

** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **OCT 1, 2021** and ending **SEP 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GIRL SCOUTS OF EASTERN PENNSYLVANIA INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 330 MANOR ROAD City or town, state or province, country, and ZIP or foreign postal code MIQUON, PA 19444 F Name and address of principal officer: KIM FRAITES-DOW SAME AS C ABOVE	D Employer identification number 23-1352309 E Telephone number 215-564-2030 G Gross receipts \$ 26,068,600. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.GSEP.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1917 M State of legal domicile: PA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: GIRL SCOUTING BUILDS GIRLS OF COURAGE, CONFIDENCE, & CHARACTER, WHO MAKE THE WORLD A BETTER PLACE.	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 25
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 25
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 356
6	Total number of volunteers (estimate if necessary)	6 12434
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
8	Contributions and grants (Part VIII, line 1h)	8 1,662,640. 1,912,621.
9	Program service revenue (Part VIII, line 2g)	9 1,242,947. 1,899,859.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10 1,667,306. 722,125.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11 10,277,404. 14,001,486.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12 14,850,297. 18,536,091.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13 267,685. 301,442.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14 0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15 7,270,213. 7,591,075.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a 0. 0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,107,337.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17 7,870,133. 10,140,151.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18 15,408,031. 18,032,668.
19	Revenue less expenses. Subtract line 18 from line 12	19 -557,734. 503,423.
20	Total assets (Part X, line 16)	20 39,157,595. 34,488,291.
21	Total liabilities (Part X, line 26)	21 3,007,637. 1,583,706.
22	Net assets or fund balances. Subtract line 21 from line 20	22 36,149,958. 32,904,585.

Part II Signature Block

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

Sign Here	Signature: <i>Kim E. Fraites-Dow</i> ID: 079AAD04509145F... KIM FRAITES-DOW, CEO Type or print name and title	Date: 4/12/2023
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Paid Preparer Use Only	Print/Type preparer's name DANIELLE NIHILL	Preparer's signature DANIELLE NIHILL	Date 03/28/23	Check if self-employed <input type="checkbox"/>	PTIN P01350943
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749			
	Firm's address ▶ 4 BATTERYMARCH PARK, SUITE 100 QUINCY, MA 02169		Phone no. (781) 982-1001		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: GIRL SCOUTS OF EASTERN PENNSYLVANIA, INC. (GSEP) BUILDS GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER, WHO MAKE THE WORLD A BETTER PLACE.

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

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

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

4a (Code:) (Expenses \$ 3,922,338. including grants of \$ 167,945.) (Revenue \$ 0.) MEMBERSHIP SERVICES: THE COUNCIL PROVIDES YEAR-ROUND LEADERSHIP DEVELOPMENT OPPORTUNITIES FOR GIRLS IN BERKS, BUCKS, CARBON, CHESTER, DELAWARE, LEHIGH, MONTGOMERY, NORTHAMPTON AND PHILADELPHIA COUNTIES. MORE THAN 22,500 GIRLS EXPERIENCE GIRL SCOUTING THROUGH SUMMER CAMP, TROOP-BASED, INDIVIDUAL, AND EVENT-BASED MEMBERSHIP, AND A RANGE OF OTHER PROGRAMS AND ACTIVITIES. MORE THAN 12,400 VOLUNTEERS PARTICIPATE IN NUMEROUS CAPACITIES AND FREQUENCY TO SUPPORT THE COUNCIL, AND PROVIDE ONGOING LEADERSHIP AND PROGRAM TRAINING. FOR FISCAL YEAR ACCOMPLISHMENTS, PLEASE SEE FORM 990, PART III, LINE 4D NARRATIVE ON SCHEDULE O.

4b (Code:) (Expenses \$ 4,508,115. including grants of \$ 110,497.) (Revenue \$ 0.) CAMP PROGRAMS: THE COUNCIL OPERATES SIX CAMP PROPERTIES (ALL ARE ACCREDITED BY THE AMERICAN CAMP ASSOCIATION) THAT ENCOMPASS NEARLY 2,000 ACRES. SUMMER RESIDENT AND DAY CAMP PROGRAMS PROVIDE OPPORTUNITIES FOR GIRLS TO DO WHAT THEY LOVE, ENCOURAGE SELF-DISCOVERY, INTERACTION WITH OTHERS, EXPLORATION, RESOURCEFUL DECISION MAKING, ENVIRONMENTAL STEWARDSHIP AND LEADERSHIP DEVELOPMENT, ALL IN A NURTURING AND SUPPORTIVE ENVIRONMENT. FOR FISCAL YEAR ACCOMPLISHMENTS PLEASE SEE FORM 990, PART III, LINE 4D NARRATIVE ON SCHEDULE O.

4c (Code:) (Expenses \$ 6,544,105. including grants of \$ 23,000.) (Revenue \$ 0.) OTHER GIRL SCOUTING PROGRAMS: ALL COUNCIL ACTIVITIES ARE DEVELOPED AND DELIVERED AS PART OF A CONSISTENT CORE LEADERSHIP PROGRAM, WITH PARTICULAR FOCUS ON "STEM" (SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH), OUTDOOR EXPERIENCES, LIFE SKILLS, ENTREPRENEURSHIP AND LEADERSHIP DEVELOPMENT. FOR FISCAL YEAR ACCOMPLISHMENTS PLEASE SEE FORM 990, PART III, LINE 4D NARRATIVE ON SCHEDULE O.

4d Other program services (Describe on Schedule O.) (Expenses \$ 0. including grants of \$ 0.) (Revenue \$ 14,715,257.)

4e Total program service expenses 14,974,558.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 25		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

Section 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?	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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
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?		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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **PA, NJ, NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
MICHAEL VANIC, CFO - 215-564-2030
330 MANOR ROAD, MIQUON, PA 19444

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KIM FRAITES-DOW CHIEF EXECUTIVE OFFICER	40.00			X			278,945.	0.	42,735.	
(2) MICHAEL VANIC CHIEF FINANCIAL OFFICER	40.00			X			176,070.	0.	19,862.	
(3) JENNIFER ALLEBACH CHIEF MISSION DELIVERY OFFICER	40.00					X	161,409.	0.	5,339.	
(4) CECILY MACY CHIEF DEVELOPMENT OFFICER	40.00					X	113,922.	0.	38,477.	
(5) DEBRA JACOBSON DIRECTOR OF HUMAN RESOURCES	40.00					X	109,472.	0.	27,948.	
(6) NORMAN MARKS CONTROLLER	40.00					X	111,413.	0.	21,555.	
(7) BABETTE RACCA SENIOR ADVISOR OF CAPITAL PROJECTS	40.00					X	110,098.	0.	3,265.	
(8) DEBORAH HASSAN CHAIR	8.00	X		X			0.	0.	0.	
(9) SUSAN MUCCIARONE 1ST VICE CHAIR	3.00	X		X			0.	0.	0.	
(10) ANN DONLEY VICE CHAIR	3.00	X		X			0.	0.	0.	
(11) LORAIN BALLARD MORRILL VICE CHAIR	3.00	X		X			0.	0.	0.	
(12) RICK PERKINS TREASURER	3.00	X		X			0.	0.	0.	
(13) DEBRA WALTERS SECRETARY	3.00	X		X			0.	0.	0.	
(14) ANNE BAUM MEMBER AT LARGE	1.00	X					0.	0.	0.	
(15) MARLENE BEERS MEMBER AT LARGE	1.00	X					0.	0.	0.	
(16) HARRIS BOCK, ESQ. MEMBER AT LARGE	1.00	X					0.	0.	0.	
(17) TERRI BOYER MEMBER AT LARGE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) FUSUN BUBERNACK MEMBER AT LARGE	1.00	X						0.	0.	0.
(19) JENNIFER DEMPSEY FOX MEMBER AT LARGE	1.00	X						0.	0.	0.
(20) CLARE FREIMUTH MEMBER AT LARGE; LEFT MAR 2022	1.00	X						0.	0.	0.
(21) JOANN GONZALEZ-GENERALS MEMBER AT LARGE	1.00	X						0.	0.	0.
(22) ALLISON GREEN JOHNSON MEMBER AT LARGE	1.00	X						0.	0.	0.
(23) STEPHANIE KOSTA MEMBER AT LARGE	1.00	X						0.	0.	0.
(24) SOPHIA LEE MEMBER AT LARGE	1.00	X						0.	0.	0.
(25) NICOLE LEVINE MEMBER AT LARGE	1.00	X						0.	0.	0.
(26) JOANNE MCFALL MEMBER AT LARGE	1.00	X						0.	0.	0.
1b Subtotal								1,061,329.	0.	159,181.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,061,329.	0.	159,181.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THRIVE OPERATIONS LLC, 25 FORBES BOULEVARD, SUITE 3, FOXBORO, MA 02035	IT PROVIDER	376,280.
TIERNEY, 200 S. BROAD STREET, #10, PHILADELPHIA, PA 19102	PR/CREATIVE/MEDIA SERVICES	272,062.
CAMFRED CONSTRUCTION LLC, 2 BALA PLAZA, SUITE 300, BALA CYNWYD, PA 19004	CONSTRUCTION CONTRACTOR	201,161.
KREMMER'S CAFE & CATERING, 1901 S. 12TH STREET, BOX 9, ALLENTOWN, PA 18103	FOOD SERVICE PROVIDER	188,735.
MKSD ARCHITECTS, 1290 HAUSMAN RD, SUITE A, ALLENTOWN, PA 18104	ARCHITECTURAL DESIGN	103,270.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **6**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KATHRYN NORDICK MEMBER AT LARGE;LEFT SEPT 2022	1.00	X						0.	0.	0.
(28) DEBBIE O'BRIEN MEMBER AT LARGE	1.00	X						0.	0.	0.
(29) SHELLEY SMITH MEMBER AT LARGE	1.00	X						0.	0.	0.
(30) ALISON SNYDER MEMBER AT LARGE	1.00	X						0.	0.	0.
(31) EMILY TURNER MEMBER AT LARGE;LEFT MAY 2022	1.00	X						0.	0.	0.
(32) MARIA KRAUS MEMBER AT LARGE	1.00	X						0.	0.	0.
(33) JUDY FREYER MEMBER AT LARGE;AS OF MAY 2022	1.00	X						0.	0.	0.
(34) ELLEN IOBST MEMBER AT LARGE;AS OF MAY 2022	1.00	X						0.	0.	0.
(35) DAYI MIRIAM SHOU MEMBER AT LARGE;AS OF SEP 2022	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	138,080.				
	b Membership dues	1b					
	c Fundraising events	1c	574,049.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,200,492.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 49,154.				
	h Total. Add lines 1a-1f			1,912,621.			
Program Service Revenue	2 a CAMP PROGRAM	Business Code					
		900099	1,601,320.	1,601,320.			
	b GIRL SCOUTING PROGRAMS	900099	159,364.	159,364.			
	c FACILITY RENTAL REVENUE	531120	139,175.	139,175.			
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			1,899,859.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		377,684.			377,684.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	800.			
			(ii) Personal				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	800.				
	d Net rental income or (loss)			800.		800.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	2,457,312.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	2,112,871.				
	c Gain or (loss)	7c	344,441.				
d Net gain or (loss)			344,441.		344,441.		
8 a Gross income from fundraising events (not including \$ 574,049. of contributions reported on line 1c). See Part IV, line 18	8a		90,948.				
			227,002.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-136,054.		-136,054.		
9 a Gross income from gaming activities. See Part IV, line 19	9a		11,163.				
			14,769.				
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities			-3,606.		-3,606.		
10 a Gross sales of inventory, less returns and allowances	10a		17,993,265.				
			5,177,867.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			12,815,398.	12815398.			
Miscellaneous Revenue	11 a GAIN ON EXTINGUISHMENT OF DEBT	Business Code					
		900099	1,200,796.			1200796.	
	b MISCELLANEOUS	900099	113,352.			113,352.	
	c ADVERTISING	511120	10,800.			10,800.	
	d All other revenue						
e Total. Add lines 11a-11d			1,324,948.				
12 Total revenue. See instructions			18,536,091.	14715257.	0.	1908213.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	301,442.	301,442.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	574,013.	216,859.	266,796.	90,358.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,243,240.	4,049,943.	597,828.	595,469.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	781,552.	577,265.	113,785.	90,502.
9 Other employee benefits	585,388.	450,680.	67,889.	66,819.
10 Payroll taxes	406,882.	305,358.	59,336.	42,188.
11 Fees for services (nonemployees):				
a Management				
b Legal	36,834.	15,849.	16,957.	4,028.
c Accounting	72,726.		72,726.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	28,919.		28,919.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	670,959.	335,057.	285,750.	50,152.
12 Advertising and promotion	295,692.	194,057.	51,251.	50,384.
13 Office expenses	1,435,541.	1,307,375.	100,412.	27,754.
14 Information technology	576,036.	476,945.	61,404.	37,687.
15 Royalties				
16 Occupancy	736,772.	682,399.	36,446.	17,927.
17 Travel	222,575.	212,340.	4,731.	5,504.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	45,077.	271.	44,693.	113.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,348,190.	1,272,906.	55,635.	19,649.
23 Insurance	329,214.	308,922.	14,736.	5,556.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a TROOP & SERVICE UNIT	3,546,482.	3,546,482.		
b FOOD	419,087.	409,892.	5,948.	3,247.
c PROGRAM FEES	90,194.	90,194.		
d _____				
e All other expenses _____	285,853.	220,322.	65,531.	
25 Total functional expenses. Add lines 1 through 24e	18,032,668.	14,974,558.	1,950,773.	1,107,337.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	347,268.	1	257,115.
	2 Savings and temporary cash investments	3,841,035.	2	1,773,426.
	3 Pledges and grants receivable, net	270,406.	3	219,773.
	4 Accounts receivable, net	17,786.	4	23,498.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	272,808.	8	304,358.
	9 Prepaid expenses and deferred charges	106,841.	9	131,056.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 38,503,397.		
	b Less: accumulated depreciation	10b 22,080,107.	16,689,007.	10c 16,423,290.
	11 Investments - publicly traded securities	17,108,778.	11	14,961,846.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	503,666.	15	393,929.
16 Total assets. Add lines 1 through 15 (must equal line 33)	39,157,595.	16	34,488,291.	
Liabilities	17 Accounts payable and accrued expenses	938,190.	17	789,213.
	18 Grants payable		18	
	19 Deferred revenue	74,702.	19	121,742.
	20 Tax-exempt bond liabilities	603,020.	20	469,136.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	10,950.	23	
	24 Unsecured notes and loans payable to unrelated third parties	1,186,297.	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	194,478.	25	203,615.
	26 Total liabilities. Add lines 17 through 25	3,007,637.	26	1,583,706.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	34,387,012.	27	31,481,725.
	28 Net assets with donor restrictions	1,762,946.	28	1,422,860.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	36,149,958.	32	32,904,585.
33 Total liabilities and net assets/fund balances	39,157,595.	33	34,488,291.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,536,091.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,032,668.
3	Revenue less expenses. Subtract line 2 from line 1	3	503,423.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36,149,958.
5	Net unrealized gains (losses) on investments	5	-3,748,796.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	32,904,585.

Part XII Financial Statements and Reporting

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

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

Form 990 (2021)

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	Employer identification number 23-1352309
--	---

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
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.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 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-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1724266.	1829186.	1450174.	1662640.	2000076.	8666342.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	18963920.	18910291.	18144854.	13303227.	19893124.	89215416.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	20688186.	20739477.	19595028.	14965867.	21893200.	97881758.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	107,453.	110,607.	131,832.	161,684.	215,724.	727,300.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	107,453.	110,607.	131,832.	161,684.	215,724.	727,300.
8 Public support. (Subtract line 7c from line 6.)						97154458.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	20688186.	20739477.	19595028.	14965867.	21893200.	97881758.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	383,400.	476,383.	416,009.	308,358.	378,484.	1962634.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	383,400.	476,383.	416,009.	308,358.	378,484.	1962634.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	13,551.	12,318.				25,869.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	110,801.	82,195.	95,226.	1660607.	1324948.	3273777.
13 Total support. (Add lines 9, 10c, 11, and 12.)	21195938.	21310373.	20106263.	16934832.	23596632.	103144038.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	94.19 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	95.48 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	1.90 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	1.81 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - 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		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
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		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2017 AMOUNT: \$ 85,451.

2018 AMOUNT: \$ 58,775.

2019 AMOUNT: \$ 89,001.

2020 AMOUNT: \$ 69,305.

2021 AMOUNT: \$ 113,352.

PROGRAM ADVERTISING

2017 AMOUNT: \$ 25,350.

2018 AMOUNT: \$ 23,420.

2019 AMOUNT: \$ 6,225.

2020 AMOUNT: \$ 2,650.

2021 AMOUNT: \$ 10,800.

GAIN ON EXTINGUISHMENT OF DEBT

2020 AMOUNT: \$ 1,588,652.

2021 AMOUNT: \$ 1,200,796.

Schedule A**Payments from Disqualified Persons
Included on Part III, Line 7a****2021****** Do Not File ********* Not Open to Public Inspection *****

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
ALISON SNYDER	375.	2,124.	1,976.	2,930.	850.
ALLISON GREEN JOHNSON	0.	0.	0.	2,500.	2,500.
AMY FLEISCHER	300.	0.	0.	0.	0.
ANGELA AHMAD	490.	574.	282.	263.	996.
ANN DONLEY	660.	360.	800.	6,085.	2,039.
ANNE BAUM	4,875.	5,500.	4,000.	4,200.	6,500.
CATHY PULLEN	1,000.	5,000.	7,000.	26,000.	0.
CHRISTOPHER CASHMAN	3,000.	0.	0.	0.	0.
CLARE FREIMUTH	0.	0.	1,500.	1,500.	2,995.
COLLEEN ROONEY	5,000.	0.	0.	0.	0.
DAWN CHAVOUS	0.	500.	0.	0.	0.
DEB L. WALTERS	1,120.	1,220.	1,670.	5,260.	6,354.
DEBBIE O'BRIEN	400.	1,230.	950.	2,250.	5,250.
DEBORAH HASSAN	3,310.	3,600.	5,000.	7,370.	38,070.
DIANE WELSH	1,000.	2,500.	1,500.	1,250.	1,500.
DIANNE ROTWITT	14,600.	10,100.	5,850.	5,000.	50,000.
DONNA FILE	0.	3,250.	27,125.	4,800.	5,000.
EMILY TURNER	300.	4,350.	14,563.	15,000.	9,926.
FRANCES AITKEN	750.	350.	0.	0.	0.
FUSUN BUBERNACK	250.	2,250.	2,000.	2,750.	1,500.
HARRIS BOCK, ESQ.	2,000.	1,500.	1,500.	2,100.	1,500.
ILENE WOOD	750.	750.	0.	0.	0.
JENNIFER DEMPSEY FOX	0.	0.	750.	2,035.	1,759.
JOANN GONZALEZ-GENERALS	965.	1,500.	550.	3,150.	1,710.
Total to Schedule A, Part III, Line 7a					

Schedule A**Payments from Disqualified Persons
Included on Part III, Line 7a****2021****** Do Not File ********* Not Open to Public Inspection *****

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
JOANNE MCFALL	0.	3,025.	2,100.	2,450.	2,000.
KATHRYN NORDICK	0.	1,500.	1,500.	500.	6,000.
LESLIE S. STILES	2,400.	4,400.	1,250.	1,090.	1,000.
LORAIN BALLARD MORRILL	500.	500.	500.	750.	500.
MARLA CONLEY	575.	1,317.	775.	840.	0.
MARIA KRAUS	9,000.	1,000.	1,500.	1,500.	1,500.
MARIA PAJIL BATTLE	750.	0.	0.	0.	0.
MARLENE BEERS	8,000.	10,500.	7,000.	3,100.	3,680.
MARY STENGEL AUSTEN	6,500.	2,525.	2,500.	100.	1,000.
MICHAEL HANLON	1,000.	0.	0.	0.	0.
MICHELLE BOX	5,000.	0.	0.	0.	0.
NICOLE LEVINE	997.	1,967.	2,621.	1,500.	5,541.
RICHARD PERKINS	2,000.	2,000.	2,000.	2,500.	3,000.
RITA LEE	200.	100.	100.	690.	104.
SANDY SELLER	0.	0.	350.	175.	250.
SHELLEY SMITH	25.	100.	500.	500.	750.
SOPHIA LEE	0.	500.	1,500.	1,500.	1,500.
STEPHANIE KOSTA	0.	2,000.	2,000.	2,000.	1,900.
SUE PERROTTY	1,500.	2,000.	1,000.	4,500.	3,500.
SUSAN MUCCIARONE	5,950.	7,500.	7,500.	12,000.	40,000.
SUSAN TANSITS	1,150.	1,600.	0.	0.	0.
STACY BROAD	250.	100.	150.	250.	150.
TERRI BOYER	0.	1,535.	1,070.	1,750.	2,000.
TONI MILLER	15,481.	15,950.	10,000.	1,050.	0.
Total to Schedule A, Part III, Line 7a					

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

GIRL SCOUTS OF EASTERN PENNSYLVANIA INC

Employer identification number

23-1352309

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	Employer identification number 23-1352309
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 230,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 137,586.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 100,515.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 94,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	Employer identification number 23-1352309
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 36,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 26,415.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	Employer identification number 23-1352309
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 20,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 17,768.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	Employer identification number 23-1352309
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 14,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 11,925.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	Employer identification number 23-1352309
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	Employer identification number 23-1352309
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 9,926.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 9,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 8,988.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	Employer identification number 23-1352309
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ <u>7,731.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ <u>7,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	Employer identification number 23-1352309
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ <u>6,785.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ <u>6,525.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	Employer identification number 23-1352309
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ <u>6,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ <u>6,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ <u>6,354.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ <u>6,213.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ <u>6,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	Employer identification number 23-1352309
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	Employer identification number 23-1352309
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	<hr/> <hr/> <hr/>	\$ 5,714.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 5,690.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ 5,122.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	Employer identification number 23-1352309
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	Employer identification number 23-1352309
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	Employer identification number 23-1352309
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	Employer identification number 23-1352309
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	Employer identification number 23-1352309
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	Employer identification number 23-1352309
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	Employer identification number 23-1352309
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: GIRL SCOUTS OF EASTERN PENNSYLVANIA INC Employer identification number: 23-1352309

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, details of conservation contributions (2a-2d), and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,459,493.	8,510,958.	8,119,167.	8,198,387.	8,044,874.
b Contributions	775.	250.	450.	2,500.	400.
c Net investment earnings, gains, and losses	-1,655,916.	1,336,548.	767,880.	296,961.	510,830.
d Grants or scholarships	3,450.	3,450.	3,450.	4,650.	3,450.
e Other expenditures for facilities and programs	377,398.	384,813.	373,089.	374,031.	354,267.
f Administrative expenses					
g End of year balance	7,423,504.	9,459,493.	8,510,958.	8,119,167.	8,198,387.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 90.7730 %
 - b** Permanent endowment 8.5660 %
 - c** Term endowment .6610 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----------|----------|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,085,193.		1,085,193.
b Buildings		30,878,966.	17,033,696.	13,845,270.
c Leasehold improvements				
d Equipment		4,069,053.	3,423,583.	645,470.
e Other		2,470,185.	1,622,828.	847,357.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				16,423,290.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or 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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER LIABILITIES	203,615.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	203,615.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	15,007,647.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-3,748,796.
b	Donated services and use of facilities	2b	7,500.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-3,741,296.
3	Subtract line 2e from line 1	3	18,748,943.
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	28,919.
b	Other (Describe in Part XIII.)	4b	-241,771.
c	Add lines 4a and 4b	4c	-212,852.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	18,536,091.

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

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

1	Total expenses and losses per audited financial statements	1	18,253,020.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	7,500.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	241,771.
e	Add lines 2a through 2d	2e	249,271.
3	Subtract line 2e from line 1	3	18,003,749.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	28,919.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	28,919.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	18,032,668.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE EARNINGS ON ENDOWMENT FUNDS ARE PERMITTED TO BE USED FOR CURRENT OPERATIONS, PROGRAMS OR SCHOLARSHIP AWARDS. TEMPORARY ENDOWMENT CORPUS FUNDS ARE USED ACCORDING TO DONOR SPECIFICATIONS. PERMANENT ENDOWMENT CORPUS FUNDS ARE PRESERVED.

PART X, LINE 2:

THE INTERNAL REVENUE SERVICE (IRS) HAS CLASSIFIED GSEP AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC); AS AN ORGANIZATION, CONTRIBUTIONS TO WHICH ARE DEDUCTIBLE UNDER SECTION 170(C) OF THE IRC; AND AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION AS DEFINED IN SECTION 509(A) OF THE IRC. GSEP'S TAX RETURNS ARE

Part XIII Supplemental Information (continued)

SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES. GSEP IS NOT AWARE OF ANY ACTIVITY THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS. THE TAX RETURNS ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES. GSEP FOLLOWS THE INCOME TAX STANDARD FOR UNCERTAIN TAX POSITIONS. THIS STANDARD HAD NO IMPACT ON GSEP'S FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT SPECIAL EVENT EXPENSE	-227,002.
DIRECT GAMING EXPENSE	-14,769.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-241,771.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT SPECIAL EVENT EXPENSE	227,002.
DIRECT GAMING EXPENSE	14,769.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	241,771.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		TAKE THE LEAD (event type)	ADULT CAMPING WEEK (event type)	NONE (total number)	
Revenue	1	Gross receipts	642,113.	22,884.	664,997.
	2	Less: Contributions	551,658.	22,391.	574,049.
	3	Gross income (line 1 minus line 2)	90,455.	493.	90,948.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	9,452.	1,315.	10,767.
	6	Rent/facility costs	7,415.		7,415.
	7	Food and beverages	104,255.	3,401.	107,656.
	8	Entertainment			
	9	Other direct expenses	100,619.	545.	101,164.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-136,054.

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a 100.00 %
b An outside facility	13b _____ %
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► MICHAEL VANIC

Address ► 330 MANOR ROAD - MIQUON, PA 19444

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► KATHRYN VORE

Gaming manager compensation ► \$ _____

Description of services provided ► OVERSEE THE RAFFLE TICKETING AND PRIZE DRAWINGS

Director/officer
 Employee
 Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

Schedule I (Form 990) 2021 **GIRL SCOUTS OF EASTERN PENNSYLVANIA INC**

23-1352309

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
MEMBERSHIP AND TROOP DUES	6718	167,945.	0.		
CAMPERSHIPS	196	110,497.	0.		
SCHOLARSHIPS	30	23,000.	0.		

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

PART I, LINE 2:

NO SUBSEQUENT MONITORING OF GRANTS THAT ARE AWARDED TO INDIVIDUALS IS REQUIRED BECAUSE GSEP AWARDS FINANCIAL AID IN THE FORM OF MEMBERSHIPS, SCHOLARSHIPS OR CAMPERSHIPS. THEREFORE, THE FINANCIAL AID IS PAID DIRECTLY TO EITHER AN INTERNAL DEPARTMENT OF GSEP OR A THIRD PARTY OTHER THAN THE AWARDEE WHO IS OPERATING THE ACTIVITY IN WHICH AWARDEE GIRL PARTICIPATES.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **GIRL SCOUTS OF EASTERN PENNSYLVANIA INC**
 Employer identification number: **23-1352309**

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Other reportable compensation				
(1) KIM FRAITES-DOW CHIEF EXECUTIVE OFFICER	(i)	262,745.	16,200.	0.	8,399.	34,336.	321,680.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL VANIC CHIEF FINANCIAL OFFICER	(i)	176,070.	0.	0.	0.	19,862.	195,932.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNIFER ALLEBACH CHIEF MISSION DELIVERY OFFICER	(i)	161,409.	0.	0.	4,634.	705.	166,748.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CECILY MACY CHIEF DEVELOPMENT OFFICER	(i)	113,922.	0.	0.	3,720.	34,757.	152,399.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								

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.

PART I, LINE 7:

NON-FIXED PAYMENTS

BONUSES, IF ANY, ARE BASED ON A NUMBER OF VARIABLES INCLUDING BUT NOT LIMITED TO AN INDIVIDUAL'S GOAL ACHIEVEMENTS AS WELL AS ORGANIZATION OPERATION ACHIEVEMENTS. BONUSES FOR THE CEO ARE AT THE DISCRETION OF THE BOARD OF DIRECTORS AS PART OF THE OVERALL COMPENSATION REVIEW.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **GIRL SCOUTS OF EASTERN PENNSYLVANIA INC**
Employer identification number: **23-1352309**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (DONATED GOODS)	X	124	30,887.	
26 Other (DONATED AUCTI)	X	29	10,767.	
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 0

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

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN THIS COLUMN.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

GIRL SCOUTS OF EASTERN PENNSYLVANIA INC

Employer identification number

23-1352309

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

PROGRAM REVENUE FOR ALL GSEP PROGRAMS (SPECIFIC PROGRAM ACCOMPLISHMENTS
DETAILED BELOW):

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 14,715,257.

FORM 990, PART III, LINE 4D

PROGRAM ACCOMPLISHMENTS FISCAL YEAR OCTOBER 1 2021-SEPTEMBER 30, 2022
(FY2022):

GIRL SCOUTS OF EASTERN PENNSYLVANIA, INC. (GSEP), OPERATES AS AN
INDEPENDENT, NONPROFIT ORGANIZATION CHARTERED BY GIRL SCOUTS OF THE USA
(GSUSA). GIRL SCOUTS MISSION IS TO BUILD GIRLS OF COURAGE, CONFIDENCE,
AND CHARACTER, WHO MAKE THE WORLD A BETTER PLACE IN NINE PENNSYLVANIA
COUNTIES: BERKS, BUCKS, CARBON, CHESTER, DELAWARE, LEHIGH, MONTGOMERY,
NORTHAMPTON, AND PHILADELPHIA. IN FISCAL YEAR 2022 (OCTOBER 1,
2021-SEPTEMBER 30, 2022), GSEP PROVIDED THE GIRL SCOUT LEADERSHIP
EXPERIENCE (GSLE) TO MORE THAN 22,000 GIRLS, WITH THE HELP OF MORE THAN
12,000 ADULT MEMBERS.

PROGRAM ACCOMPLISHMENTS FY22

COMING OUT OF TWO FISCAL YEARS AND TWO MEMBER YEARS OF A GLOBAL
PANDEMIC, IN FY22 GSEP STARTED TO RESEMBLE A "NEW NORMAL" VERSION OF
ITSELF AND STARTED TO REBUILD OUR MEMBERSHIP BASE. SCHOOLS WERE BACK
IN-PERSON (THOUGH MANY DID NOT ALLOW OUTSIDE PARTNERS INSIDE), MORE
EMPLOYERS WERE WELCOMING STAFF BACK TO THE OFFICE, INCLUDING GSEP IN A

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

Schedule O (Form 990) 2021

Name of the organization GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	Employer identification number 23-1352309
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HYBRID MODEL. BY SPRING OF 2022, MOST ADULTS AND MANY YOUNG PEOPLE HAD RECEIVED AT LEAST ONE DOSE OF THE VACCINE, BRINGING NEW HOPE TO OUR COMMUNITIES. THIS MEANT MORE PEOPLE FELT COMFORTABLE GATHERING WHEN SOCIALLY DISTANT AND OUTDOORS. WE NOW HAD THE CHANCE TO DELIVER THE GIRL SCOUT LEADERSHIP EXPERIENCE (GSLE) IN OUR MORE TRADITIONAL WAYS, IN-PERSON TROOP MEETINGS AND EVENTS AND COOKIE BOOTHS.

JANUARY 2022 WAS OUR FIRST NORMAL COOKIE SEASON SINCE PRE-PANDEMIC DAYS, AND OUR GIRL SCOUTS DELIVERED. WHILE SOME TROOPS WERE AT FIRST CAREFUL ABOUT COMMITTING TO IN-PERSON BOOTHS, MANY ADDED THEM TO THEIR SCHEDULES ONCE THE SEASON WAS UNDERWAY, REALIZING THE POTENTIAL TO BRING THEIR COMMUNITY WHAT THEY MISSED FOR TWO YEARS GIRL SCOUTS IN PERSON SELLING GIRL SCOUT COOKIES.

CAMP SEASON WAS BACK TO NORMAL, AS WELL. BY THE TIME SUMMER ROLLED AROUND, GSEP WAS AT FULL CAPACITY AND UNLIMITED OFFERINGS FOR CAMPERS.

STRATEGY AND NEW MARKETS

THE STRATEGIC PLAN FOR MEMBERSHIP YEAR 2021-22 (MY22), STARTED WITH DATA - A 6-YEAR ANALYSIS OF GIRL REGISTRATION BY MONTH. THIS EXERCISE OUTLINED A "BIG PICTURE" VIEW OF GSEP'S WORK AND A BETTER UNDERSTANDING OF REGISTRATION ACTIVITY.

TWO MAIN TAKEAWAYS OF THIS DATA WERE:

GIRL SCOUTS HAS AN 18-MONTH REGISTRATION CYCLE THAT BEGINS IN THE SPRING WITH EARLY RENEWAL AND EXTENDED YEAR REGISTRATION SEPTEMBER CONSISTENTLY SEES THE HIGHEST MONTHLY GIRL REGISTRATION FOR THE UPCOMING MEMBERSHIP YEAR

Name of the organization GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	Employer identification number 23-1352309
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ARMED WITH THIS INSIGHT, GSEP TOOK STEPS TO MAKE THE MOST OF THESE OPPORTUNITIES.

MY22 KICKED OFF IN APRIL OF 2021 WITH A GSUSA NATIONAL INCENTIVE EVENT WITH MICHELLE OBAMA, TIERED GIRL INCENTIVES FOR EARLY RENEWAL THROUGH JUNE, AND A COUNCIL-WIDE RECRUITMENT EVENT CALLED MEET US AT RITA'S IN SEPTEMBER. WE ADDED 862 EXTENDED YEAR GIRL MEMBERS IN MY22 AND STARTED MY22 AT 47% OF OUR GIRL GOAL.

DATA ANALYSIS CONTINUED TO BE A CENTRAL PART OF OUR STRATEGIC PLANNING FOR MEMBERSHIP YEAR 2021-22. GSEP BEGAN TO FOCUS ON DEVELOPING A COMMUNITY STRATEGY TO NOT ONLY GROW OUR MEMBERSHIP IN MY22 BUT TO ALSO ELEVATE OUR TARGETED EFFORTS TO ENSURE ALL GIRLS IN OUR 9-COUNTY FOOTPRINT WERE AWARE OF AND HAD ACCESS TO THE GIRL SCOUT LEADERSHIP EXPERIENCE. THIS COMMUNITY-BASED ANALYSIS CONTINUED THROUGHOUT THE MEMBERSHIP YEAR.

GSUSA PROVIDED PERSONA DATA, WHICH IS A SUMMARY OF CHARACTERISTICS OF FAMILIES IN GSEP'S FOOTPRINT, THAT COULD BE ANALYZED BY CITY, ZIP CODE OR COUNTY. THIS DATA UNVEILED GIRL SCOUTS HAS A STRONG PRESENCE IN COMMUNITIES WHERE GIRL SCOUTS IS NEEDED. THIS DATA DROVE OUR SOCIAL MEDIA, PAID MARKETING, AND MEMBERSHIP CAMPAIGNS DURING THE FALL RECRUITMENT SEASON THAT INCLUDED A TARGETED GIFT OF MEMBERSHIP OFFER DURING THE HOLIDAYS.

IN FEBRUARY AND EARLY MARCH, GSEP'S SERVICE UNITS HOSTED DAISY LAUNCH EVENTS. USING TROOP DATA, FILLING AVAILABLE SPACE IN DAISY TROOPS WAS PRIORITIZED. DURING THESE FIVE WEEKS, 259 NEW DAISIES JOINED GSEP AND RECEIVED THEIR FIRST GIRL SCOUT PATCH.

Name of the organization GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	Employer identification number 23-1352309
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IN SPRING OF 2022, GSEP LAUNCHED A TARGETED RECRUITMENT CAMPAIGN FOCUSED ON THE EXTENDED YEAR MEMBERSHIP. THIS MEMBERSHIP TYPE, AVAILABLE APRIL THROUGH JULY, OFFERS NEW GIRLS AND ADULTS THE OPPORTUNITY TO BE GIRL SCOUTS FOR THE REMAINDER OF THE CURRENT YEAR THROUGH TO END OF THE NEXT MEMBERSHIP YEAR FOR A REDUCED RATE OF \$35. OPTING FOR SPECIFIC ZIP CODE RESEARCH, GSEP TARGETED AREAS WHERE GIRL SCOUTS IS THRIVING AND WHERE GSEP CAN GROW. THE OVERALL GOAL OF THE CAMPAIGN WAS TO DRIVE AWARENESS OF MEMBERSHIP OPPORTUNITIES FOR NEW GIRLS. GSEP SUCCESSFULLY ADDED 1,099 MY22 GIRLS AND 408 MY23 GIRLS. ANOTHER OPPORTUNITY PRESENTED BY THE EXTENDED YEAR MEMBERSHIP IS INTRODUCING GIRL SCOUTS TO PRE-K, K, AND 1ST GRADE GIRLS, PREPARING THEM FOR THEIR FUTURE AS DAISIES. GSEP MAILED AN INTRODUCTION LETTER WITH GIRL SCOUT DAISY INFORMATION TO DAYCARES THROUGHOUT ITS 9-COUNTY FOOTPRINT. GSEP WELCOMED 344 NEW DAISIES FOR MY22 AND 483 FOR MY23.

GSEP'S OVERALL GOAL FOR EXTENDED YEAR REGISTRATION WAS 500 GIRLS AND 500 ADULTS; AND SUCCESSFULLY WELCOMED 1,390 GIRLS AND 501 ADULTS.

THE GIRL SCOUTS EARLY RENEWAL SEASON RUNS FROM APRIL 1ST THROUGH JUNE 30TH EACH YEAR. GSUSA AGAIN KICKED OFF THE RENEWAL SEASON BY HOSTING ANOTHER NATIONAL INCENTIVE EVENT, KRISTEN BELL, AND GIRL SCOUTS: PAINT YOUR WORLD PURPLE.

IN 2022, GSEP OFFERED TIERED ONE-OF-A-KIND INCENTIVES DESIGNED EXCLUSIVELY FOR GSEP'S GIRL SCOUTS. 7,224 GIRLS RECEIVED THE DECAL SET FOR RENEWING BY MAY 31ST AND 9,995 GIRLS RECEIVED THE PATCH INCENTIVE FOR RENEWAL BY THE END OF JUNE, MOVING CLOSER TO PRE-PANDEMIC RENEWAL SEASON NUMBERS.

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WE ALSO ADJUSTED THE INCENTIVE APPROACH AND OFFERED TROOP LEADERS A FREE RENEWAL FOR THEMSELVES OR ANOTHER VOLUNTEER IN THEIR TROOP. THE GOAL WAS TO RENEW 70% OF LEADERS DURING EARLY RENEWAL - 75% WAS REACHED.

LASTLY, SERVICE UNITS WERE OFFERED AN OPPORTUNITY TO EARN A CASH INCENTIVE THIS YEAR. ANY SERVICE UNIT WHO RENEWED 60% OR MORE OF THEIR GIRLS BY JUNE 30TH RECEIVED THE EQUIVALENT IN AN ACH CASH TRANSFER. 11 SERVICE UNITS RECEIVED THIS NEW INCENTIVE.

GSEP OFFERED A FREE EXTENDED YEAR MEMBERSHIP FROM AUGUST 15TH THROUGH SEPTEMBER 15TH AND, AGAIN, USED DATA TO TARGET A PAID SOCIAL MEDIA CAMPAIGN. 854 NEW GIRL SCOUTS JOINED BECAUSE OF THIS OPPORTUNITY.

ON SEPTEMBER 22, GSEP HELD THE 2ND ANNUAL GIRL SCOUT CELEBRATION NIGHT, INVITING CURRENT GIRL SCOUTS TO COME IN UNIFORM OR NEW GIRL SCOUTS TO JOIN AND RECEIVE A FREE SWEET TREAT AND "ALL FUN. NO FILTER." PATCH AT LOCAL BUSINESSES THROUGHOUT OUR COMMUNITY. 48 SERVICE UNITS HOSTED 55 EVENTS. SEPTEMBER REGISTRATION BROUGHT IN 14% OF THE GOAL, 2% OFF PRE-PANDEMIC LEVELS. MORE IMPORTANTLY, GIRL SCOUT, VOLUNTEER AND NEW FAMILY TURNOUT WAS AMAZING AND CONFIRMED THAT GIRL SCOUTS ARE RESILIENT AND READY TO PUT THE GLOBAL PANDEMIC IN THE PAST.

MEMBER AND COMMUNITY EXCELLENCE

IN FY22 GSEP SAW A SLIGHT REBOUND IN GIRL MEMBERSHIP WITH 22,534 GIRLS, A 12.3% INCREASE OVER PRIOR YEAR. ADULT MEMBERSHIP WAS ALSO UP, 13.6%,

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TO 12,409.

IN JUNE, GSEP REORGANIZED INTO THREE REGIONAL COMMUNITIES:

REGION 1: PHILADELPHIA COUNTY

REGION 2: BERKS COUNTY, CHESTER COUNTY, DELAWARE COUNTY

REGION 3: BUCKS COUNTY, CARBON COUNTY, LEHIGH COUNTY, NORTHAMPTON COUNTY, MONTGOMERY COUNTY

EACH REGION IS LED BY A REGIONAL MISSION DELIVERY DIRECTOR AND INCLUDES COMMUNITY ENGAGEMENT SPECIALISTS, VOLUNTEER EXPERIENCE SPECIALISTS, AND GIRL EXPERIENCE SPECIALISTS. THIS APPROACH BRINGS THE TRANSFORMATION STRATEGY TO LIFE WITH COMMUNITIES AT THE CENTER.

PART OF THE PLAN DEVELOPED IN FY22 FOCUSES ON PHILADELPHIA WITH EQUITY BEING AT THE CENTER OF THIS DECISION. PHILADELPHIA HAS THE LOWEST MARKET SHARE OF GIRLS PARTICIPATING IN THE 9-COUNTY FOOTPRINT, AND IN ALIGNMENT WITH THE THREE CORE GOALS, GSEP HAS AN INCREASED COMMITMENT TO ENSURING THAT EVERY GIRL IN PHILADELPHIA IS AWARE OF AND HAS ACCESS TO THE GIRL SCOUT LEADERSHIP EXPERIENCE. GSEP ADDED STAFF TO SUPPORT ITS WORK IN THE CITY, AND THROUGH THE PEW CHARITABLE TRUSTS' EVALUATION CAPACITY BUILDING INITIATIVE, GSEP LAUNCHED PLANS TO DO RESEARCH IN THREE PHILADELPHIA ZIP CODES TO LEARN MORE ABOUT WHAT THEIR COMMUNITIES NEED FOR GIRLS. THIS WILL INFORM FURTHER EVALUATION AND PROGRAMMING FOR FY23 AND BEYOND.

THE 2022 COOKIE PROGRAM RAN FROM JANUARY 20 MARCH 13. THE COOKIE PROGRAM CLOSED WITH \$16,746,275 IN GROSS REVENUE, AND A PER GIRL

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AVERAGE (PGA) OF 294 BOXES, SURPASSING THE FY21 PGA OF 235 BOXES. 75.7% OF REGISTERED GIRL SCOUTS PARTICIPATED, OR 14,075 GIRLS. BY COMPARISON, IN THE PREVIOUS YEAR AN AVERAGE OF 68% OF REGISTERED GIRL SCOUTS PARTICIPATED. GSEP TOOK ADVANTAGE OF SOME NEW OPPORTUNITIES INCLUDING GSUSA'S NATIONAL PARTNERSHIP WITH DOORDASH. CUSTOMERS COULD ORDER COOKIES FOR DELIVERY WITHIN THE GEOGRAPHIC RADIUS OF LOCATIONS SELECTED BY PARTICIPATING SERVICE UNITS. GSEP PARTNERED WITH GOPUFF INC. AT THE END OF THE PROGRAM TO PURCHASE EXCESS INVENTORY, LEAVING GSEP WITH MINIMAL INVENTORY.

FORM 990, PART III, LINE 4D (CONTINUED):

IN FY22, FUNDRAISING AT GSEP EXCEEDED ITS GOAL. ALL THREE TAKE THE LEAD FUNDRAISING EVENTS: PHILADELPHIA, BERKS COUNTY AND LEHIGH VALLEY, WERE ONCE AGAIN HELD IN-PERSON. IN EACH LOCATION, GSEP HOSTED A GIRL-LED, FULLY PRODUCED EVENT, ATTENDED BY MEMBERS OF EACH RESPECTIVE COMMUNITY. AS IN PRIOR YEARS, EACH EVENT RECOGNIZED REMARKABLE WOMEN, WHOSE WORK AND CONTRIBUTIONS TO THEIR REGION EXEMPLIFIES THE GIRL SCOUT MISSION. IN 2022, GSEP WERE PROUD TO RECOGNIZE 12 HONOREES, WHO WERE PAIRED WITH HIGH SCHOOL-AGED GIRL SCOUTS FOR A SHADOW DAY AND MENTORSHIP EXPERIENCE. DUE TO THE GENEROUS SUPPORT OF CORPORATE SPONSORS AND INDIVIDUALS, AND THE COMMITMENT OF OUR CO-CHAIRS, COMMITTEES, AND STAFF, TAKE THE LEAD FUNDRAISING REACHED 109% OF ITS GOAL. INDIVIDUAL GIVING AND UNITED WAY EFFORTS SURPASSED THEIR FUNDRAISING GOALS, WHILE GSEP'S FOUNDATION AND CORPORATE GRANTS REACHED 81% OF THEIR TOTAL FUNDRAISING GOAL.

OPERATIONAL EXCELLENCE

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GSEP CELEBRATED 626 BRONZE AWARD GIRL SCOUTS AND HELD IN-PERSON AWARD CEREMONIES FOR 160 SILVER AWARD GIRL SCOUTS AND 63 GOLD AWARD GIRL SCOUTS.

MOVING INTO A MORE NORMAL YEAR AFTER THE EFFECTS OF COVID-19, GSEP'S FOUR RESIDENT CAMPS AND THREE-DAY CAMPS HIT THE GROUND RUNNING, SECURING 652 REGISTRATIONS AHEAD OF THE TOTAL IN MY21. GSEP WAS ABLE TO MEET STAFFING REQUIREMENTS WITH GREATER EASE THAN THE PREVIOUS SUMMER, WITH INTERNATIONALS RETURNING, AND CONTINUED UTILIZATION OF VOLUNTEERS AND SOME FULL-TIME STAFF. DURING THE SEVEN WEEKS OF SUMMER CAMP, GSEP PROVIDED 3,721 CAMP EXPERIENCES. OF THESE 3,721, THERE WERE 1,425 REGISTRATIONS FOR DAY CAMP, AND 2,296 REGISTRATIONS FOR RESIDENT CAMP. CAMPER IN GRADES K-3 MADE UP 24% OF ALL GSEP CAMP REGISTRATIONS. CADETTES AND OLDER GIRLS MADE UP 43% OF CAMP REGISTRATIONS. THE AVERAGE AGE OF ALL CAMPER WAS 10.4 YEARS; 9.0 YEARS FOR DAY CAMP AND 11.3 YEARS FOR RESIDENT CAMP.

GIRL SCOUTS BEYOND BARS (GSBB) HAS BEEN AN IMPORTANT LIFE-CHANGING PROGRAM AT GSEP SINCE THE 1990S AND IS REBOUNDED NOW AFTER THE SHUTDOWNS OF THE PANDEMIC. GSEP CONTINUED TO REBUILD MEMBERSHIP AND IN FY21, WAS ABLE TO GET BACK INTO THE PRISON SO GIRL SCOUTS COULD VISIT THEIR MOTHERS AGAIN. PRIOR TO THE PANDEMIC, GIRLS COULD VISIT THEIR MOTHERS TWICE A WEEK, AND THE OTHER TWO WEEKS OF THE MONTH THE GIRLS MET WITH ONE ANOTHER AS A TROOP. GSEP ALSO WORKED ON PLANS TO LAUNCH A FATHER AND DAUGHTER GSBB PROGRAM IN THE PRISON.

GSEP'S COMMUNITY ENGAGEMENT TEAM ALONG WITH ADDITIONAL STAFF SERVED 718 GIRLS IN SUMMER PROGRAMS IN BERKS, BUCKS, DELAWARE, NORTHAMPTON, AND PHILADELPHIA COUNTIES AT COMMUNITY CENTERS, RECREATION CENTERS, PARKS,

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AND OTHER PARTNER SITES. GSEP AIMED TO SERVE MORE GIRLS THROUGH THIS PROGRAM, HOWEVER, MANY PARTNER LOCATIONS WERE STRUGGLING WITH BASIC STAFFING REQUIREMENTS AND WERE UNABLE TO FULFILL COMMITMENTS FOR OUTSIDE PARTNERS TO COME INTO THEIR SITES.

F.A.L.L. 2022 BROUGHT TOGETHER 124 PARTICIPANTS FROM ALL OVER GSEP FOR A VIRTUAL DAY OF LEARNING, NETWORKING, AND FUN. THE COMMITTEE CREATED IMPRESSIVE OCEANIC-THEMED DECORATIONS, WHILE VOLUNTEERS PARTICIPATED IN WORKSHOPS, LISTENED TO PRESENTERS, AND HAD CAMP-FILLED FUN TIME GETTING PREPARED TO SERVE GIRLS.

PLANNING BEGAN FOR THE GIRLS SCOUTS 56TH NATIONAL COUNCIL SESSION, WHICH WILL BE HELD IN JULY 2023. GSEP WILL SEND 16 NCS DELEGATES AND 2 ALTERNATES. DELEGATES FROM EVERY COUNCIL ACROSS THE NATION AND USA GIRL SCOUTS OVERSEAS MEET TO DISCUSS, DEBATE, AND VOTE ON ISSUES IMPORTANT TO THE GIRL SCOUT MOVEMENT, AND ELECT NATIONAL LEADERS FOR THE NEXT TRIENNIUM.

VOLUNTEER AWARDS WAS HELD IN PERSON ON NOVEMBER 9, 2021, AT CAMP LAUGHING WATERS. IT WAS A WONDERFUL OPPORTUNITY TO THANK VOLUNTEERS FOR GOING ABOVE AND BEYOND DURING THE PANDEMIC TO MAKE SURE GIRL SCOUTS IN THEIR COMMUNITY HAD ACCESS TO THE GSLE, AS BEST THEY COULD. 130 VOLUNTEERS AND 7 SERVICE UNITS WERE RECOGNIZED FOR THEIR EXEMPLARY SERVICE TO GSEP DURING THE MEMBER YEAR. THERE WERE 32 NUMERAL GUARD PICS AWARDED, TOTALLY 1,540 YEARS OF COLLECTIVE SERVICE TO GIRL SCOUTS. FOUR RECIPIENTS RECEIVED THE CEO AWARD, WHICH RECOGNIZES THE EFFORTS OF A SERVICE UNIT IN MOVING ITS ASSIGNED AREA TOWARD THE COUNCIL'S GOALS AND OBJECTIVES OF SERVICE, LEARNING, AND GROWTH IN MEMBERSHIP YEAR

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2021.

FUNCTIONAL EXCELLENCE

THE FY22 OPERATING BUDGET WAS BUILT WITH A FEW KEY ISSUES IN MIND:

MEMBERSHIP, COOKIE PROGRAM UNCERTAINTY, PANDEMIC RECURRENCE, ETC. GSEP

RECEIVED FORGIVENESS FROM THE SECOND SBA PPP LOAN IN FY22. AS MENTIONED

ABOVE, THE COOKIE PROGRAM WAS HUGELY SUCCESSFUL, AND TAKE THE LEADS

SURPASSED THEIR GOALS, LEAVING GSEP IN A GREAT FINANCIAL POSITION FOR

THE SECOND HALF OF THE YEAR. WHILE GSEP CAMPS DID NOT REACH THEIR

BUDGETED ATTENDANCE GOAL, CORRESPONDING COSTS WERE ALSO CONSIDERED, AND

THE IMPACT WAS ABLE TO BE ABSORBED. INCLUDING THE PPP LOAN FORGIVENESS,

GSEP WAS ABLE TO END THE YEAR WITH A SIGNIFICANT SURPLUS.

HUMAN RESOURCES WAS INCREDIBLY ACTIVE PREPARING NEW POSITIONS FOR THE

THREE-REGION REALIGNMENT MENTIONED ABOVE. FOR THE FIRST THREE QUARTERS

OF FY22 GSEP PLANNED FOR 74 FT AND 9 PT POSITIONS. THE FINAL QUARTER,

10 FT POSITIONS WERE ADDED AND ONE PT POSITION TO SUPPORT THE GROWING

MEMBERSHIP GOALS. DURING THE SUMMER AND INTO SEPTEMBER 2022, SEVERAL

POSITIONS WERE FILLED, AND RECRUITMENT WAS HEAVILY UNDERWAY FOR THE

REMAINING POSITIONS. ADDITIONALLY, GSEP HIRED A SENIOR CONSULTANT TO

WORK WITH THE CEO AND CMDO TO POSITION THE NEW TEAMS FOR SUCCESS. GSEP

ALSO HIRED AN INTERIM CIO.

FY22 FOR INFORMATION TECHNOLOGY WAS ABOUT ESTABLISHING CORE

FOUNDATIONAL CAPABILITIES TO PROVIDE SECURE CONNECTIVITY TO GSEP

EMPLOYEES AND THOSE IT SERVES. THIS ENCOMPASSED IMPROVED SERVICES

AROUND END USER SUPPORT THROUGH RENEGOTIATING THE MANAGED SERVICE

PROVIDER CONTRACT WITH SIGNIFICANT VALUE, IMPLEMENTING CONTROLS TO

MITIGATE CYBER SECURITY RISK ACROSS GSEP'S NETWORK, EMAIL, AND VARIOUS

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APPLICATIONS, AS WELL AS VARIOUS PROCESS OPTIMIZATION TO PROVIDE BETTER OUTCOMES.

SEVERAL ANNUAL CAPITAL PROJECTS AT GSEP CAMPS PROVIDED SIGNIFICANT IMPROVEMENTS TO THE GIRL EXPERIENCE. CAMP LAUGHING WATERS RECEIVED AN EXTENSION TO ITS SHOWER FACILITIES, A NEW CAMPFIRE CIRCLE WITH BLEACHERS, AND AN OUTDOOR MOVIE SYSTEM AND SCREEN. CAMP SHELLY RIDGE RECEIVED A NEW POLE BARN FOR STORAGE AND A NEW ART PROGRAM SPACE. CAMP WOODHAVEN HAD THREE PIONEER SHELTER ROOFS REPLACED. MAINTENANCE VEHICLES WERE PURCHASED AT SEVERAL PROPERTIES, INCLUDING GATORS, PLOWS, AND TRACTORS.

DURING 2022, THE GIRL ADVENTURE PLACE CAMPAIGN AND CAPITAL IMPROVEMENTS TO CAMP SHELLY RIDGE AND MOUNTAIN HOUSE MADE CONSIDERABLE PROGRESS. CAMP SHELLY RIDGE SECURED DOUBLE THE AMOUNT PROJECTED FOR ITS FUNDRAISING GOAL. THE CAPITAL PROJECT WAS COMPLETED, AND GIRL SCOUTS WERE ENJOYING USAGE OF THE FACILITIES DURING SUMMER CAMP 2022. A SECOND PHASE FOR CAMP SHELLY RIDGE ACCESS IS NOW UNDERWAY. GIRL ADVENTURE PLACE AT CAMP MOUNTAIN HOUSE HAS PAUSED MOMENTARILY AS PLANS ARE FURTHER DEVELOPED AND REVISED.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE IS COMPRISED OF THE OFFICERS OF GSEP (CHAIR, FIRST VICE CHAIR, ONE OR MORE VICE CHAIRS, SECRETARY, AND TREASURER) AND TWO BOARD MEMBERS-AT-LARGE APPOINTED BY THE BOARD CHAIR AND APPROVED BY THE ENTIRE BOARD. THE CEO WILL BE A NON-VOTING MEMBER OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE WILL HAVE AND MAY EXERCISE THE POWERS OF THE BOARD OF DIRECTORS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, EXCEPT

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THAT THE EXECUTIVE COMMITTEE WILL NOT HAVE THE POWER TO TAKE ANY ACTION WHICH IS CONTRARY TO OR A SUBSTANTIAL DEPARTURE FROM THE DIRECTION ESTABLISHED BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE WILL REPORT ACTIONS TAKEN TO THE BOARD OF DIRECTORS AT ITS NEXT BOARD MEETING.

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

MEMBERS OF GSEP WILL BE MEMBERS OF GSUSA, AGE 14 OR OLDER, AND CURRENTLY REGISTERED THROUGH GSEP. MEMBERS SHALL HAVE THE RIGHT TO RUN FOR AND BE ELECTED TO THE GSEP DELEGATE COUNCIL. THE DELEGATE COUNCIL SHALL BE COMPRISED OF: SERVICE UNIT DELEGATES, ADDITIONAL DELEGATES, BOARD AND BOARD DEVELOPMENT COMMITTEE, GIRL ADVISORS, AND GIRL DELEGATES.

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

DELEGATE COUNCIL MEMBERS ARE RESPONSIBLE FOR ELECTING THE OFFICERS AND MEMBERS-AT-LARGE TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

- THE MEMBER OF THE DELEGATE COUNCIL MUST ALSO:
- (A) APPROVE ANY AMENDMENTS, ALTERATIONS OR REPEALS TO THE BYLAWS OR ARTICLES OF INCORPORATION
 - (B) DETERMINE THE GENERAL DIRECTION OF GIRL SCOUTING WITHIN THE JURISDICTION OF THE GSEP BY RESPONDING TO REPORTS AND INFORMATION FROM THE BOARD OF DIRECTORS
 - (C) ELECT THE BOARD DEVELOPMENT COMMITTEE: CHAIR AND MEMBERS-AT-LARGE
 - (D) ELECT THE DELEGATES TO THE NATIONAL COUNCIL OF GSUSA
 - (E) TAKING ALL OTHER ACTIONS REQUIRING A VOTE BY GSEP

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

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THE IRS FORM 990 HAS BEEN PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM WITH THE ASSISTANCE OF MANAGEMENT. AN INITIAL AND DETAILED REVIEW OF THE COMPLETED FORM 990 IS PERFORMED BY THE ORGANIZATION'S CHIEF FINANCIAL OFFICER AND CHIEF EXECUTIVE OFFICER. FOLLOWING THIS REVIEW, THE FORM 990 IS PRESENTED TO THE FINANCE/AUDIT COMMITTEE FOR THEIR REVIEW. ADDITIONALLY, A LEAD MEMBER FROM THE PUBLIC ACCOUNTING FIRM THAT PREPARED THE FORM 990 ATTENDS SUCH MEETING. THE FINANCE/AUDIT COMMITTEE WILL THEN RECOMMEND THE APPROVAL OF THE IRS FORM 990 TO THE BOARD OF DIRECTORS. SUBSEQUENT TO THE COMMITTEE'S REVIEW BUT PRIOR TO FILING, A COMPLETE COPY OF THE FORM 990 IS PROVIDED ELECTRONICALLY TO EACH MEMBER OF THE BOARD OF DIRECTORS. EACH BOARD MEMBER HAS AMPLE TIME AND OPPORTUNITY TO RAISE QUESTIONS PRIOR TO FILING. THE CEO IS AUTHORIZED TO SIGN THE IRS FORM 990 AFTER IT HAS BEEN APPROVED. THE PUBLIC DISCLOSURE COPY OF THE FORM 990 IS MADE AVAILABLE TO THE PUBLIC ON THE COUNCIL'S WEBSITE.

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

EACH BOARD MEMBER OF THE ORGANIZATION IS REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST THAT ARISE BY VIRTUE OF BOARD SERVICE. THE ORGANIZATION MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY THROUGH AN ANNUAL DISCLOSURE STATEMENT THAT IS DISTRIBUTED TO THESE INDIVIDUALS. ANNUALLY, EACH BOARD MEMBER SIGNS A CONFLICT OF INTEREST AND CONFIDENTIALITY STATEMENT. THIS PROCESS IS OVERSEEN BY THE CFO. ANY CONFLICTS OF INTEREST NOTED ON THE FORMS ARE COMMUNICATED TO THE FINANCE/AUDIT COMMITTEE, THE CEO, AND THE BOARD CHAIR FOR REVIEW AND APPROVAL. POTENTIAL CONFLICTS ARE INVESTIGATED IMMEDIATELY.

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

COMPENSATION IS DETERMINED FOR THE CEO ANNUALLY BY THE BOARD OF DIRECTORS,

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AS RECOMMENDED BY THE HUMAN RESOURCES COMMITTEE. IN MAKING THIS DETERMINATION, COMPARABILITY AND SURVEY DATA ARE CONSIDERED BY THE BOARD OF DIRECTORS, INPUT FROM THE CEO'S DIRECT REPORTS, A CEO SELF-ASSESSMENT, AND A REVIEW OF PERFORMANCE AGAINST GOALS AND METRICS. CHANGES IN COMPENSATION ARE DETERMINED ON THE BASIS OF PERFORMANCE INCLUDING THE MEASURABLE RESULTS OF GOALS SET FOR THIS POSITION BY THE BOARD.

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

COMPENSATION FOR OTHER OFFICERS IS RECOMMENDED BY THE CEO AND REVIEWED BY THE HUMAN RESOURCES COMMITTEE. IN MAKING THIS DETERMINATION, COMPARABILITY DATA, SELF-ASSESSMENTS, AND A REVIEW OF PERFORMANCE AGAINST GOALS AND METRICS ARE CONSIDERED. CHANGES IN COMPENSATION ARE DETERMINED ON THE BASIS OF PERFORMANCE INCLUDING THE MEASURABLE RESULTS OF GOALS SET BY THE CEO.

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

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST BY EMAILING THE DIRECTOR OF GOVERNANCE AND ADVOCACY VIA THE ORGANIZATION'S WEBSITE. THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR THE PUBLIC ON THE WEBSITE.

Form **8868**
(Rev. January 2022)

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

OMB No. 1545-0047

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	Name of exempt organization or other filer, see instructions. GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	Taxpayer identification number (TIN) 23-1352309
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. C/O CLIFTONLARSONALLEN LLP - 150 S WARNER RD #310	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KING OF PRUSSIA, PA 19406	

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

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

MICHAEL VANIC, CFO

• The books are in the care of ▶ **330 MANOR ROAD - MIQUON, PA 19444**

Telephone No. ▶ **215-564-2030** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **OCT 1, 2021**, and ending **SEP 30, 2022**.

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

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

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)