
	year 🕨									
4	Number of states	vhere pro	perty subject to a	conservation eas	sement is located 🕨		_			
5	Does the organiza	ion have	a written policy re	egarding the per	iodic monitoring, ins	pection, handling o	f		_	
	violations, and enf								Yes	No
6	Staff and voluntee	hours de	evoted to monitor	ing, inspecting,	handling of violation	is, and enforcing co	nservatio	n easements	s during the ye	ear
7			d in monitoring i	nenacting hand	lling of violations, an	d onforcing concon	ation one	omonte duri	na tha yaar	
'	► \$		a in morntoring, i	rispecting, nanc	ining of violations, an	a enforcing conserv	alion eas		ng the year	
8		ation eas	sement reported of	on line 2(d) abov	e satisfy the require	ments of section 17	0(h)(4)(B)(i)		
									Yes	🗌 No
9					on easements in its i					
	balance sheet, and	include,	if applicable, the	text of the footr	note to the organizat	ion's financial stater	nents tha	t describes	the	
D.	organization's acc	ounting fo	or conservation ea	asements.		T				
Par			-		Art, Historical	Treasures, or C	other S	milar Ass	sets.	
		-			990, Part IV, line 8.					
1 a	•		•		8, not to report in its				orks	
				•	olic exhibition, educa			ce of public		
h					ncial statements that 8, to report in its rev			sheet works	of	
D.	-		-		exhibition, education					
	provide the followi				Samonon, Guudall			Si public 36		
	-	-	-					▶ \$		
	(ii) Assets include									
2	.,				asures, or other simi					
					SC 958 relating to the					
а					-			▶ \$		
								▶ \$		
LHA	For Paperwork R	duction	Act Notice, see	the Instructions	s for Form 990.			Sche	dule D (Form	990) 2021
132051	10-28-21				21					

18150509 153424 0165344-00005

	GIRL SCOUTS	S OF THE UNITED	STATES OF									
Sche	dule D (Form 990) 2021 AMERICA						13-162	4016	Р	age 2		
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or	Other S	imilar	Assets	(contir				
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that i	make signi	ificant u	se of its					
	collection items (check all that apply):											
а	X Public exhibition	d	Loan or exc	hange prograr	n							
b	Scholarly research	е	Other									
с	X Preservation for future generations											
4	Provide a description of the organization's co	lections and explain	how they further th	ne organizatior	n's exempt	purpos	e in Part	XIII.				
5	During the year, did the organization solicit o											
Ŭ	to be sold to raise funds rather than to be ma		,	,				Yes	X	No		
Par	t IV Escrow and Custodial Arran						Part IV. I	_				
	reported an amount on Form 990, Par					,	·· -·· , ·					
1a	Is the organization an agent, trustee, custodi	an or other intermedi	iary for contribution	s or other asse	ets not incl	luded						
	on Form 990, Part X?							Yes		No		
b	If "Yes," explain the arrangement in Part XIII							_				
		·	0					Amoun	1			
с	Beginning balance					1c						
	Additions during the year					1d						
	Distributions during the year					1e						
f	Ending balance					1f						
	Did the organization include an amount on Fe					· · · ·		Yes		No		
	If "Yes," explain the arrangement in Part XIII.				-							
Par												
		(a) Current year	(b) Prior year	(c) Two years		Three v	ears back	(e) Four	vears	hack		
10	Pagipping of year balance	206,763,000.	177,963,000.				51,000.	162,				
_	Beginning of year balance	13,000.	139,000.	· · · ·			59,090.			000.		
b	Contributions	-24,711,000.	43,492,000.	, ,								
	Net investment earnings, gains, and losses					· · ·		1,859,000.				000.
	Grants or scholarships	5,662,948.	5,579,813.	6,861	, 5 / 6 .	1,05	59,000.	,	031,	000.		
е	Other expenditures for facilities	10 450 050	0 051 105	E 204		c		-				
	and programs	12,459,052.	9,251,187.	5,324	,424.	6,32	27,090.	5,	//0,	000.		
	Administrative expenses											
g	End of year balance		206,763,000.		,000.	172,26	53,000.	171,	261,	000.		
2	Provide the estimated percentage of the curr		e (line 1g, column (a)) held as:								
а	Board designated or quasi-endowment	65.4900	_%									
	Permanent endowment 17.5300	%										
С	Term endowment 16.9800											
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.										
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administere	d for the a	organiza	tion	r				
	by:								Yes	No		
	(i) Unrelated organizations							3a(i)		Х		
	(ii) Related organizations							3a(ii)		Х		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b				
4	Describe in Part XIII the intended uses of the		wment funds.									
Par	't VI Land, Buildings, and Equipm	ent.										
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990,	Part X, line	e 10.						
	Description of property	(a) Cost or o	. ,	t or other	(c) Accu		d	(d) Boo	k valu	е		
		basis (investr	nent) basis	(other)	depre	ciation						
1a	Land			377,059.					377,	059.		
	Buildings		37	,849,123.	37	,343,4	111.		505,	712.		
	Leasehold improvements		23	,087,049.	6	,093,1	L85.	16,	993,	864.		
	Equipment		8	,896,350.	6	,037,5	589.	2,	858,	761.		
	Other		59	,486,717.	37	,898,5	521.	21,	588,	196.		
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>		X. column (B). line 1	0c.)				42,	323,	592.		

Schedule D (Form 990) 2021

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AMERICA Schedule D (Form 990) 2021

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. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other PRIVATE EQUITY FUND 23,716,727. END-OF-YEAR MARKET VALUE (A) HEDGE FUND 19,888,560. END-OF-YEAR MARKET VALUE (B) GLOBAL COMMINGLED 15,356,092, END-OF-YEAR MARKET VALUE (C)

COMMON COLLECTIVE TRUST 10,086,233 END-OF-YEAR MARKET VALUE (D) REAL ESTATE 5,200,497. END-OF-YEAR MARKET VALUE (E) (F) (G) (H) 74,248,109. Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value

(1) Federal income taxes	
(2) ACCRUED PENSION LIABILITY	5,202,187.
(3) FUNDS HELD IN TRUST	534,570.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	5,736,757.

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 X

Schedule D (Form 990) 2021

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GIRL SCOUTS OF THE UNITED STATES O	GIRL	SCOUTS	OF	THE	UNITED	STATES	OF
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0.1	GIRL SCOUTS OF THE UNITED STATES	OF.		13-16	24016 Page 4
	AMERICA t XI Reconciliation of Revenue per Audited Financial Si	tatements With F	Revenue ner Ret		24016 Page 4
1 01	Complete if the organization answered "Yes" on Form 990, Part IV,				
1	Total revenue, gains, and other support per audited financial statements	, iiiie 12a.		1	79,153,292.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				,200,202.
2 a	Net unrealized gains (losses) on investments	2a	-34,386,689.		
b	Donated services and use of facilities				
c	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		-4,841,495.		
e	Add lines 2a through 2d			2e	-39,228,184.
3	Subtract line 2e from line 1			3	118,381,476.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	462,854.		
b	Other (Describe in Part XIII.)		1,337,023.		
c	Add lines 4a and 4b			4c	1,799,877.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line			5	120,181,353.
	rt XII Reconciliation of Expenses per Audited Financial S	Statements With	Expenses per R	eturn.	· · ·
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total expenses and losses per audited financial statements			1	116,452,036.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
с	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	116,452,036.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	462,854.		
b	Other (Describe in Part XIII.)	4b	1,337,023.		
с	Add lines 4a and 4b			4c	1,799,877.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line			5	118,251,913.
Pa	rt 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.

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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 "BUILD 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 60,000 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

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Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

AND ILLUSTRATING THE HISTORY OF THE WORLD'S LARGEST EXTANT FEMALE-LED

AMERICA

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 COMPLETED IN 2021

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 OFFERS EXTENSIVE GIRL SCOUT PROGRAMMING, COLLABORATES WITH

THE LOCAL HISTORIC GEORGIA COUNCIL, AND IS A LEADING CULTURAL INSTITUTION

IN SAVANNAH. FOR MORE INFORMATION, PLEASE SEE

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Part XIII Supplemental Information (continued)

HTTPS://WWW.JULIETTEGORDONLOWBIRTHPLACE.ORG/EN/EXPLORE/WHAT-WILL-I-SEE-.HT

AMERICA

 \mathtt{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

OUR COUNTRY'S HISTORY TO THE PRESENT.

Schedule D (Form 990) 2021

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GIRL SCOUTS OF THE UNITED STATES OF AMERICA 13-1624016 Schedule D (Form 990) 2021 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

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MEASUREMENT. THIS STANDARD PROVIDES THAT THE TAX EFFECTS FROM AN

132055 10-28-21

Schedule D (Form 990) 2021

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AMERICA 13-1624016 Schedule D (Form 990) 2021 Part XIII Supplemental Information (continued) 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 LOSS -5,950,365. 1,309,309. PENSION COSTS OTHER THAN NET PERIODIC PENSION COST CHANGE IN VALUE OF CHARITABLE GIFT ANNUITY -96,186. CHANGE IN VALUE OF DEFERRED GIFTS -104,253. TOTAL TO SCHEDULE D, PART XI, LINE 2D -4,841,495. PART XI, LINE 4B - OTHER ADJUSTMENTS: COMMISSION EXPENSE ON ROYALTIES 1,287,617. COMMISSION EXPENSE ON ADVERTISING REVENUE 49,406. TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,337,023. PART XII, LINE 4B - OTHER ADJUSTMENTS: 1,287,617. COMMISSION EXPENSE ON ROYALTIES COMMISSION EXPENSE ON ADVERTISING REVENUE 49,406. TOTAL TO SCHEDULE D, PART XII, LINE 4B 1,337,023.

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Schedule D (Form 990) 2021

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SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ntes	OMB No. 1545-00	047
(Form 990)			n answered "Yes" on Form 990, Part			2021	1
. ,	P Complete i	and of guinzatio	Attach to Form 990.	,			<u>i</u>
Department of the Treasury Internal Revenue Service	Go to	www.irs.gov/Fo	orm990 for instructions and the lates	t information.		Open to Public Inspection	
Name of the organization					Employer	identification nun	nber
GIRL SCOUTS OF THE UN	ITED STATES O	F					
AMERICA					13-162		
		ctivities Out	side the United States. Compl	ete if the orgar	ization answ	ered "Yes" on	
Form 990, Part							
-	•		ds to substantiate the amount of its gra the selection criteria used to award the			X Yes	No
2 For grantmakers. Des United States.	scribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistand	e outside the	
3 Activities per Region. (The following Parl	t I, line 3 table ca	an be duplicated if additional space is r	leeded.)			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If acti is a pro describe	vity listed in (gram service specific typ (s) in the reg	e expenditure e for and investme	tures Id ents
		in the region					gion
EUROPE (INCLUDING							
ICELAND & GREENLAND)	0	8	PROGRAM SERVICES	SEE PART V		898,	459
							105.
EAST ASIA AND THE							
PACIFIC	0	5	PROGRAM SERVICES	SEE PART V		771,	386.
CENTRAL AMERICA AND							
THE CARIBBEAN	0	0	INVESTMENTS			38,563,	313.
	0	1 3				40.222	150
3 a Subtotal		13				40,233,	T00.
b Total from continuation sheets to Part I		0					0.
c Totals (add lines 3a							~.
and 3b)	0	13				40,233,	158.

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

Schedule F (Form 990) 2021

132071 12-20-21

AMERICA

13-1624016

Schedule F (Form 990) 2021

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)
			recognized as charities by the t			1		1
			or counsel has provided a sect	ion 501(c)(3) equ	uivalency letter	►		
3 Enter total number of	other organizations of	or entities				🕨		

Page 2

GIRL SC	COUTS	OF	THE	UNITED	STATES	OF
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AMERICA

Schedule F (Form 990) 2021

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. **(h)** Method of valuation (book, FMV, appraisal, other) (d) Amount of (c) Number of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region , recipients cash grant cash disbursement noncash noncash assistance assistance

13-1624016

Page 3

	GIRL SCOUTS OF THE UNITED STATES OF		
Schedu	JIE F (Form 990) 2021 AMERICA	13-1624016	Page 4
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)	X Yes	No 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	X 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)	X 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)	X Yes	No 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)	X 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	X No

AMERICA

Schedule F (Form 990) 2021 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 13 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

43

132075 12-20-21

Schedule F (Form 990) 2021

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18150509 153424 0165344-00005
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AMERICA

Schedule F (Form 990) 2021 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.

Schedule F (Form 990) 2021

132075 12-20-21

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$19				r 19,	or if the	2021
Department of the Treasury		Attach to Form 990						Open to Public Inspection
Internal Revenue Service Name of the organizatio		to www.irs.gov/Form990 for instr S OF THE UNITED STATES OF	uction	s and	the latest informati	on.	Employer id	entification number
	AMERICA						13-16240	
	sing Activities.	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
 a X Mail solicita b X Internet and c X Phone solic d X In-person so 2 a Did the organization key employees list b If "Yes," list the 10 	tions I email solicitations itations olicitations on have a written c ted in Form 990, P	f X Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Ye	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contribu	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
SOCIAL CAPITAL INC MI AVE, CHICAGO, I		FUNDRAISING STRATEGY	Yes	No X	. 0.		70,500	70,500.
KLB DEVELOPMENT, I							,	, -
HARVEST) - 1851 71	'H AVENUE,	FUNDRAISING STRATEGY		x	0.		180,000	180,000.
			1					
Total	ich the organizatio	n is registered or licensed to solicit o	ontrib		or has been notified	it is a	250,500	,
or licensing.	ion the organizatio			0110115		11 15 1		Guardion

AL, AK, AZ, AR, CO, CT, DC, FL, GA, HI, IL, KS, LA, ME, MD, MA, MI, MN, MS, MO, NE, NH, NJ, NM, NY NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VT, VA, WA, WV, WI

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

132081 10-21-21

Sch	edul	le G (Form 990) 2021 AMERICA	5 OF THE UNITED ST.	ATES OF	13	-1624016 Page
	ırt I	I Fundraising Events. Complete if th				
		of fundraising event contributions and gro			-	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
er			(event type)	(event type)	(total number)	– col. (c))
Revenue	1	Gross receipts				
ш	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
		Cosh prizos				
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	-			
ct Ex	7	Food and beverages				
Dire						
	8	Entertainment Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)	•	▶	
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)		►	
Pa	nrt I	• • • • • • • • • • • • • • • • •	answered "Yes" on Form	1 990, Part IV, line 19, o	r reported more than	
		\$15,000 on Form 990-EZ, line 6a.	Γ		1	
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
Revenue						(2)
щ	1	Gross revenue				
	2	Cash prizes				
penses						
ы		Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	│	5	
	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)			
•	F					
		ter the state(s) in which the organization condu he organization licensed to conduct gaming ac				Yes
		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:				Yes N
						edule G (Form 990) 20

GIRL	SCOUTS	OF	THE	UNITED	STATES	OF
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Sch	edule G (Form 990) 2021	AMERICA		13-162	4016	Page 3
11	Does the organization conduct ga	ming activities with nonme	mbers?		Ye	s 🗌 No
			or a member of a partnership or other entity formed			
				Γ	Ye	s 🗌 No
13	Indicate the percentage of gaming	activity conducted in:				
				1	3a	%
					3b	%
			organization's gaming/special events books and records			
	Name 🕨					
15a	Does the organization have a con	tract with a third party from	whom the organization receives gaming revenue?		Ye	s 🗌 No
L	If "Vac " optor the amount of acm	ing revenue received by the	e organization 🕨 \$ and the amou	unt		
Ľ	of gaming revenue retained by the			un		
	If "Yes," enter name and address					
Ċ	in res, entername and address	or the third party.				
	Nama					
	Address 🕨					
16	Gaming manager information:					
	Name 🕨					
	Gaming manager compensation	► \$				
	Description of services provided	►				
		_				
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
a	Is the organization required under	state law to make charitab	le distributions from the gaming proceeds to	_		
	retain the state gaming license?			L	Ye	s 🗌 No
k	Enter the amount of distributions	required under state law to	be distributed to other exempt organizations or spent in	the		
	organization's own exempt activit					
Pa	rt IV Supplemental Infor	mation. Provide the expl	anations required by Part I, line 2b, columns (iii) and (v);	and Part II	, lines s	9, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide a	ny additional information. See instructions.			
SCH	EDULE G, PART I, LINE 2B,	LIST OF TEN HIGHEST	PAID FUNDRAISERS:			
_						
(I)	NAME OF FUNDRAISER: KLB I	DEVELOPMENT, LLC (DB)	A HARVEST)			
		· ·				
(I)	ADDRESS OF FUNDRAISER: 18	351 7TH AVENUE, SUIT	E 7, NEW YORK, NY 10026			
			· · ·			
40-1	20.40.04.04			Coho de la	C /F	m 000\ 0004
1320	33 10-21-21			Schedule	JU (FO	m 990) 2021

GIRL	SCOUTS	OF	THE	UNITED	STATES	OF

		GIRL SCOOTS OF THE UNITED STATES OF		
Schedule G	(Form 990)	AMERICA	13-1624016	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)		
			-	
			Schedule G (Form 990)

SCHEDULE I (Form 990)	Go	rants and Oth vernments, ar	nd Individual	s in the Ŭni [.]	ted States		OMB No. 1545-0047
	Comple	ete if the organizatio		,	t IV, line 21 or 22.		
Department of the Treasury nternal Revenue Service			Attach to For		-		Open to Public Inspection
	SCOUTS OF THE UNITED S		rs.gov/Form990 fo	r the latest inform	lation.		•
Name of the organization GIRL AMERI		TRIES OF					Employer identification num 13-1624016
Part I General Information o	n Grants and Assistance						
1 Does the organization mainta	in records to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	on
criteria used to award the gra	nts or assistance?						X Yes
2 Describe in Part IV the organi							
	stance to Domestic Organiz more than \$5,000. Part II can				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of orga or government	anization (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
S OF TROPICAL FLORIDA 1347 SW 160 ST IAMI, FL 33157-2703	59-0651087	501(C)(3)	50,619.	0.			PROGRAM FULFILLMENT
GS OF ALASKA							
2000 W INTERNATIONAL AIRPO	RT RD.						
NCHORAGE, AK 99505	92-6000179	501(C)(3)	14,772.	0.			PROGRAM FULFILLMENT
SS OF BLACK DIAMOND COUNCI 321 VIRGINIA ST. W CHARLESTON, WV 25302-2114	L 55-0420373	501(C)(3)	46,991.	0.			PROGRAM FULFILLMENT
S OF CENTRAL INDIANA 201 GIRL SCOUT LANE NDIANAPOLIS, IN 46214	35-0876381	501(C)(3)	107,132.	0.			PROGRAM FULFILLMENT
	35 0070301		107,102.				
SS CENTRAL ILLINOIS 3020 BAKER DRIVE	37-0681529	501(0)(2)	E4 225	0.			PROGRAM FULFILLMENT
SPRINGFIELD, IL 62703-5918	37-0001529	JOT(C)(3)	54,335.	0.			LVOGRAM LOTLITINFNIL
S OF CENTRAL & SOUTHERN N VERSEY - 40 BRACE RD - CHE							
HILL, NJ 08034-2621	22-1928958	501(C)(3)	121,740.	0.			PROGRAM FULFILLMENT
2 Enter total number of section	501(c)(3) and government or	anizations listed in th	e line 1 table				▶ 1

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

Schedule I (Form 990) AMERICA

origanization or government If applicable Cash grant Inoncash assistance Ion cash assistance Ion cash assistance GS 07 THE CHEARAPEARE BAY 225 3. OL BAUTHORE PIKE NEWARK, DE 19702 51-0064337 501(C)(3) 34,353. 0. PROGRAM FULFILMENT GS 07 THE CHEARAPEARE BAY 225 3. OL BAUTHORE PIKE NEWARK, DE 19702 51-0064337 501(C)(3) 34,353. 0. PROGRAM FULFILMENT GS 07 CITRUS S1-0064337 59-0696293 501(C)(3) 75,711. 0. PROGRAM FULFILMENT GS 07 OREATER MISSISSIPPI 1471 W COUNTY LINE RD JACKSON, WS 32913-7942 64-0384222 501(C)(3) 27,491. 0. PROGRAM FULFILMENT GS 07 URE DESERT SOUTWRET - SOUTHEN NSMENCIO & WERT FXXS. 9700 GIRL SCOUT WAY - EL PASO, TX 74-1189693 74,011. 0. PROGRAM FULFILMENT GS 07 REATER MISSIONT 74-1189693 501(C)(3) 47,671. 0. PROGRAM FULFILMENT GS 07 REATER MASHINOTO AND 9100 GIRL SCOUT WAY - EL PASO, TX 74-1189693 74-1189693 501(C)(3) 30,879. 0. PROGRAM FULFILMENT GS 07 RAFTER MASHINOTO AND 910 GIRL SCOUT WAY - EL PASO, TX 735 CLOSS COUNTY ROAL 1400 MONTH ASH 91-0570844 501(C)(3) 39,985. 0. PROGRAM FULFILLMENT GS 07 RAFTER MASHINOTO AND 91-0570844 501(C)(3) 59,395. 0. PROGRAM FULFILLMENT GS 07 GARTER WASHINOTO AND 91-05708	Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
225 S. OLD BALTIMORE PIKE 51-0064337 501(C)(3) 34,353. 0. PROGRAM FULFILIMENT 66 OF CITRUES 341 NORTH MILES AVE 59-0696293 501(C)(3) 75,711. 0. PROGRAM FULFILIMENT 67 OF GREATER MISSISSIPPI 1471 W COMPY LINE RD 59-0696293 501(C)(3) 75,711. 0. PROGRAM FULFILIMENT 68 OF OREATER MISSISSIPPI 64-0384222 501(C)(3) 27,491. 0. PROGRAM FULFILIMENT 68 OF THE DESERT SOUTHNEST - 59-0696293 501(C)(3) 27,491. 0. PROGRAM FULFILIMENT 700 GRIE ACTOR MAY - EL PAGO, TX 74-1189693 501(C)(3) 47,671. 0. PROGRAM FULFILIMENT 68 OF EASTERN OKLAHOMA 73-0579240 501(C)(3) 47,671. 0. PROGRAM FULFILIMENT 700 GRIE SCOUT WAY - EL PAGO, TX 73-0579240 501(C)(3) 30,879. 0. PROGRAM FULFILIMENT 68 OF EASTERN WASHINGTON AND NORTHENN TOAND - 1404 NORTH ASH 91-0570844 501(C)(3) 39,985. 0. PROGRAM FULFILIMENT 68 OF EASTERN WASHINGTON AND 91-0570844 501(C)(3) 59		(b) EIN			noncash	valuation (book, FMV,		(h) Purpose of grant or assistance
225 S. OLD BALTHORE PIKE 51-0064337 501(C)(3) 34,353. 0. PROGRAM FULFILMENT GS OF CITRUS 341 NORTH MILES AVE 99-0696293 501(C)(3) 75,711. 0. PROGRAM FULFILMENT GS OF CITRUS 32803-5753 59-0696293 501(C)(3) 75,711. 0. PROGRAM FULFILMENT GS OF CREATER MISEISSIPFI 1471 W COUNTY LINE RD 74-000 STL 64-0384222 501(C)(3) 27,491. 0. PROGRAM FULFILMENT GS OF THE DESERT SOUTHNEST - 5001(C)(3) 27,491. 0. PROGRAM FULFILMENT GS OF EASTERN NEXICO & WEST TEXAS - 74-1189693 501(C)(3) 47,671. 0. PROGRAM FULFILMENT GS OF EASTERN OKLAHOMA 4310 8.1297H E. AVE. 73-0579240 501(C)(3) 30,879. 0. PROGRAM FULFILMENT GS OF EASTERN NACHLHONTON AND NORTHERN IDAGO 91-0570844 501(C)(3) 39,985. 0. PROGRAM FULFILMENT GS OF EASTERN SOUTH CAROLINA 73-0579240 51(C)(3) 59,395. 0. PROGRAM FULFILMENT GS OF EASTERN SOUTH CAROLINA 73-0570844 51(CS OF THE CHESADEAKE BAY							
NEWARK, DB 19702 51-0064337 501(c)(3) 34,253. 0. PROGRAM PULFILIMENT GS OF CITRUS 341 NORTH MILLS AVE . . PROGRAM PULFILIMENT GS OF CITRUS 59-0696293 501(c)(3) 75,711. 0. PROGRAM PULFILIMENT GS OF CREATER MISSISFIPT 141 MCONTY LINE RD PROGRAM PULFILIMENT GS OF THE DESERT SOUTHWEST - .								
GS OF CITRUS GS OF GREATER MISISSISTPI GS OF GREATER MISISSISSIFPI GS OF GREATER MISISSISSIES GS OF GREATER MISISSIES GS OF GREATER MISISSIES<		51-0064337	501(C)(3)	34 353	0			PROGRAM FULFILLMENT
341 NORTH MILLS AVE ORLANDO, PL 32803-5753 59-0696293 501(C)(3) 75,711. 0. PROGRAM FULFILLMENT GG OF GREATER MISSISSIPPI 1471. W COUNTY LINE RD JACKSON, WS 39213-7842 64-0384222 501(C)(3) 27,491. 0. PROGRAM FULFILLMENT GG OF THE DESERT SOUTHREST - SOUTHERN NEW MEXICO & WEST TEXAS- 9700 GILL SCOUT WAY - EL PAGO, TX 7924-3828 74-1189693 501(C)(3) 47,671. 0. PROGRAM FULFILLMENT GG OF EASTERN OKLAHOMA 4810 S. 129TH E. AVE. TULSA, OK 74134 73-0579240 501(C)(3) 30,879. 0. PROGRAM FULFILLMENT GS OF EASTERN WASHINGTON AND NORTHER TINADG - 1404 NORTH ASH 91-0570844 501(C)(3) 30,879. 0. PROGRAM FULFILLMENT GS OF EASTERN WASHINGTON AND NORTHER CHARLESTON, SC 29418 57-0341216 501(C)(3) 39,985. 0. PROGRAM FULFILLMENT GS OF EASTERN SOUTH CAROLINA 7257 CROSS COUNTY ROAD NORTH CHARLESTON, SC 29418 57-0341216 501(C)(3) 59,395. 0. PROGRAM FULFILLMENT GS OF GATEWAY 7077 BONNEVAL RD. SUITE 420 JACKSONVILLE, FL 32216 59-0637857 501(C)(3) 75,222. 0. PROGRAM FULFILLMENT GS OF GATEWAY 7077 BONNEVAL RD. SUITE 420 JACKSONVILLE, FL 32216 59-0637857 501(C)(3) 75,222. 0. PROGRAM FULFILLMENT GS OF GATEWAY 7077 BONNEVAL RD. SUITE 420 JACKSONVILLE, FL 32216 59-0637857 501(C)(3) 7								
ORLANDO, FL 32803-5753 59-0696293 501(C)(3) 75,711. 0. PROGRAM PULFILMENT GS OF GREATER MISSISSIPFI 44.0384222 501(C)(3) 27,491. 0. PROGRAM PULFILMENT GS OF THE DESERT SOUTHNEST - 64-0384222 501(C)(3) 27,491. 0. PROGRAM PULFILMENT GS OF THE DESERT SOUTHNEST - 64-0384222 501(C)(3) 27,491. 0. PROGRAM PULFILMENT GS OF THE DESERT SOUTHNEST - 74-1189693 501(C)(3) 47,671. 0. PROGRAM PULFILMENT GS OF EASTERN OXLAHOMA 73-0579240 501(C)(3) 47,671. 0. PROGRAM PULFILMENT GS OF EASTERN WASHINGTON AND 73-0579240 501(C)(3) 30,879. 0. PROGRAM PULFILMENT GS OF EASTERN WASHINGTON AND 91-0570844 501(C)(3) 39,985. 0. PROGRAM PULFILLMENT GS OF EASTERN SOUTH CAROLINA 73-0579240 501(C)(3) 39,985. 0. PROGRAM PULFILLMENT GS OF EASTERN SOUTH CAROLINA 73-0570844 501(C)(3) 59,395. 0. PROGRAM PULFILMENT GS OF GRATEWAY	GS OF CITRUS							
GG OF GREATER MISSISSIPFI 1 <th1< th=""> 1 <th1< th=""></th1<></th1<>	341 NORTH MILLS AVE							
1471 W COUNTY LINE RD JACKSON, MS 39213-784264-0384222501(C)(3)27,491.0.PROGRAM FULFILLMENTGS OP THE DESERT SOUTHNEST - 9700 GIEL SCOUT WAY - EL PASO, TX 7924-382874-1189693501(C)(3)47,671.0.PROGRAM FULFILLMENTGS OF EASTERN OKLAHOMA 4810 S. 129TH E. AVE. TULSA, OK 7413473-0579240501(C)(3)30,879.0.PROGRAM FULFILLMENTGS OF EASTERN WASHINGTON AND NORTHERN IDAHO - 1404 NORTH ASH ST SPOKANE, WA 99201-280691-0570844501(C)(3)39,985.0.PROGRAM FULFILLMENTGS OF GASTERN SOUTH CAROLINA 7257 CROSS COUNTY ROAD NORTH CHALBESTON, SC 2941857-0341216501(C)(3)59,395.0.PROGRAM FULFILLMENTGS OF GATENAY 7077 BOINEVAL RD. SUITE 420 JACKSONVILLE, FL 3221659-0637857501(C)(3)75,222.0.PROGRAM FULFILLMENTGS OF GREATER IOWA 10715 HICKMAN RD59-0637857501(C)(3)75,222.0.PROGRAM FULFILLMENT	ORLANDO, FL 32803-5753	59-0696293	501(C)(3)	75,711.	٥.			PROGRAM FULFILLMENT
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9700 GIRL SCOUT WAY - EL PASO, TX 74-1189693 501(c)(3) 47,671. 0. FROGRAM FULFILLMENT GS OF EASTERN OKLAHOMA 4810 S. 129TH E. AVE. 73-0579240 501(c)(3) 30,879. 0. FROGRAM FULFILLMENT GS OF EASTERN VASHINGTON AND 73-0579240 501(c)(3) 30,879. 0. FROGRAM FULFILLMENT GS OF EASTERN VASHINGTON AND 91-0570844 501(c)(3) 39,985. 0. FROGRAM FULFILLMENT GS OF EASTERN SOUTH CAROLINA 91-0570844 501(c)(3) 39,985. 0. FROGRAM FULFILLMENT GS OF EASTERN SOUTH CAROLINA 7257 CROSS COUNTY ROAD NORTH CHARLESTON, SC 29418 57-0341216 501(c)(3) 59,395. 0. FROGRAM FULFILLMENT GS OF GATEWAY 7077 BONNEVAL RD. SUITE 420 JACKSONVILLE, FL 32216 59-0637857 501(c)(3) 75,222. 0. FROGRAM FULFILLMENT GS OF GREATER I NOWA 10715 HICKMAN RD 59-0637857 501(c)(3) 75,222. 0. FROGRAM FULFILLMENT	GS OF THE DESERT SOUTHWEST -							
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7257 CROSS COUNTY ROAD 57-0341216 501(C)(3) 59,395. 0. PROGRAM FULFILLMENT GS OF GATEWAY 7077 BONNEVAL RD. SUITE 420 59-0637857 501(C)(3) 75,222. 0. PROGRAM FULFILLMENT GS OF GREATER IOWA 59-0637857 501(C)(3) 75,222. 0. PROGRAM FULFILLMENT	ST SPOKANE, WA 99201-2806	91-0570844	501(C)(3)	39,985.	٥.			PROGRAM FULFILLMENT
7257 CROSS COUNTY ROAD 57-0341216 501(C)(3) 59,395. 0. PROGRAM FULFILLMENT GS OF GATEWAY 7077 BONNEVAL RD. SUITE 420 59-0637857 501(C)(3) 75,222. 0. PROGRAM FULFILLMENT GS OF GREATER IOWA 59-0637857 501(C)(3) 75,222. 0. PROGRAM FULFILLMENT								
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GS OF GREATER IOWA 10715 HICKMAN RD			F01(0)(2)		_			
10715 HICKMAN RD	JACKSONVILLE, FL 32216	59-0637857	DUI(C)(3)	/5,222.	0.			PROGRAM FULFILLMENT
10715 HICKMAN RD	GS OF GREATER TOWA							
	DES MOINES, IA 50322-3733	42-0698218	501(C)(3)	57,766.	0.			PROGRAM FULFILLMENT

Schedule I (Form 990) AMERICA

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	ırt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
S OF GULFCOAST							
4780 CATTLEMEN RD							
SARASOTA, FL 34233	59-0760212	501(C)(3)	26,440.	0.			PROGRAM FULFILLMENT
GS OF HAWAII 410 ATKINSON DRIVE, SUITE 2E1							
HONOLULU, HI 96814-4729	99-0073488	501(C)(3)	35,589.	0.			PROGRAM FULFILLMENT
GS HEART OF MICHIGAN 601 WEST MAPLE ST							
KALAMAZOO, MI 49008-1923	38-1581300	501(C)(3)	90,535.	0.			PROGRAM FULFILLMENT
AIIIIIIIIII00, MI 49000 1925	30 1301300	501(0)(5)	50,555.				
GS HEART OF THE SOUTH							
117 SOUTH WHITE STATION RD							
MEMPHIS, TN 38117-4538	62-0502197	501(C)(3)	41,161.	0.			PROGRAM FULFILLMENT
GS OF HISTORIC GEORGIA							
330 DRAYTON STREET SAVANNAH, GA 31401	58-0566191	501(C)(3)	77,352.	0.			PROGRAM FULFILLMENT
SAVANNAII, GA ST401	50 0500151	501(0)(5)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				I KOGKAM FOLFILLMENT
GS OF THE JERSEY SHORE							
242 ADELPHIA RD							
FARMINGDALE, NJ 07727-3525	21-0731966	501(C)(3)	51,222.	0.			PROGRAM FULFILLMENT
SS OF KANSAS HEARTLAND 360 S LEXINGTON RD							
VICHITA, KS 67218-1700	48-0556718	501(C)(3)	39,506.	0.			PROGRAM FULFILLMENT
	10 0330710						
GS OF KENTUCKIANA							
2115 LEXINGTON RD							
LOUISVILLE, KY 40206-2816	61-0444698	501(C)(3)	100,880.	٥.			PROGRAM FULFILLMENT
GS OF KENTUCKY'S WILDERNESS ROAD							
2277 EXECUTIVE DRIVE							
LEXINGTON, KY 40505-4807	61-0608104	501(C)(3)	45,686.	0.			PROGRAM FULFILLMENT
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS OF MONTANA AND WYOMING 2303 GRAND AVE BILLINGS, MT 59102	81-6001486	501(C)(3)	16,752.	0.			PROGRAM FULFILLMENT
GS OF MANITOU 5212 WINDWARD COURT SHEBOYGAN, WI 53083-1857	39-0920672	501(C)(3)	10,457.	0.			PROGRAM FULFILLMENT
GS OF NASSAU COUNTY 110 RING RD WEST GARDEN CITY, NY 11530-3296	11-2041443	501(C)(3)	67,950.	0.			PROGRAM FULFILLMENT
GS OF NORTHEASTERN NEW YORK 8 MOUNTAIN VIEW AVE ALBANY, NY 12205-2804	14-1438466	501(C)(3)	29,633.	0.			PROGRAM FULFILLMENT
GS OF NORTHERN ILLINOIS 353 RANDALL ROAD, SOUTH ELGIN, IL 60177	36-2358083	501(C)(3)	83,115.	0.			PROGRAM FULFILLMENT
GS OF NORTHERN INDIANA-MICHIANA 10008 DUPONT CIRCLE DRIVE EAST FORT WAYNE, IN 46825	35-1054339	501(C)(3)	68,881.	0.			PROGRAM FULFILLMENT
GS OF NYPENN PATHWAYS 8170 THOMPSON RD CICERO, NY 13039	16-0844808	501(C)(3)	75,589.	0.			PROGRAM FULFILLMENT
GS OF SILVER SAGE 8948 W BARNES ST BOISE, ID 83709	82-0259644	501(C)(3)	26,520.	0.			PROGRAM FULFILLMENT
GS OF SOUTHERN ALABAMA 3483 SPRINGHILL AVENUE MOBILE, AL 36608-1522	63-0421430	501(C)(3)	26,017.	0.			PROGRAM FULFILLMENT

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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS OF THE SOUTHERN APPALACHIANS 1567 DOWNTOWN WEST BLVD KNOXVILLE, TN 37919	62-0505206	501(C)(3)	77,726.	0.			PROGRAM FULFILLMENT
GS OF SOUTHEAST FLORIDA 6944 LAKE WORTH RD. LAKE WORTH, FL 33467	59-0657327	501(C)(3)	66,573.	0.			PROGRAM FULFILLMENT
GS SUFFOLK COUNTY 442 MORELAND RD COMMACK, NY 11725-5708	11-2164434	501(C)(3)	47,733.	0.			PROGRAM FULFILLMENT
GS OF TEXAS OKLAHOMA PLAINS 4901 BRIARHAVEN RD FORT WORTH, TX 76109-4499	75-0818162	501(C)(3)	93,360.	0.			PROGRAM FULFILLMENT
GS OF VIRGINIA SKYLINE 3663 PETERS CREEK RD, NW ROANOKE, VA 24019-2809	54-0737207	501(C)(3)	32,553.	0.			PROGRAM FULFILLMENT
GS OF WESTERN NEW YORK 3332 WALDEN AVE., SUITE 106 DEPEW, NY 14043-2400	16-0743096	501(C)(3)	30,407.	0.			PROGRAM FULFILLMENT
GS DAKOTA HORIZONS 1101 SOUTH MARION RD SIOUX FALLS, SD 57106-3466	46-0250744	501(C)(3)	33,159.	0.			PROGRAM FULFILLMENT
GS HEART OF CENTRAL CALIFORNIA 6601 ELVAS AVE SACRAMENTO, CA 95819-4339	94-1582429	501(C)(3)	76,352.	0.			PROGRAM FULFILLMENT
GS OF COLORADO 3801 SOUTH FLORIDA AVE, #720 DENVER, CO 80210	84-0410630	501(C)(3)	589,891.	0.			PROGRAM FULFILLMENT

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
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GS IN THE HEART OF PENNSYLVANIA 350 HALE AVE HARRISBURG, PA 17104-1518	24-0795960	501(C)(3)	119,171.	0.			PROGRAM FULFILLMENT
GS OF THE GREEN & WHITE MOUNTAINS 60 KNIGHT LANE, SUITE 30 WILLISTON, VT 05495	02-0243160	501(C)(3)	116,108.	0.			PROGRAM FULFILLMENT
GS OF EASTERN MASSACHUSETTS 420 BOYLSTON ST, SUITE 505 BOSTON, MA 02116	04-2703281	501(C)(3)	149,151.	0.			PROGRAM FULFILLMENT
GS OF EASTERN MISSOURI 2300 BALL DR ST. LOUIS, MO 63146	43-0662471	501(C)(3)	32,710.	0.			PROGRAM FULFILLMENT
GS OF MAINE 138 GANNETT DR SOUTH PORTLAND, ME 04106-6909	01-0269802	501(C)(3)	7,589.	0.			PROGRAM FULFILLMENT
GS OF SOUTHEASTERN NEW ENGLAND 500 GREENWICH AVE WARWICK, RI 02886-1606	05-0300724	501(C)(3)	49,574.	0.			PROGRAM FULFILLMENT
GS OF CONNECTICUT 340 WASHINGTON ST HARTFORD, CT 06106-3317	06-0646756	501(C)(3)	189,572.	0.			PROGRAM FULFILLMENT
GS OF COLONIAL COAST 912 CEDAR RD CHESAPEAKE, VA 23322-7002	54-1158412	501(C)(3)	60,261.	0.			PROGRAM FULFILLMENT
GS COMMONWEALTH COUNCIL OF VIRGINIA – 4900 AUGUSTA AVENUE, SUITE 200 – RICHMOND, VA 23230	54-0534506	501(C)(3)	48,531.	0.			PROGRAM FULFILLMENT

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS COUNCIL OF GREATER NEW YORK 40 WALL ST., SUITE 708							
NEW YORK, NY 10005	13-1624014	501(C)(3)	129,959.	0.			PROGRAM FULFILLMENT
GS OF NEW MEXICO TRAILS 4000 JEFFERSON PLAZA, NORTHEAST ALBUQUERQUE, NM 87109	85-6011246	501(C)(3)	18,670.	0.			PROGRAM FULFILLMENT
GS HEART OF THE HUDSON 2 GREAT OAK LN	12 0005000	E01(a)(2)	101 551				
PLEASANTVILLE, NY 10570-2110	13-2985898	501(C)(3)	101,771.	0.			PROGRAM FULFILLMENT
GS OF OHIO'S HEARTLAND COUNCIL 1700 WATERMARK DR							
COLUMBUS, OH 43215-1097	31-4379475	501(C)(3)	42,707.	0.			PROGRAM FULFILLMENT
GS HEART OF NEW JERSEY 1171 STATE ROUTE 28							
NORTH BRANCH, NJ 08876	22-1638950	501(C)(3)	152,148.	0.			PROGRAM FULFILLMENT
GS OF NORTHERN NEW JERSEY 95 NEWARK POMPTON TPKE							
RIVERDALE, NJ 07457-1426	22-1928958	501(C)(3)	84,770.	0.			PROGRAM FULFILLMENT
GS OF EASTERN PENNSYLVANIA 330 MANOR RD							
MIQUON, PA 19444-1741	23-1352309	501(C)(3)	155,474.	0.			PROGRAM FULFILLMENT
GS OF ORANGE COUNTY 9500 TOLEDO WAY							
IRVINE, CA 92618	23-7395094	501(C)(3)	81,122.	0.			PROGRAM FULFILLMENT
GS WESTERN PENNSYLVANIA 503 MARTINDALE STREET, SUITE 500							
PITTSBURGH, PA 15212	25-1126094	501(C)(3)	86,588.	0.			PROGRAM FULFILLMENT

Schedule I (Form 990) AMERICA

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS OF WESTERN OHIO 4930 CORNELL RD CINCINNATI, OH 45242-1804	31-0679091	501(C)(3)	117,885.	0.			PROGRAM FULFILLMENT
GS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 44056-2156	34-0726094	501(C)(3)	119,674.	0.			PROGRAM FULFILLMENT
GS OF GREATER CHICAGO AND NORTHWEST INDIANA - 20 S. CLARK ST., SUITE 200 - CHICAGO, IL 60603	36-3871241	501(C)(3)	272,740.	0.			PROGRAM FULFILLMENT
GS OF EASTERN IOWA & WESTERN ILLINOIS - 940 GOLDEN VALLEY DRIVE - BETTENDORF, IA 52722	42-1008848	501(C)(3)	45,912.	0.			PROGRAM FULFILLMENT
GS OF SOUTHERN ILLINOIS #4 GINGER CREEK PKY GLEN CARBON, IL 62034-3537	37-0811488	501(C)(3)	46,544.	0.			PROGRAM FULFILLMENT
GS OF MICHIGAN SHORE TO SHORE 3275 WALKER AVE NW GRAND RAPIDS, MI 49544-9775	38-1366924	501(C)(3)	33,316.	0.			PROGRAM FULFILLMENT
GS OF MIDDLE TENNESSEE, INC. 4522 GRANNY WHITE PIKE NASHVILLE, TN 37204-4139	62-0589380	501(C)(3)	11,700.	0.			PROGRAM FULFILLMENT
GS OF WISCONSIN SOUTHEAST 131 SOUTH 69 ST MILWAUKEE, WI 53214-1663	39-0892833	501(C)(3)	119,912.	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)	98,898.	0.			PROGRAM FULFILLMENT

Schedule I (Form 990) AMERICA

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS OF NE KANSAS & NW MISSOURI							
8383 BLUE PKY DR							
KANSAS CITY, MO 64133-4750	43-0892926	501(C)(3)	92,596.	0.			PROGRAM FULFILLMENT
GIRL SCOUTS OF CENTRAL MARYLAND							
4806 SETON DR							
BALTIMORE, MD 21215-3247	52-0780207	501(C)(3)	72,373.	0.			PROGRAM FULFILLMENT
GS OF THE NATIONS CAPITAL							
4301 CONNECTICUT AVE, NW, STE. M-2							
WASHINGTON, DC 20008-2304	54-0732966	501(C)(3)	192,800.	0.			PROGRAM FULFILLMENT
GS HORNETS NEST COUNCIL							
7007 IDLEWILD RD		E01(0)(2)	E1 076	0.			DDOODAN FULFILLNEN
CHARLOTTE, NC 28212-5751	56-0563842	501(C)(3)	51,076.	0.			PROGRAM FULFILLMENT
GS OF NORTH CENTRAL ALABAMA							
105 HEATHERBROOKE PARK DRIVE							
BIRMINGHAM, AL 35242-8008	63-0288834	501(C)(3)	53,890.	0.			PROGRAM FULFILLMENT
CC CAROLINAS DEAKS NO DIEDWONM							
GS CAROLINAS PEAKS TO PIEDMONT, INC 8818 W MARKET ST - COLFAX,							
NC 27235	56-0577629	501(C)(3)	102,865.	0.			PROGRAM FULFILLMENT
GS OF THE NORTHWESTERN GREAT LAKES							
4693 NORTH LYNNDALE DRIVE			50.000				
APPLETON, WI 54913	39-1016314	501(C)(3)	50,093.	0.			PROGRAM FULFILLMENT
GS NORTH CAROLINA COASTAL PINES							
6901 PINECREST RD							
RALEIGH, NC 27613-4538	56-0791500	501(C)(3)	72,640.	0.			PROGRAM FULFILLMENT
GS OF SOUTHEASTERN MICHIGAN							
1333 BREWERY PARK BLVD, #500							
DETROIT, MI 48202-3012	38-1359207	501(C)(3)	22,950.	0.			PROGRAM FULFILLMENT
,		· · · · · · · · · · · · · · · · · · ·	, ,	I		1	1

Schedule I (Form 990) AMERICA

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS OF SOUTH CAROLINA-MOUNTAINS TO							
MIDLANDS - FIVE INDEPENDENCE							
POINTE, SUITE 120 - GREENVILLE, SC 29615	57-0314433	501(C)(3)	49,326.	٥.			PROGRAM FULFILLMENT
GS OF GREATER ATLANTA							
5601 NORTH ALLEN RD							
MABLETON, GA 30126	58-0566190	501(C)(3)	211,794.	0.			PROGRAM FULFILLMENT
GS OF WEST CENTRAL FLORIDA 4610 EISENHOWER BLVD							
TAMPA, FL 33634	59-0624454	501(C)(3)	107,811.	0.			PROGRAM FULFILLMENT
	55 0021151	501(0)(0)	10,,011.	```			
GS DIAMONDS OF ARKANSAS, OKLAHOMA							
& TEXAS - 11311 ARCADE DR., SUITE							
102 - LITTLE ROCK, AR 72212	71-0309373	501(C)(3)	54,867.	0.			PROGRAM FULFILLMENT
GS WESTERN OKLAHOMA, INC.							
6100 N ROBINSON AVE	73-0677849	E01(0)(2)	22.456	٥.			PROGRAM FULFILLMENT
OKLAHOMA CITY, OK 73118-1809	/3-06//849	501(C)(3)	23,456.	0.			PROGRAM FOLFILLMENT
GS OF CENTRAL TEXAS							
12012 PARK 35 CIR							
AUSTIN, TX 78753	74-1109644	501(C)(3)	83,700.	0.			PROGRAM FULFILLMENT
GS OF MINNESOTA & WISCO LAKES &							
PINES - 400 2ND AVE SOUTH - WAITE							
PARK, MN 56387-1470	41-0877820	501(C)(3)	27,218.	0.			PROGRAM FULFILLMENT
GS OF THE MISSOURI HEARTLAND							
210 SOUTH INGRAM MILL RD							
SPRINGFIELD, MO 65802-6100	44-0594943	501(C)(3)	57,469.	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)	41,788.	0.			PROGRAM FULFILLMENT

Schedule I (Form 990) AMERICA

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	9 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS OF LOUISIANA EAST 841 SOUTH CLEARVIEW PKY							
NEW ORLEANS, LA 70121-3119	72-0453615	501(C)(3)	378,300.	0.			PROGRAM FULFILLMENT
,			, ,				
GS OF SAN JACINTO COUNCIL							
3110 SOUTHWEST FREEWAY							
HOUSTON, TX 77098-4508	74-6001254	501(C)(3)	62,935.	0.			PROGRAM FULFILLMENT
GS OF SOUTHWEST TEXAS							
811 N COKER LOOP RD							
SAN ANTONIO, TX 78216-2812	74-1109759	501(C)(3)	32,009.	0.			PROGRAM FULFILLMENT
,			, ,				
GS OF NORTHEAST TEXAS							
6001 SUMMERSIDE DR							
DALLAS, TX 75252	75-1101571	501(C)(3)	160,551.	0.			PROGRAM FULFILLMENT
CONTROLL CLOBUC DINE							
GS ARIZONA CACTUS PINE 119 E CORONADO RD							
PHOENIX, AZ 85004-1512	86-0133397	501(C)(3)	104,513.	0.			PROGRAM FULFILLMENT
,,							
GS OF SOUTHERN ARIZONA							
4300 EAST BROADWAY BLVD							
TUCSON, AZ 85711-3506	86-0008917	501(C)(3)	33,042.	0.			PROGRAM FULFILLMENT
GS OF SOUTHERN NEVADA, INC 2941 HARRIS AVE							
LAS VEGAS, NV 89101-2309	88-0060273	501(C)(3)	58,710.	0.			PROGRAM FULFILLMENT
	00 0000275	501(0)(5)	50,710.				
GS OF WESTERN WASHINGTON							
5601 6TH AVE SOUTH, SUITE 150							
SEATTLE, WA 98108	91-6060940	501(C)(3)	197,436.	0.			PROGRAM FULFILLMENT
GS OF CENTRAL & WESTERN							
MASSACHUSETTS - 301 KELLY WAY -	04 2217604	F01(0)(2)	62 610				DROODAN BUI BILL NEWE
HOLYOKE, MA 01040-9685	04-2317694	DOT(C)(3)	63,618.	٥.			PROGRAM FULFILLMENT

Schedule I (Form 990) AMERICA

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS OF OREGON & SW WASHINGTON INC.							
9620 SW BARBUR BLVD							
PORTLAND, OR 97219	93-0399051	501(C)(3)	47,855.	0.			PROGRAM FULFILLMENT
GS OF NORTHERN CALIFORNIA							
1650 HARBOR BAY PKY, SUITE 100							
ALAMEDA, CA 94502	94-1551410	501(C)(3)	236,687.	0.			PROGRAM FULFILLMENT
GS OF CALIFORNIA'S CENTRAL COAST							
1500 PALMA DR, SUITE 110							
VENTURA, CA 93003	94-1567162	501(C)(3)	56,049.	0.			PROGRAM FULFILLMENT
GS OF GREATER LOS ANGELES							
1150 S.OLIVE ST, SUITE 600							
LOS ANGELES, CA 90015	95-1644033	501(C)(3)	145,529.	0.			PROGRAM FULFILLMENT
GS SAN DIEGO							
1231 UPAS ST							
SAN DIEGO, CA 92103-5199	95-1644585	501(C)(3)	69,763.	0.			PROGRAM FULFILLMENT
GS SPIRIT OF NEBRASKA							
2121 SOUTH 44TH ST							
OMAHA, NE 68105-2809	47-0432299	501(C)(3)	19,170.	0.			PROGRAM FULFILLMENT
GS OF CENTRAL CALIFORNIA SOUTH							
1377 W SHAW AVE							
FRESNO, CA 93711-3604	95-1766795	501(C)(3)	37,338.	0.			PROGRAM FULFILLMENT
GS OF SAN GORGONIO							
1751 PLUM LN							
REDLANDS, CA 92374-4533	95-1967727	501(C)(3)	59,960.	0.			PROGRAM FULFILLMENT
GS OF UTAH							
445 EAST 4500 SOUTH, SUITE #125							
MURRAY, UT 84107-3101	87-0221612	501(C)(3)	45,852.	0.			PROGRAM FULFILLMENT

Schedule I (Form 990) AMERICA

Part II Continuation of Grants and Other	Assistance to Dou	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GS OF WISCONSIN-BADGERLAND							
2710 SKI LN							
MADISON, WI 53713-3267	39-0806331	501(C)(3)	40,694.	0.			PROGRAM FULFILLMENT
/							
GS OF THE SIERRA NEVADA, INC.							
605 WASHINGTON ST							
RENO, NV 89503-4328	88-0060580	501(C)(3)	11,233.	0.			PROGRAM FULFILLMENT
GS OF SOUTHWEST INDIANA							
5000 E. VIRGINIA ST, SUITES 2 & 3							
EVANSVILLE, IN 47715	35-0876380	501(C)(3)	17,270.	0.			PROGRAM FULFILLMENT
THE TETON SCIENCE SCHOOL							
700 COYOTE CANYON RD			11.000				
JACKSON, WY 83001	83-0219163	501(C)(3)	11,000.	0.			PROGRAM FULFILLMENT

Schedule I (Form 990) 2021

AMERICA

13-1624016

Page 2

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

(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
2022 ALCOA SCHOLARSHIP	3	7,227.	0.		
2022 COCA COLA SCHOLARSHIP	75	57,135.	٥.		
2022 INSIGHT GLOBAL SCHOLARSHIP	75	60,811.	0.		
2022 KAPPA DELTA FOUNDATION SCHOLARSHIP	80	48,339.	0.		
2022 SUSAN BUTLER SCHOLARSHIP	9	48,193.	0.		

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.

sc	HEDULE J	Compens	sation Information		OMB No. 1	1545-004	17
(Fo	Drm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			20			
-	Compensated Employees			20	Z		
D	► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.				Open to	Publ	ic
	al Revenue Service		00 for instructions and the latest information.		Inspe	ction	
Nan	ne of the organization	GIRL SCOUTS OF THE UNITED	STATES OF	Employer id	entificatio	on nui	nber
		AMERICA		13-16	24016		
Pa	rt I Question	s Regarding Compensation					
						Yes	No
1a	Check the appropri	ate box(es) if the organization provided any	of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any rele	evant information regarding these items.				
	First-class or c		Housing allowance or residence for perso				
	Travel for com		Payments for business use of personal res				
		ation and gross-up payments	Health or social club dues or initiation fee				
	Discretionary	pending account	Personal services (such as maid, chauffer	ır, chef)			
b	•	· -	follow a written policy regarding payment or				
_			oove? If "No," complete Part III to explain		<u>1b</u>		
2	-		or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, re	garding the items checked on line 1a?		2		
-							
3			establish the compensation of the organization's				
			y boxes for methods used by a related organization	on to			
	·	tion of the CEO/Executive Director, but exp					
	X Compensation		Written employment contract				
	·	ompensation consultant	X Compensation survey or study				
	Form 990 of o	her organizations	X Approval by the board or compensation c	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Se	$action \Delta$ line 1a, with respect to the filing				
-	organization or a re		section A, line ra, with respect to the him g				
а	-	e payment or change-of-control payment?			4a	х	
b		eive payment from a supplemental nonqual	ified retirement plan?				x
c	•	eive payment from an equity-based compe			<u>10</u> 4c		x
Ū	•	es 4a-c, list the persons and provide the ap	e internet				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizatior	ns must complete lines 5-9.				
5			I the organization pay or accrue any compensatio	n			
	contingent on the r		5 1 5 7 1				
а	•				5a	х	
b							x
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, dic	I the organization pay or accrue any compensatio	n			
	contingent on the r						
а	The organization?	-			6a	Х	
b							Х
		r 6b, describe in Part III.					
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, dic	I the organization provide any nonfixed payments				
	not described on lir	es 5 and 6? If "Yes," describe in Part III \ldots			. 7		х
8			rued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.4	958-4(a)(3)? If "Yes," describe in Part III		8		х
9	If "Yes" on line 8, d	d the organization also follow the rebuttabl	e presumption procedure described in				
	Regulations section	53.4958-6(c)?			. 9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions	for Form 990.	Schedu	le J (Forn	n 990)	2021

132111 11-02-21

13-1624016

Schedule J (Form 990) 2021 AMERICA

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JUDITH N. BATTY (THRU 01/2022)	(i)	550,575.	٥.	0.	0.	2,358.	552,933.	0.
INTERIM CEO & EX OFFICIO BD	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(2) ANGELA OLDEN	(i)	360,345.	Ο.	1,641.	474.	35,838.	398,298.	0.
CHIEF FINANCIAL OFFICER	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(3) JENNIFER ROCHON	(i)	352,173.	Ο.	864.	0.	36,025.	389,062.	0.
GENERAL COUNSEL (THRU 06/2022)	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BARRY HOROWITZ	(i)	113,686.	0.	160,749.	94,807.	9,033.	378,275.	0.
FORMER CHIEF REVENUE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SAPREET KAUR SALUJA(THRU 11/21)	(i)	285,380.	0.	33,010.	9.	21,397.	339,796.	0.
CHIEF STR PSHIP/NEW VENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SYLVIA ACEVEDO	(i)	0.	0.	330,000.	0.	0.	330,000.	330,000.
FORMER CEO & EX OFFICIO BD	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MAUREEN MCNERNEY	(i)	273,636.	0.	652.	3,621.	40,185.	318,094.	0.
CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) WENDY LOU	(i)	287,316.	0.	0.	4,058.	1,875.	293,249.	0.
CHIEF REVENUE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KENNETH DISTEFANO	(i)	229,535.	750.	511.	2,977.	32,120.	265,893.	0.
DEPUTY CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) AMY BODIN	(i)	231,127.	0.	975.	2,106.	26,403.	260,611.	0.
CHIEF ADMIN OFFICER (THRU 06/2022)	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) PHILIP KAGAN (THRU 09/2022)	(i)	242,075.	0.	0.	2,430.	1,693.	246,198.	0.
EXECUTIVE, IT & SECURITY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) KELLY PARISI (THRU 06/2022)	(i)	227,955.	750.	324.	1,745.	13,858.	244,632.	0.
VP, EXECUTIVE & BRAND COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

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

AMERICA

YEAR 2021 OF \$330,000 THAT IS INCLUDED IN HER WAGES IN SCHEDULE J, PART

II, COLUMN (B)(III). THIS \$330,000 SEVERANCE PAYMENT WAS REPORTED AS

DEFERRED COMPENSATION ON THE GIRL SCOUT'S PRIOR YEAR FORM 990 AND IS

REPORTED IN SCHEDULE J, PART II, COLUMN (F) TO REFLECT THAT THIS

COMPENSATION WAS REPORTED WHEN ACCRUED [IN THE PRIOR YEAR] AND WHEN

PAID [IN THE CURRENT YEAR].

FORMER CHIEF REVENUE OFFICER, BARRY HOROWITZ, RECEIVED A SEVERANCE

PAYMENT IN CALENDAR YEAR 2021 OF \$105,360 AND ACCRUED VACATION PAY OF

\$52,682 THAT IS INCLUDED IN HIS WAGES IN SCHEDULE J, PART II, COLUMN

(B)(III) AS REPORTABLE COMPENSATION.

CHIEF STRATEGIC PARTNERSHIP AND NEW VENTURE OFFICER. SAPREET KAUR

SALUJA, RECEIVED ACCRUED VACATION PAY OF \$31,624 that is included in

HER WAGES IN SCHEDULE J, PART II, COLUMN (B)(III) AS REPORTABLE

COMPENSATION.

Schedule J (Form 990) 2021

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 5(A) AND 6(A):

EXECUTIVE TEAM INCENTIVE COMPENSATION IS BASED ON STRATEGIC. FINANCIAL

AND PROGRAM TARGETS, WHICH INCLUDE REVENUE AND OTHER METRICS AS

AMERICA

APPROVED BY THE EXECUTIVE DEVELOPMENT AND COMPENSATION COMMITTEE

(EDCC). BONUSES WERE ACCRUED IN FY2022 AND PAID IN FY2023.

CERTAIN NON-EXECUTIVE TEAM MEMBERS RECEIVED DISCRETIONARY BONUSES. THE

DISCRETIONARY BONUS AWARDS ARE ISSUED AS SPECIAL RECOGNITION AND REWARD

FOR EXCEPTIONAL PERFORMANCE, SIGNIFICANT CONTRIBUTIONS, AND SUBSTANTIAL

ACCOMPLISHMENTS. THE EXECUTIVE 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 O	Supplemental Information to Form 990 or 990	-EZ	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		ZUZ I
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Public Inspection
Name of the organization			identification number
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
GIRL SCOUTING BUIL	DS GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER WHO		
MAKE THE WORLD A B	ETTER PLACE.		
FORM 990, PART I,	LINE 6		
TOTAL NUMBER OF VO	LUNTEERS: ALL ADULT MEMBERS, WHO ARE NOT EMPLOYEES OF		
GIRL SCOUTS OF THE	UNITED STATES OF AMERICA OR GIRL SCOUT COUNCILS, ARE		
CONSIDERED VOLUNTE	ERS OF THE ORGANIZATION.		
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION'S MISSION:		
GIRL SCOUTS OF THE	UNITED STATES OF AMERICA ("GSUSA" OR THE		
"ORGANIZATION"), H	EADQUARTERED IN NEW YORK CITY, IS A NATIONAL		
NONPROFIT ORGANIZA	TION WITH THE MISSION TO BUILD GIRLS OF COURAGE,		
CONFIDENCE, AND CH	ARACTER, WHO MAKE THE WORLD A BETTER PLACE. FORMED IN		
1912 IN SAVANNAH,	GEORGIA, GSUSA IS NOW IN ITS SECOND CENTURY OF		
SERVING GIRLS, WIT	H NEARLY TWO MILLION ADULT AND GIRL MEMBERS SPREAD		
ACROSS 111 INDEPEN	DENT GIRL SCOUT COUNCILS. THE GOVERNANCE OF THE		
ORGANIZATION RELIE	S ON AN EFFICIENT DEMOCRATIC PROCESS THAT IS		
RESPONSIVE TO OUR	FAST-CHANGING WORLD.		
AS THE WORLD'S FOR	EMOST GIRL LEADERSHIP ORGANIZATION, GSUSA PUTS GIRLS		
FRONT AND CENTER,	UNDERSTANDING THAT WHEN GIRLS SUCCEED, SO DOES		
SOCIETY. THE GIRL-	LED AND ALL-AROUND GIRL-CENTERED ASPECTS OF GIRL		
SCOUTING ARE CENTR	AL 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		
LHA For Paperwork R	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sche	dule O (Form 990) 2021
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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 COMMITTED TO BECOMING AN INCLUSIVE, ANTI-RACIST ORGANIZATION

THAT SEEKS TO GIVE ALL GIRLSIN EVERY COMMUNITY ACROSS OUR NATION, OF

EVERY BACKGROUND, IDENTITY, AND ABILITY, AND IN EVERY ECONOMIC

CIRCUMSTANCETHE OPPORTUNITY TO JOIN OUR MOVEMENT AND FEEL WELCOME

WITHIN IT.

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 K12 WHO MEETS THE MEMBERSHIP

REQUIREMENTS, AND TO FURTHER THE DEVELOPMENT OF THE GIRL SCOUT MOVEMENT

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IN THE UNITED STATES.

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lame of the organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA	Employer identification numbe 13-1624016
SUSA PROVIDES SERVICES TO ITS CHARTERED COUNCILS. IN PROVIDING THESE	
ERVICES, GSUSA IS EXEMPT FROM FEDERAL INCOME TAX IN ACCORDANCE WITH	
ECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.	
ODM 990 DADT III IIND 3 CUANCES IN DOCCAM SEDVICES.	
ORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:	
IRL SCOUTS OF THE UNITED STATES OF AMERICA WOUND DOWN THE OPERATIONS	
F ONE GS MEDIA, LLC IN JULY OF 2022.	
ORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
IRL PROGRAM DEVELOPMENT AND ADULT LEARNING OPPORTUNITIES:	
DEVELOP AND EVALUATE TIMELY, GIRL-ENDORSED PROGRAMMING FOR GIRL	
EMBERS OF GSUSA, UPHOLDING GSUSA'S REPUTATION AS THE PREMIER	
EADERSHIP DEVELOPMENT EXPERIENCE FOR GIRLS.	
DRIVE THE FULL LIFECYCLE MANAGEMENT OF GIRL SCOUT PROGRAMS, ENSURING	
ELEVANT AND ENGAGING IN-PERSON AND ONLINE EXPERIENCES FOR GIRLS.	
PROVIDE OPPORTUNITIES FOR GIRL SCOUTS TO ENJOY VALUABLE CROSS-CULTURAL	
XPERIENCES THAT HELP THEM BETTER UNDERSTAND AND RESPECT OTHER CULTURES	
ND GLOBAL ISSUES, AS WELL AS HOW THEY CAN HELP WHERE THEY FEEL	
NSPIRED TO DO SO.	
LEAD COOKIE PROGRAM STRATEGY, GOVERNANCE, AND NATIONAL EXECUTION IN	
UPPORT 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.

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Schedule O (Form 990) 2021 Name of the organization GIRL SCOUTS OF THE UNITED STATES OF	Employer identification number
AMERICA	13-1624016
-DIVERSIFY AND GROW NATIONAL LICENSING PARTNERSHIPS.	
-EFFECTIVELY UTILIZE GIRL SCOUT PROPERTIES TO PROVIDE UNIQUE CUSTOMER	
EXPERIENCES AND GROW MEMBERSHIP INCLUDING THE JULIETTE GORDON LOW	
BIRTHPLACE IN SAVANNAH, GEORGIA, AND EDITH MACY CENTER IN WESTCHESTER	
COUNTY, NEW YORK.	
-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.	
GOALS OF THE ORGANIZATION.	
GOALS OF THE ORGANIZATION. -DRIVE SUSTAINABLE MEMBERSHIP GROWTH AND MOVEMENT HEALTH BY ENGAGING	

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GIRL SCOUT MISSION. THE TEAMS PROVIDING COUNCIL SUPPORT ARE INVOLVED

WITH NETWORK ALIGNMENT AND ADVANCEMENT OF MISSION DELIVERY STRATEGIES;

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

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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.

-RESEARCH AND ADVOCATE ON ISSUES THAT AFFECT GIRLS AND WOMEN LOCALLY,

NATIONALLY, AND/OR GLOBALLY.

-DEVELOP AND PROMOTE THE GIRL SCOUT COOKIE PROGRAM, THE LARGEST

GIRL-LED ENTREPRENEURIAL PROGRAM IN THE WORLD.

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-DEVELOP, MARKET, AND SELL GIRL SCOUT-BRANDED ITEMS AND PROGRAM

MATERIALS TO GIRL SCOUT MEMBERS AND THE GENERAL PUBLIC.

FORM 990, PART VI, SECTION A, LINE 4:

IN SEPTEMBER 2022, GSUSA AMENDED ITS BYLAWS TO ENABLE GIRL DELEGATES TO

PRESIDE AT NATIONAL COUNCIL SESSIONS IN FURTHERANCE OF THE GIRL SCOUT

MISSION TO EDUCATE GIRLS TO BE TOMORROW'S LEADERS.

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

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:

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

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Name of the organization GIRL SCOUTS OF THE UNITED STATES OF	Employer identification number
AMERICA	13-1624016
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.	
4. BASED ON THIS INFORMATION, THE EDCC REVIEWS AND RECOMMENDS COMPENSATION;	
THE RECOMMENDATIONS ARE REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF	
THE BOARD.	
A COMPENSATION STUDY HAS BEEN PERFORMED FOR THE CEO AND KEY EMPLOYEES IN	
JUNE OF 2022.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	

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

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Name of the organization GIRL SCOUTS OF THE UNITED AMERICA	STATES OF	Employer identification number 13-1624016
FORM 990, PART VI, SECTION C, LINE 19:		
DISCLOSURES		
THE ORGANIZATION MAKES ITS AUDITED FINANCIAL S	TATEMENTS AND FORM 990	
AVAILABLE TO THE GENERAL PUBLIC VIA ITS WEBSITI		
GOVERNING DOCUMENTS ARE ADDITIONALLY PUBLISHED		
DOCUMENTS" WHICH IS ALSO AVAILABLE TO THE GENER	RAL PUBLIC VIA ITS WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:		
TEMPORARY STAFFING:		
PROGRAM SERVICE EXPENSES	4,935,971.	
MANAGEMENT AND GENERAL EXPENSES	٥.	
FUNDRAISING EXPENSES	٥.	
TOTAL EXPENSES	4,935,971.	
CONFERENCE CENTER MANAGEMENT:		
PROGRAM SERVICE EXPENSES	3,410,884.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	3,410,884.	
MARKETING CONSULTANTS:		
PROGRAM SERVICE EXPENSES	1,860,289.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	1,860,289.	
PROPERTY STRATEGY CONSULTING:		
PROGRAM SERVICE EXPENSES	1,112,250.	
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Schedule O (Form 990) 2021 Name of the organization GIRL SCOUTS OF THE UNITED STATES OF		Page 2 Employer identification number
AMERICA		13-1624016
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	1,112,250.	
TECHNOLOGY, FUND DEVELOPMENT CONSULTING:		
PROGRAM SERVICE EXPENSES	971,214.	
MANAGEMENT AND GENERAL EXPENSES		
FUNDRAISING EXPENSES		
TOTAL EXPENSES		
DEI/RJ AUDIT:		
	217 067	
PROGRAM SERVICE EXPENSES		
MANAGEMENT AND GENERAL EXPENSES		
FUNDRAISING EXPENSES		
TOTAL EXPENSES	217,967.	
MEMBERSHIP RECRUITMENT CONSULTANT:		
PROGRAM SERVICE EXPENSES	300,225.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	300,225.	
MEDIA CONTENT CONSULTANTS:		
PROGRAM SERVICE EXPENSES	93,663.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	93,663.	
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Schedule O (Form 990) 2021 Name of the organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA		Employer identification number 13-1624016
THER:		
PROGRAM SERVICE EXPENSES	2,127,154.	
IANAGEMENT AND GENERAL EXPENSES	544,112.	
FUNDRAISING EXPENSES	30,429.	
TOTAL EXPENSES	2,701,695.	
COTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	15,604,158.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
PENSION RELATED LOSS	-5,950,365.	
PENSION COSTS OTHER THAN NET PERIODIC PENSION COST	1,309,309.	
CHANGE IN VALUE OF CHARITABLE GIFT ANNUITY	-96,186.	
HANGE IN VALUE OF DEFERRED GIFTS	-104,253.	
COTAL TO FORM 990, PART XI, LINE 9	-4,841,495.	
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Schedule R (Form 990) 2021

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.

Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.	Open to Public Inspection
Name of the organization		Employer identification number
	AMERICA	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	٥.	15,131,000.	GSUSA
ONE GS MEDIA, LLC					
420 FIFTH AVENUE					
NEW YORK, NY 10018	MEDIA	DELAWARE	13,252.	3,000.	GSUSA
	-				

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 Part II 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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		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	х	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	(i) ction (b)(13) trolled tity? No
	-							105	
	-								

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	GIRL	SCOUTS	OF	THE	UNITED	STATES	OF
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Schedule R (Form 990) 2021 AMERICA

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		х
	Loans or loan guarantees by related organization(s)	1e		х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
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)			
(2)			
(3)			
(4)			
(5)			
_(6)			

GIRL SCOUTS OF THE UNITED STATES OF

Schedule R (Form 990) 2021 AMERICA

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(6	e)	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(€ Are partne	all rs sec.	Share of	Share of		opor-	Code V-UBI	Genera	or Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner 501(i org	c)(3) s.?	total	end-of-year	Dispr tior allocat	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	ownership?
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes N	o
	1											
	1											
	4											

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Part VII	Supplemental	Information
Schedule R	(Form 990) 2021	AMERIC

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

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