\*\* PUBLIC DISCLOSURE COPY \*\*

## Return of Organization Exempt From Income Tax

Form **990** 

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

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service 2023 A For the 2022 calendar year, or tax year beginning OCT 1, 2022 and ending SEP 30, B Check if applicable C Name of organization D Employer identification number Address change GIRL SCOUTS OF EASTERN PENNSYLVANIA INC Name change 23-1352309 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 215-564-2030 330 MANOR ROAD termin-ated 28,507,131. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended MIQUON, PA 19444 H(a) Is this a group return F Name and address of principal officer: KIM FRAITES-DOW for subordinates? ..... \_ Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 527 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.GSEP.ORG H(c) Group exemption number J Website: K Form of organization: X Corporation Trust Association Other L Year of formation: 1917 M State of legal domicile: PA Part I Summary Briefly describe the organization's mission or most significant activities: GIRL SCOUTING BUILDS GIRLS OF Governance COURAGE, CONFIDENCE, & CHARACTER, WHO MAKE THE WORLD A BETTER PLACE. if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 24 Number of voting members of the governing body (Part VI, line 1a) 3 24 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 381 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 13085 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 ...... **Prior Year Current Year** 1,912,621 1,602,049. Contributions and grants (Part VIII, line 1h) 8 1,899,859. 1,940,338. Program service revenue (Part VIII, line 2g) 9 722,125 494,763. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 15,130,991. 14,001,486. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 18,536,091. 19,168,141. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 386,192. 301,442. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) ο. 7,591,075 8,339,452. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ........ 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 10,140,151 11,070,669. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 19,796,313. 18,032,668. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 503,423. -628,172.19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 10 35,016,435. 34,488,291. 20 Total assets (Part X, line 16) 1,583,706. 1,496,274. 21 Total liabilities (Part X, line 26) let 1 32,904,585. 33,520,161. Net assets or fund balances, Subtract line 21 from line 20 ...... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. -Docusianea by Signature of officer Sign 3/25/2024 tim E. Fraites-Dow CEO KIM FRAITES-DOW Here Type or print name and title -8E5EF95A16A44F1... Date PTIN Preparer's signature Print/Type preparer's name 03/22/24 P01350943 DANIELLE NIHILL DANIELLE NIHILL Paid CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749 Preparer Firm's name Firm's address 4 BATTERYMARCH PARK, SUITE 100 Use Only Phone no. (781) 982-1001 QUINCY, MA 02169

May the IRS discuss this return with the preparer shown above? See instructions

Form	990 (2022) GIRL SCOUTS OF EASTERN PENNSYLVANIA INC 23-1352309 Page 2
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
-	GIRL 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
2	prior Form 990 or 990-EZ?
	Prof 1 on 1 ou 2 ou
_	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting or make significant changes in how it conducts, any program services?  Yes X No
3	Did the digarization essees series and in the se
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 6,757,509 • including grants of \$ 25,050 • ) (Revenue \$)
	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.
	(Code: ) (Expenses \$ 5,307,643 • including grants of \$ 231,031 • ) (Revenue \$)
4b	(Code:) (Expenses \$ 5,307,643. including grants of \$ 231,031. ) (Revenue \$)  MEMBERSHIP SERVICES: THE COUNCIL PROVIDES YEAR-ROUND LEADERSHIP
	DELAWARE, LEHIGH, MONTGOMERY, NORTHAMPTON AND PHILADELPHIA COUNTIES.
	MORE THAN 25,100 GIRLS EXPERIENCE GIRL SCOUTING THROUGH SUMMER CAMP,
	TROOP-BASED, INDIVIDUAL, AND EVENT-BASED MEMBERSHIP, AND A RANGE OF
	OTHER PROGRAMS AND ACTIVITIES. MORE THAN 13,000 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.
4c	(Code: ) (Expenses \$ 4,807,619 • including grants of \$ 130,111 • ) (Revenue \$)
	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.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 0 • including grants of \$ 0 • ) (Revenue \$ 17,170,789 • )
4e	Total program service expenses 16,872,771.
	Form <b>990</b> (2022)

#### Form 990 (2022) Part IV Checklist of Required Schedules

			Yes	<u>No</u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_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? If "Yes," complete Schedule C, Part II	4		_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? If "Yes," complete Schedule C, Part III	5		_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? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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,			250
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	l	7.7	
	Schedule D, Parts XI and XII	12a	_X_	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			177
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	· · · · · · · · · · · · · · · · · · ·			v
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<b></b>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			🕶
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<del> </del>	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			₩
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		<sub>v</sub>	
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18	X	<del> </del>
19				<sub>v</sub>
20-	complete Schedule G, Part III	19		X
20a	TOTAL CONTRACTOR OF THE CONTRA	20a	<u> </u>	<u> </u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		<del> </del>
Æ I	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		х
23200	toniestic government on Fartix, column (A), inte Tr. II. Yes, Complete Schedule I, Parts Fand II.		990	(2022)

Form	990 (2022) GIRL SCOUTS OF EASTERN PENNSYLVANIA INC 23-1352	309	Pa	age 4
Par	t IV Checklist of Required Schedules (continued)	— i	V	Nic
00	Did the annual estimate was set made than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	х	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			77
	Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
С	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			₩.
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
<del>54</del>	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
30	Note: All Form 990 filers are required to complete Schedule O	38	х	<u></u>
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		· · · · · ·	$\square$
		i og senkeste	Yes	No
1a				
b	Enter the number of Forms W-2d included on line 1a. Linter -0-11 flot applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	archini:	
22200	(gambling) winnings to prize withers r		990	(2022)

GIRL SCOUTS OF EASTERN PENNSYLVANIA INC 23-1352309 Form 990 (2022) Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2h 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? X 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations, Enter: a Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

If "Yes," see the instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

excess parachute payment(s) during the year?

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

Form	990 (2022) GIRL SCOUTS OF EASTERN PENNSYLVANIA IN					age <b>6</b>
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 th		for a "	No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	ion A. Governing Body and Management					
	,	1 1	0.45	Secretar	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24			
	If there are material differences in voting rights among members of the governing body, or if the governing		20046374	104		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<u> </u>				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			200	37
	officer, director, trustee, or key employee?			2_		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision		_		37
				_3_		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 98		······	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?	·····  -	5	37	<u>X</u>
6	Did the organization have members or stockholders?		}	6_	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or		_	37	
	more members of the governing body?		····  -	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockholders, or			3,	
	persons other than the governing body?			7b	X	201240-04
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			_	77	
	The governing body?			8a_	X	
b	Each committee with authority to act on behalf of the governing body?			8b_		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach					x
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Δ.
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)			Yes	No
	miles and the second se		Γ	10a	X	110
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters.			IUa		
р		apters, anniates,		10b	x	
	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	belote filling the for		ı ıa		
b			ì	12a	X	SEGMENTAL SEGMENT
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		·····	121		
С	on Schedule O how this was done			12c	х	
40	many and the state of the state		- 1	13	X	
13	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?		·····	14	Х	
14 15	Did the process for determining compensation of the following persons include a review and approval	I by independent		1905		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
_	The organization's CEO, Executive Director, or top management official		i i	15a	X	NAMES OF TAXABLE
a b	Other officers or key employees of the organization			15b	Х	
IJ	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent with a				
104	taxable entity during the year?		ľ	16a	28/3002SC1JEROVE	X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its participation	····			
V	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					100.00
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed PA, NJ, NY					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (section 50	1(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
		on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		cy, and	financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records				
	MICHAEL VANIC - (215)564-2030					
	330 MANOR RD, MIQUON, PA 19444					
232006	12-13-22			Form	990	(2022)

# Form 990 (2022) GIRL SCOUTS OF EASTERN PENNSYLVANIA INC 23-1352309 Page 7 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, box 6 of 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 n (A)	(B)			((	2)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					nna.	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	_	06, 411	u a u	1 60 10	1711 43	.00)	from	from related	other
	(list any hours for	or director				l p		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	70 aa	ıstee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ed wo		1099-NEC)	,	and related
	below	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1)	line)	Pul.	lns	₩.	- Xe	Hig e	For			
(1) KIM FRAITES-DOW	40.00	ł		37				201 660		40 858
CHIEF EXECUTIVE OFFICER (2) MICHAEL VANIC	40.00	-	_	X				281,669.	0.	43,757.
· · · ·	40.00	$\left\{ \right.$		х				107 746	,	20 216
CHIEF FINANCIAL OFFICER (3) JENNIFER ALLEBACH	40.00	-		Λ	<b></b> -			187,746.	0.	20,316.
CHIEF MIS. DEL. OFF.; LEFT AUG 2023	40.00	1			ŀ	х		154,622.	0.	4 010
(4) STACEY MOYERS	40.00	<del> </del>				^		154,022.	U •	4,910.
CHIEF MARKETING OFFICER	40.00	1				x		149,099.	0.	5,122.
(5) DEBRA JACOBSON	40.00	$\vdash$			<del> </del>	-22	_	149,099.	- 0.	3,144.
FORMER DIRECTOR OF HR; LEFT SEPT 2022	40.00						х	118,014.	0.	27,836
(6) NORMAN MARKS	40.00	H	-			<b></b>		110,014.		27,050
CONTROLLER		1				x		118,365.	0.	22,016.
(7) CECILY MACY	40.00	$\vdash$			-					
CHIEF DEVELOPMENT OFFICER		1				х		125,731.	0.	9,521.
(8) DEBORAH HASSAN	8.00									
CHAIR; LEFT MAY 2023		x		х				0.	0.	0.
(9) NICOLE LEVINE	8.00								-	
CHAIR AS OF MAY 2023		x		Х				0.	0.	0.
(10) SUSAN MUCCIARONE	3.00									
1ST VICE CHAIR		X		X		L.		0.	0.	0 .
(11) ANN DONLEY	3.00									
VICE CHAIR		X		Х				0.	0.	0 .
(12) LORAINE BALLARD MORRILL	3.00									
VICE CHAIR		X		Х				0.	0.	0 .
(13) RICK PERKINS	3.00	l						_	_	
TREASURER UNTIL MAY 2023		Х		X			ļ	0.	0.	0.
(14) DEBRA WALTERS	3.00								_	_
SECRETARY; LEFT MAY 2023	1 00	X	<u> </u>	X	<b> </b>	<u> </u>	<u> </u>	0.	0.	0
(15) ANNE BAUM	1.00	١.,								
MEMBER AT LARGE	1 00	Х	<b> </b>		_	<del> </del>	ļ	0.	0.	0.
(16) MARLENE BEERS	1.00	٠,								_
TREASURER AS OF MAY 2023	1 00	X	<u> </u>		ļ	<del>                                     </del>	_	0.	0.	0 .
(17) HARRIS BOCK, ESQ. MEMBER AT LARGE; LEFT MAY 2023	1.00	X								_
MEMBER AT LARGE; LEFT MAI 2023				L		<u></u>		0.	0.	5 000 (222

Form 990 (2022)

Section B. Independent Contractors

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
CAMFRED CONSTRUCTION LLC, 2 BALA PLAZA, SUITE 300, BALA CYNWYD, PA 19004	CONSTRUCTION CONTRACTOR	791,759.
TIERNEY, 200 S. BROAD STREET, #10, PHILADELPHIA, PA 19102	PR/CREATIVE/MEDIA SERVICES	362,453.
THRIVE OPERATIONS LLC, 25 FORBES BOULEVARD, SUITE 3, FOXBORO, MA 02035	IT PROVIDER	283,290.
KREMMER'S CAFE & CATERING, 1901 S. 12TH STREET, BOX 9, ALLENTOWN, PA 18103	FOOD SERVICE PROVIDER	266,296.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

	UTS OF E	IAS	TE	RN	P	EN	NS	YLVANIA INC	23-135	2309
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)								(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(c	neck	all	that	арр	ly)	compensation	compensation	amount of
	per week					o o		from	from related	other
	(list any	tor				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direc				na pa		(W-2/1099-MISC)	(** 27 1000 141100)	organization
	related	tee or	ustee			ensate		, ,		and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
1	below	lividu	ditutio	Officer	y emp	hest	Former			
	line)	물	lns	ŧ	Ke	皇	Ē			
(27) DEBBIE O'BRIEN MEMBER AT LARGE	1.00	x						_	,	0
(28) SHELLEY SMITH	1 00	<u> </u>		_				0.	0.	0.
MEMBER AT LARGE	1.00			ŀ				0	_	•
(29) ALISON SNYDER	1 00	X	<u> </u>		_	<u> </u>		0.	0.	0.
(29) ALISON SNYDER MEMBER AT LARGE	1.00	x						0.	ر م	^
(30) MARIA KRAUS	1.00	^	<del> </del>	<del> </del>			$\vdash$	0.	0.	0.
MEMBER AT LARGE; LEFT MAY 2023	7.00	x						0.	0.	^
(31) ELLEN IOBST	1.00	^	$\vdash$	$\vdash$	$\vdash$	-	<del> </del>	U •	0.	0.
MEMBER AT LARGE	1.00	x						0.	0.	0.
(32) DAYI MIRIAM SHOU	1.00	-22	-	-	<u> </u>			0.		
MEMBER AT LARGE	1.00	X						0.	0.	0.
(33) MARY BETH BIDDLE	1.00		<del>                                     </del>	_	$\vdash$	$\vdash$	$\vdash$		<u> </u>	
MEMBER AT LARGE; AS OF MAY 2023		x						0.	0.	0.
(34) KATHY KILLIAN	1.00								<u> </u>	
MEMBER AT LARGE; AS OF MAY 2023		x						0.	0.	0.
(35) ASHLEY RUSSO	1.00									
MEMBER AT LARGE; AS OF MAY 2023		X						0.	0.	0.
(36) BUNMI OJIKUTU	1.00									
MEMBER AT LARGE; AS OF MAY 2023		X		<u> </u>		L		0.	0.	0.
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		-								
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		<u></u>	<u> </u>	L		<u> </u>	<u></u>			
Total to Part VII, Section A, line 1c										

GIRL SCOUTS OF EASTERN PENNSYLVANIA INC

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 166,128. 1 a Federated campaigns **b** Membership dues ..... 1b c Fundraising events ..... 656,632. 1c 1d d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and 779,289 similar amounts not included above ... 1f 25,561 g Noncash contributions included in lines 1a-1f 1g |\$ 1,602,049 Total. Add lines 1a-1f **Business Code** 1,574,041 900099 1,574,041 2 a CAMP PROGRAM Program Service Revenue 227,064 GIRL SCOUTING PROGRAMS 900099 227,064. 139,233. 139,233 FACILITY RENTAL REVENUE 531120 f All other program service revenue 1,940,338, g Total. Add lines 2a-2f Investment income (including dividends, interest, and 491,347. other similar amounts) 491,347 Income from investment of tax-exempt bond proceeds Royalties ..... (i) Real (ii) Personal 8,450 6 a Gross rents **b** Less: rental expenses 8,450, c Rental income or (loss) 8,450 8,450. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 3,507,066 assets other than inventory b Less: cost or other basis 3,503,650, and sales expenses ...... Other Revenue 3,416, c Gain or (loss) 3.416 3,416. d Net gain or (loss) ..... 8 a Gross income from fundraising events (not including \$ \_\_\_\_\_656,632. of contributions reported on line 1c). See 127,031. Part IV, line 18 296,929 b Less: direct expenses -169,898 -169,898 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 1,863 Part IV, line 19 9a 4,703. 9b b Less: direct expenses -2,840 -2,840. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 20,764,159. and allowances ..... 5,533,708. b Less: cost of goods sold ..... 15,230,451 15230451 c Net income or (loss) from sales of inventory **Business Code** iscellaneous Revenue 900099 57,128 57,128. MISCELLANEOUS 11 a 541800 7,700. 7,700. ADVERTISING d All other revenue 64,828 Total. Add lines 11a-11d 19,168,141 395,303. 17170789 Total revenue. See instructions

Form 990 (2022) GIRL SCOUTS OF EASTERN PENNSYLVANIA INC 23-1352309 Page 10
Part IX Statement of Functional Expenses

Kindrafakkin Spakiawi						
Section 501	(c)(3) and 501(c)(4)	organizations must c	omplete all columns	All other organization	ns must complete ci	alumn (A)

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon			/O\	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				ordering to the state of the st
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	386,192.	386,192.		
3	Grants and other assistance to foreign				100
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			4.4	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	604,838.	235,416.	271,331.	98,091.
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	5,925,974.	4,760,101.	492,825.	673,048.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	755,790.	581,979.	86,188.	87,623.
9	Other employee benefits	627,449.	500,477.	55,558.	71,414.
10	Payroll taxes	425,401.	326,885.	50,578.	47,938.
11	Fees for services (nonemployees):				
а	Management			_	
b	Legal	24,816.	16,712.	5,337.	2,767.
	Accounting	75,250.		75,250.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	29,208.		29,208.	
g	Other. (If line 11g amount exceeds 10% of line 25,			Ī	
	column (A), amount, list line 11g expenses on Sch O.)	824,790.	682,189.	142,601.	
12	Advertising and promotion	290,517.	228,920.	13,010.	48,587.
13	Office expenses	1,392,517.	1,203,423.	152,079.	37,015.
14	Information technology	685,750.	503,203.	90,927.	91,620.
15	Royalties				
16	Occupancy	770,463.	712,562.	31,499.	26,402.
17	Travel	360,038.	323,857.	11,650.	24,531.
18	Payments of travel or entertainment expenses	,			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	49,392.		49,392.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,365,462.	1,303,085.	45,794.	16,583.
23	Insurance	387,946.	371,085.	12,353.	4,508.
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.)		and 海州 name of a Trip		
а	TROOP & SERVICE UNIT	3,775,018.	3,775,018.	And the second second control of the second	A CONTRACTOR OF THE PROPERTY O
b	FOOD	556,381.	540,964.	6,741.	8,676.
c	PROGRAM FEES	135,894.	126,992.	106.	8,796.
d	<del></del> _				0 1 1 2 0 1
	All other expenses	347,227.	293,711.	53,516.	
25	Total functional expenses. Add lines 1 through 24e	19,796,313.	16,872,771.	1,675,943.	1,247,599.
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)				
	12-13-22		·	<u>.</u>	Form 990 (2022

Form 990 (2022)	GIRL	SCOUT
NEW YORK AND AND A PARTY OF THE	AlI	

⊩⊬ar	tΧ	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
	1	Cash - non-interest-bearing	257,115.	1	531,347.
	2	Savings and temporary cash investments	1,773,426.	2	3,784,284.
	3	Pledges and grants receivable, net	219,773.	3	210,112.
	4	Accounts receivable, net	23,498.	4	18,493.
	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	en an theoretical constant of the part of the constant of the	5	T. S. Marchise, Anna Commission (Charles Commi
	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	204 250	7	220 100
Assets	8	Inventories for sale or use	304,358.	8	332,100.
₹	9	Prepaid expenses and deferred charges	131,056.	9	161,880.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 38,485,980.	1.5 4.00 000		15 860 055
	b	Less: accumulated depreciation 10b 22,725,925.	16,423,290.	10c	
	11	Investments - publicly traded securities	14,961,846.	11	13,660,554.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	202 020	14	FE7 610
	15	Other assets. See Part IV, line 11	393,929.	15	557,610.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	34,488,291. 789,213.	16	35,016,435. 636,410.
	17	Accounts payable and accrued expenses	709,413.	17	030,410.
	18	Grants payable	121,742.	18 19	207,511.
	19	Deferred revenue	469,136.	20	325,252.
	20	Tax-exempt bond liabilities	<del>400,100.</del>	21	323,2321
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities				22	
Lia	23	controlled entity or family member of any of these persons  Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	20	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	203,615.	25	327,101.
	26	Total liabilities. Add lines 17 through 25	1,583,706.		
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
auc	27	Net assets without donor restrictions	31,481,725.	27	31,928,091.
Bal	28	Net assets with donor restrictions	1,422,860.	28	1,592,070.
2		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	32,904,585.	32	33,520,161.
_	33	Total liabilities and net assets/fund balances	34,488,291.	33	35,016,435. Form <b>990</b> (2022)

Form 990 (2022)

-	990 (2022) GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	23-1	352309	Page <b>12</b>
Pa	t 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	<u> 19,168</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>19,796</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3		,172.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32,904	
5	Net unrealized gains (losses) on investments	5	1,243	748.
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	33,520	,161.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
			Form !	990 (2022)

#### **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

2022

Open to Public Inspection

Employer identification number Name of the organization 23-1352309 GIRL SCOUTS OF EASTERN PENNSYLVANIA INC 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.) 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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. Type 1. 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. 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. 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. 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 ..... Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (iii) Type of organization (vi) Amount of other (i) Name of supported (ii) EIN (v) Amount of monetary (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

	chedule A (Form 990) 2022 GIRL SCOUTS OF EASTERN PENNSYLVANIA INC 23-1352309 Page 2 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.)						
800		s listed below, plea	se complete Part	III.)			
	tion A. Public Support			1			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	To do a to adopted what they are take at Com-					
5	The portion of total contributions	1		100		Annual I	
	by each person (other than a						
	governmental unit or publicly	100	All the second				
	supported organization) included	100	188				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	200	A discount of the second				
	Public support. Subtract line 5 from line 4. tion B. Total Support		and the second	ar substantial and the substantial and	E-last C		
		1,10040	# 1 0040	1 1 1 1 1 1 1 1			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
8							
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
	Net income from unrelated business			<del></del>			
	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.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)	to the state of th		CONTROL CONTRACTOR OF TO SECURITION OF	***************************************
	First 5 years. If the Form 990 is for the						
	organization, check this box and stop	p here	,				
Sec	tion C. Computation of Publi						
	Public support percentage for 2022 (I					14	%
	Public support percentage from 2021						%
16a	33 1/3% support test - 2022. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	_				•	,
	and if the organization meets the fact					VI how the organiza	ation
	meets the facts-and-circumstances to						
b	10% -facts-and-circumstances test						0% or
	more, and if the organization meets the						·
40	organization meets the facts-and-circ						
10	Private foundation. If the organization	лі аій пот спеск а	DOX ON HITE 13, 16	a, 100, 1/a, 0r 1/b	, cneck this box a		Form 990) 2022

Schedule A (Form 990) 2022 GIRL SCOUTS OF EASTERN PENNSYLVANIA INC 23-1352309 Page 3 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 (a) 2018 (c) 2020 (d) 2021 (e) 2022 (f) Total (b) 2019 Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not 2000076. 1602049. 8544125. include any "unusual grants.") ..... 1450174. 1662640. 1829186. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 18910291.18144854.13303227.19893124.22704497.92955993. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 20739477.19595028.14965867.21893200.24306546.101500118 6 Total. Add lines 1 through 5 ...... 7a Amounts included on lines 1, 2, and 215,724. 133,349. 131,832. 161,684. 753,196. 3 received from disqualified persons 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 0. amount on line 13 for the year 161,684. 753,196. 110,607. 131,832. c Add lines 7a and 7b 100746922 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (a) 2018 Calendar year (or fiscal year beginning in) 20739477.19595028.14965867.21893200. 24306546.101500118 9 Amounts from line 6 ..... 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 308,358. 378,484. 499,797 2079031. 416,009. 476,383. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 308,358. 378,484. 499,797. 476,383. 416,009. c Add lines 10a and 10b .... 11 Net income from unrelated business activities not included on line 10b, whether or not the business is 12,318. 12,318. regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 64,828. 82,195. 95,226. 1660607. 1324948. 3227804. assets (Explain in Part VI.) ..... 21310373.20106263.16934832.23596632.24871171.106819271 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 94.32 % 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 94.19 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.95 % 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 1.90 18 % 18 Investment income percentage from 2021 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990) 2022

#### GIRL SCOUTS OF EASTERN PENNSYLVANIA INC 23-1352309 Page 4

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		22000
2		
3a		
3b		
3c		
		200
4a 4b		
4c		
5a 5b		
5c		
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9b		
9c		
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10b		
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		35230	y Pa	ıge <b>5</b>
Par	t IV Supporting Organizations (continued)			
		SMINISH WITH	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b	No. of the least	#######
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	ana dina		
Cool	detail in Part VI.	11c		
Seci	ion B. Type I Supporting Organizations		<del></del> 1	<del></del>
		222200	Yes	<u>No</u>
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? 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	1	24334	santial.
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2	Andrea .	23244
Sect	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	1_4_1		
000	non or Type it oupper unit organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1	LINESHIES	
Sect	the supported organization(s). iion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	: HAMITUMASOW	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	5		
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction		NI.
2	Activities Test. Answer lines 2a and 2b below.	S40 445 058 1	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
_	that these activities constituted substantially all of its activities.	2a	225	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		300054
_	these activities but for the organization's involvement.	20	VIII.	10000
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		3a	TANKA TAN	Jugari 75
1_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja	Layer 5	100
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	OVERHER	1701.000
	OF ITS SUPPORTED OF SUPPORTED IT THE UNITED BY THE TOTAL DISTRIBUTION OF SUPPORTED TO SUPPORT OF SUPPORTED TO SUPPORT OF			

	dule A (Form 990) 2022 GIRL SCOUTS OF EASTERN P  TV Type III Non-Functionally Integrated 509(a)(3) Supporting	ENNS Orga	SYLVANIA INC 2: nizations	3-1352309 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI). See instructions.
•	All other Type III non-functionally integrated supporting organizations must of			are try coo monactionor
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	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		
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
_3_	Minimum asset amount for prior year (from Section B, line 8, column A)	3	Allow The Theorem	
4	Enter greater of line 2 or line 3.	4	100	
_5_	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		100000000000000000000000000000000000000	
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ited Type III supporting organ	nization (see

Schedule A (Form 990) 2022

GIRL SCOUTS OF EASTERN PENNSYLVANIA INC 23-1352309 Page 7 Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 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 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. R 9 Distributable amount for 2022 from Section C, line 6 10 Line 8 amount divided by line 9 amount (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e Property (August 1991) g Applied to underdistributions of prior years h Applied to 2022 distributable amount Applications of the second i Carryover from 2017 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, a Applied to underdistributions of prior years Altrigues authorized by b Applied to 2022 distributable amount c Remainder, Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 GIRL SCOUTS OF EASTERN PENNSYLVANIA INC 23-1352309 Page 8  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
2018 AMOUNT: \$ 58,775.
2019 AMOUNT: \$ 89,001.
2020 AMOUNT: \$ 69,305.
2021 AMOUNT: \$ 113,352.
2022 AMOUNT: \$ 57,128.
PROGRAM ADVERTISING
2018 AMOUNT: \$ 23,420.
2019 AMOUNT: \$ 6,225.
2020 AMOUNT: \$ 2,650.
2021 AMOUNT: \$ 10,800.
2022 AMOUNT: \$ 7,700.
GAIN ON EXTINGUISHMENT OF DEBT
2020 AMOUNT: \$ 1,588,652.
2021 AMOUNT: \$ 1,200,796.
2022 AMOUNT: \$ 0.

### 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

Employer identification number

Name of the organization 23-1352309 GIRL SCOUTS OF EASTERN PENNSYLVANIA INC Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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** X 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) filling 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

GIRL S	SCOUTS OF EASTERN PENNSYLVANIA INC	2	3-1352309
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$140,128.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$79,980.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$29,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)	Page
Name of organization	Employer identification number
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GIRL	SCOUTS OF EASTERN PENNSYLVANIA INC	23	-1352309
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		\$ 29,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 27,708.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 26,056.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)	

Name of organization Employer identification number

GIRL S	SCOUTS OF EASTERN PENNSYLVANIA INC		23-1352309
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 contribution	(d) Type of contribution
13		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
14_		\$ 21,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
15_		\$18,5	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
16_		\$18,1	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
17		\$ 15,9	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
18_		\$13,7	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule	B (Form 990) (2022)			Page 2
Name of o	rganization		Employ	yer identification number
GIRL	SCOUTS OF EASTERN PENNSYLVANIA INC		23	-1352309
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
19		\$13,5	00.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
20		\$13,5	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
21		\$11,5	00.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
22		\$11,5	00.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
23		<u> </u>	00.	Person X Payroll

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(a)

No.

24

(Complete Part II for noncash contributions.)

(d)

Type of contribution

Person Payroll Noncash

(b)

Name, address, and ZIP + 4

10,000.

(c)

Total contributions

Name of organization

Employer identification number

GIRL S	SCOUTS OF EASTERN PENNSYLVANIA INC	23	<u>-</u> 1352309
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$ 10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28_		\$\$	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$\$	Person X Payroll

lame of or	ganization		Pag Employer identification number
TDT. C	SCOUTS OF EASTERN PENNSYLVANIA INC		23-1352309
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional enace is needed	25 1552505
All Shall			(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
31		\$ 10,0	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
32		\$10,0	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
33		\$10,0	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d)
34		\$10,0	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
35		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
36		\$ 10,0	Person X Payroll

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Noncash (Complete Part II for Schedule B (Form 990) (2022)

Name of organization

Employer identification number

GTRI	SCOTTES	OF	FASTERN	PENNSYLVANIA	TNC

GIRL S	SCOUTS OF EASTERN PENNSYLVANIA INC	2	3-1352309
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$9,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$8,000.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)

**Total contributions** Type of contribution No. Name, address, and ZIP + 4 X 48 Person Payroll 7,500. Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022) 2022.05070 GIRL SCOUTS OF EASTERN PE A3026391 10580322 131839 A302639

Name of organization

Employer identification number

GIRL :	SCOUTS OF EASTERN PENNSYLVANIA INC	2	3-1352309
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>51</u>		\$7,500.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$7,000.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$6,500.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Employer identification number Name of organization 23-1352309 GIRL SCOUTS OF EASTERN PENNSYLVANIA INC Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 X 55 Person Payroll 6,500. Noncash (Complete Part II for noncash contributions.) (d) (c) (b) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 X 56 Person Payroll 6,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) Name, address, and ZIP + 4 Type of contribution **Total contributions** No. X 57 Person Payroll 6,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (b) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 58 Person Payroll 6,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 X 59 Person Payroll 6,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 60 Person Payroll 6,000. Noncash

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Schedule B (Form 990) (2022)

(Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GIRL S	SCOUTS OF EASTERN PENNSYLVANIA INC		23-1352309
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 contribution	(d) S Type of contribution
61		\$6,00	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
62		\$ 6,0	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
63		\$ 5,7	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
64		\$5,6	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
65		\$5,2	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
66		\$5,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule E	3 (Form 990) (2022)			Page 2
	rganization		Emplo	yer identification number
GIRL S	SCOUTS OF EASTERN PENNSYLVANIA INC		23	-1352309
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
67		\$5,0	00.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
68		\$5,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
69		\$5,0	100.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
70		\$5,0	00.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
71		\$5,0	00.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
72			00.	Person X Payroll

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Name of organization

Employer identification number

GIRL S	SCOUTS OF EASTERN PENNSYLVANIA INC	23	-1352309
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		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>74</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>75</u>		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>77</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

<u>P</u>age **2** Schedule B (Form 990) (2022) Employer identification number Name of organization 23-1352309 GIRL SCOUTS OF EASTERN PENNSYLVANIA INC Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. 79 Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 X 80 Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 81 Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (d) (c) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 82 Person **Payroll** Noncash 5,000. (Complete Part II for noncash contributions.) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 83 Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 84 Person Payroll 5,000. Noncash

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(Complete Part II for noncash contributions.)

	3 (Form 990) (2022)			Page 2
Name of or	rganization		Emplo	yer identification number
GIRL S	SCOUTS OF EASTERN PENNSYLVANIA INC		23	-1352309
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	utions	(d) Type of contribution
85		_ \$ <u>5</u>	,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	utions	(d) Type of contribution
86		- - \$5	<u>,000.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	utions	(d) Type of contribution
87		_ _ \$5 _	,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	utions	(d) Type of contribution
88		_ \$5	,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	utions	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	utions	(d) Type of contribution
		-   \$		Person Payroll Noncash Complete Part II for

noncash contributions.)

Name of organization

Employer identification number

#### GIRL SCOUTS OF EASTERN PENNSYLVANIA INC

23-1352309

	rs of Eastern Pennsylvania Inc		<u>-1352309</u>
Part II Non	cash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	T
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		1	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	Schedule B (Form 990) (

#### **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 Open to Public Inspection

Name of the organization

COLLING OF EVENEDM DEMMICALIVAVILY THU

Employer identification number 23-1352309

Par	The state of the s		
	organization answered Tes Off Offices, Farth, and	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	sed funds
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ad		
-	for charitable purposes and not for the benefit of the donor or		
	• •		
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			1 1
С	Number of conservation easements on a certified historic stru	acture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	ifter July 25,2006, and not on a	
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		H Olivellay Assats
Pa	TILL Organizations Maintaining Collections of		tner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		φ.
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under FASB A		
а			
b			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 202:

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets	309 Page 2								
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (C)  3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its	ontinuea)								
collection items (check all that apply):									
a Public exhibition d Loan or exchange program b Scholarly research 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?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9									
reported an amount on Form 990, Part IV, line S	, or								
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included	<b>—</b>								
on Form 990, Part X?	sNo								
	ount.								
	ount								
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?	s   No								
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.									
	Four years back								
1a Beginning of year balance       7,423,504.       9,459,493.       8,510,958.       8,119,167.									
	8,198,387. 2,500.								
200 500	296,961.								
c Net investment earnings, gains, and losses       899,880.       -1,655,916.       1,336,548.       767,880.         d Grants or scholarships       4,000.       3,450.       3,450.       3,450.	<del></del>								
	4,650.								
· I I I I I I I I I I I I I I I I I I I	274 021								
and programs 401,064. 377,398. 384,813. 373,089.  f Administrative expenses	374,031.								
F 040 0F0   F 400 F04   0 470 400   7 700 100	9 110 167								
g End of year balance 7,918,870. 7,423,504. 9,459,493. 8,510,958. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	8,119,167.								
D 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
a Board designated or quasi-endowment 90.6510 %  b Permanent endowment 8.0430 %									
c Term endowment 1.3060 %									
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								
(ii) Related organizations 3a(iii) X									
h. If "Yes" on line 3a(ii), are the related organizations listed as required on Schedulo P2									
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	Bb A								
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.									
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.									
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	3b								
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  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 (b) Cost or other (c) Accumulated (d)									
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  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 (other)  (b) Cost or other basis (other)	Book value								
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  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)  1 J. 085, 193.  1, 085, 193.	Book value								
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  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 (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1 , 085 , 193 .  1 , 085 , 193 .  1 , 085 , 193 .  1 , 085 , 193 .  1 , 085 , 193 .	Book value								
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  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 (other)  1a Land  1,085,193.  1,  b Buildings  30,964,202. 17,863,372. 13,  c Leasehold improvements	Book value 085,193. 100,830.								
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  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 (other)  1a Land  1,085,193.  b Buildings  30,964,202. 17,863,372. 13, c Leasehold improvements d Equipment  3,931,514. 3,371,513.	Book value								

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.		PENNSYLVANIA INC	23-1352309 Page 3
Complete if the organization answered "Yes"			ay and of your morket value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)		<del></del>	
(G)			
(H)  Table (Col. (h) must equal Form 2000 Part V and (P) line 12.)			
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	e 11c. See Form 990. Part X. line 13.	e en 1800 - 1904 (1-4) partie fille (1-4) partie filmer en deur production fille antre en de meine confidence en de g
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-vear market value
	(a) Book value	(-,	
(1)	<u> </u>		
(2)			
(3)			
(4)			-
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.	100		
Complete if the organization answered "Yes"	<u> </u>	e 11d. See Form 990, Part X, line 15.	(In) Dook volus
(a	) Description		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		
Part X Other Liabilities.  Complete if the organization answered "Yes			ne 25.
1. (a) Description of liability		Tr.	(b) Book value
(1) Federal income taxes			
(2) OTHER LIABILITIES			190,874.
(3) RIGHT-OF-USE LIABILITIES			136,227.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 25 l		327,101.
The state of the s	e the text of the footnote	to the organization's financial stateme	
Liability for uncertain tax positions. In Part XIII, provid organization's liability for uncertain tax positions under	er FASB ASC 740. Check	here if the text of the footnote has be	en provided in Part XIII X
			Schedule D (Form 990) 2022

	t XI   Reconciliation of Revenue per Audited Financial Statemen			23~	1352309 Page 4
And Sent	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ILS WIL	ii nevellue pei n	eturn.	
1	Total various pains and other cumpath as a salited fine still at the s			1	20,686,563.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1017	20,000,3031
– a	Net unrealized gains (losses) on investments	2a	1,243,748		
b	Donated services and use of facilities		2,250		
С	Recoveries of prior year grants		•		
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,245,998.
3	Subtract line 2e from line 1			3	19,440,565.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	29,208		
b	Other (Describe in Part XIII.)		-301,632		
С	Add lines 4a and 4b			4c	-272,424.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		***************************************	5	19,168,141.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	nts W	th Expenses per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	20,070,987.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			25450	
а	Donated services and use of facilities	2a	2,250	•	
b	Prior year adjustments				
C	Other losses				
	Other (Describe in Part XIII.)		301,632	<u>.                                    </u>	
е	Add lines 2a through 2d			2e	303,882.
3	Subtract line 2e from line 1		••••••	3	19,767,105.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				<del></del>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	29,208	•	
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	29,208.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	19,796,313.
375,140,000	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I'			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 addit	ional inf	ormation.		
רא די	m v t tare 4.				
PAR	T V, LINE 4:				
mue	EARNINGS ON ENDOWMENT FUNDS ARE PERMITTED	mo.	DE HOED EAD	CITTO	ם בואנים
1111	EARMINGS ON ENDOWMENT FONDS ARE FERMITTED	10	DE USED FOR	CUR	KEMT.
OPE	RATIONS, PROGRAMS OR SCHOLARSHIP AWARDS. T	₽МО∩	DYDA EMLUMM	יהואים	CODDITC
OLL	MATIONO, INCORAMO ON SCHOLLANDHIE AWANDS. I	DMFO	KAKI ENDOWN	.CN I	CORPUS
FIIN	DS ARE USED ACCORDING TO DONOR SPECIFICATION	OMG	ревмамеми	EMIDO.	WIM ENTITY
- 01	DO 11111 ODDD 11CCONDING TO DONOR DIDCHITCHIL	OTAD •	T THITTHAM I	пиро	AATATATA T
COR	PUS FUNDS ARE PRESERVED.				
PAR	T X, LINE 2:				
THE	INTERNAL REVENUE SERVICE (IRS) HAS CLASSI	FIED	GSEP AS EX	ЕМРТ	FROM
					111011
FEL	ERAL INCOME TAXES UNDER SECTION 501(C)(3)	OF T	HE INTERNAL	REV	ENUE CODE
•					
(IF	C); AS AN ORGANIZATION, CONTRIBUTIONS TO W	HICH	ARE DEDUCT	IBLE	UNDER
SEC	TION 170(C) OF THE IRC; AND AS AN ORGANIZA	TION	THAT IS NO	T A	PRIVATE
FOU	NDATION AS DEFINED IN SECTION 509(A) OF TH	E IR	C. GSEP'S T	AX R	ETURNS ARE
	09-01-22				dule D (Form 990) 2022

Schedule D (Form 990) 2022 GIRL SCOUTS OF EASTERN PENNSYLVANIA INC 23-1352309 Page Part XIII Supplemental Information (continued)	5
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 -296,929.	
DIRECT GAMING EXPENSE -4,703.	_
TOTAL TO SCHEDULE D, PART XI, LINE 4B -301,632.	_
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT SPECIAL EVENT EXPENSE 296,929.	
DIRECT GAMING EXPENSE 4,703.	
TOTAL TO SCHEDULE D, PART XII, LINE 2D 301,632.	
	_
	_
	_
	_
Sahadula D (Farm 990) 2	

### SCHEDULE G (Form 990)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

nternal Revenue Service	Go t	to www.irs.gov/Form990 for instruc	ctions	and th	ne latest information	ո.	l viti	Inspection	
Name of the organization	n	OUTS OF EASTERN PE					Employer ide	ntification number	
Part   Fundrais		Complete if the organization answer							
required to	complete this par	t							
		sed funds through any of the followin	_		· · ·				
a  Mail solicitations									
b Internet and email solicitations  f Solicitation of government grants  c Phone solicitations  g Special fundraising events									
d In-person solicitations									
		or oral agreement with any individual	•	-		tees, c	or	· .	
		Part VII) or entity in connection with p			~		Yes		
compensated at le		viduals or entities (fundraisers) pursu	ant to	agreer	nents under which th	ne fund	draiser is to be	•	
- Componidated at te		T	T			1			
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have o	ustody	(iv) Gross receipts from activity	(v) A to (or	mount paid retained by) undraiser	(vi) Amount paid to (or retained by)	
			contrib	trol of utions?	nom activity		ed in col. (i)	organization	
			Yes	No					
					•				
	,						· · · · · · · · · · · · · · · · · · ·		
						<b></b> -			
							-		
			<u> </u>	<u> </u>					
Total									
3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	xempt from re	gistration	
		,						· · · · · · · · · · · · · · · · · · ·	

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

Schedule G (Form 990) 2022

_				ERN PENNSYLVA					
Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and groups are the contributions.	e organization answered ass income on Form 990	l "Yes" on Form 990, Par -FZ. lines 1 and 6b. List e	t IV, line 18, or reported : vents with gross receipt	more than \$15,000 s greater than \$5,000.			
		or iditalising event contributions and gre	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
			TAKE THE		_	(add col. (a) through			
			LEAD	GOLFING	1	col. <b>(c)</b> )			
9			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts	709,868.	48,949.	24,846.	783,663.			
	2	Less: Contributions	594,088.	41,174.	21,370.	656,632.			
	3	Gross income (line 1 minus line 2)	115,780.	7,775.	3,476.	127,031.			
	4	Cash prizes							
	5	Noncash prizes		4,950.	831.	5,781.			
Direct Expenses	6	Rent/facility costs	10,550.	6,865.		17,415.			
ect Ex	7	Food and beverages	148,769.	6,270.	3,049.	158,088.			
Ö	۰	Entortainment							
	8 9	Entertainment Other direct expenses	105,171.	10,398.	76.	115,645.			
	10	Direct expense summary. Add lines 4 through	·			296,929.			
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			-169,898.			
Pε	irt	(2000)	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than				
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add			
ile			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
Revenue									
<u>~</u>	1	Gross revenue			1,863.	1,863.			
	2	Cash prizes							
Expenses	3	Noncash prizes			4,703.	4,703.			
Direct Ext		Rent/facility costs							
ä	*	Tion, doing code							
	5	Other direct expenses			100				
	6	Volunteer labor	Yes % No	Yes % No	X Yes 100 % No				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			4,703.			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			<2,840.			
	_		and a management of the Property of the Proper	) 7 <sub>1</sub>					
9		ter the state(s) in which the organization condu				X Yes No			
	a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:								
~	_								
		ere any of the organization's gaming licenses re			/ear?	Yes X No			
2320	82 1	0-27-22			Sche	dule G (Form 990) 2022			

Sche	tule G (Form 990) 2022 GIRL SCOUTS OF EASTERN PENNSYLVANIA INC 23-1352309 Page 3
	Does the organization conduct gaming activities with nonmembers? X Yes No
	s the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
	o administer charitable gaming? Yes X No
	ndicate the percentage of gaming activity conducted in: The organization's facility
	The organization's facility An outside facility  13a 100.00 %  13b %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name MICHAEL VANIC
	220 MANOR ROAD MICHON RA 10444
,	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 X No
b	f "Yes," enter the amount of gaming revenue received by the organization \$ and the amount
	of gaming revenue retained by the third party \$
С	f "Yes," enter name and address of the third party:
ı	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 X Employee Independent contractor
	Mandatory distributions:
	s the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Yes X 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 \$
Par	,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
_	

Schedule G	(Form 990)	GIRL	SCOUTS	OF	EASTERN	PENNSYLVANIA	INC	<u>23-1352309</u>	Page 4
Part IV	Supplementa	I Information	(continued)			PENNSYLVANIA			
Springson, Agrand Higher St.			(00)111110101						
								····	<del></del>
			· · · · · · · · · · · · · · · · · · ·			•			
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SCHEDULE I (Form 990)  Department of the Treasury Internal Revenue Service	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  Attach to Form 990.  Go to www.irs.gov/Form990 for the latest information.									
Name of the organizati								Employer identification number		
Part I General In	GIRL SCOU		TERN PENNSY	LVANIA INC	3			23-1352309		
Does the organize criteria used to a Describe in Part     Part II Grants an	zation maintain records a award the grants or assis IV the organization's pro Id Other Assistance to hat received more than s	to substantiate the stance? ocedures for monit Domestic Organi	oring the use of grant zations and Domesti	funds in the United	d States. Complete if the org			X Yes No		
1 (a) Name and ac	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of oash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
	unca anno na p									

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

3 Enter total number of other organizations listed in the line 1 table

2 Enter total number of section 501(o)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) 2022

232101 10-31-22

Schedule   (Form 990) 2022 GIRL SCOUTS OF	23-1352309	Page 2				
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	red "Yes" on Form 9	90, Part IV, line 22.		
(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 a	ssistance
MEMBERSHIP AND TROOP DUES	9241	231,031.	0.			
CAMPERSHIPS	230	130,111.	0.			
SCHOLARSHIPS	. 28	25,050.	0.			
Part IV Supplemental Information. Provide the information rec	l quired in Part I, lin	e 2; Part III, column	(b); and any other ac	l Iditional information.		
PART I, LINE 2:						
NO SUBSEQUENT MONITORING OF GRANTS	THAT ARE	AWARDED T	O INDIVIDU	ALS IS		
REQUIRED BECAUSE GSEP AWARDS FINAN	CIAL AID	IN THE FOR	RM OF MEMBE	RSHIPS,		
SCHOLARSHIPS OR CAMPERSHIPS. THERE						
TO EITHER AN INTERNAL DEPARTMENT O						
AWARDEE WHO IS OPERATING THE ACTIV						
AMANDEE WHO ID OF HIGHTING THE MOLEY						

Part I Questions Regarding Compensation

#### SCHEDULE J (Form 990)

# **Compensation Information**

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.

OMB No. 1545-0047
2022

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

GIRL SCOUTS OF EASTERN PENNSYLVANIA INC

23-1352309

Employer identification number

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		3.44	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use	100		
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		1,134	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	. Committee	in a second
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	1000	1000	120000
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	man and a second of the second	1000	destar.	Thus re
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	X   Independent compensation consultant   X   Compensation survey or study			
	Tom 990 of other organizations  To a personal forms and the constitution of the compensation committee of the compensation			
	Approval by the board of compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	1		
7	organization or a related organization:			
,	Described to the control of the cont		v	.511.33
b	Destinate to an advantage of the second of t	4a	X	v
	Destinate to the control of the cont	4b		X
C	Participate in or receive payment from an equity-based compensation arrangement?	4c	SE MENOR.	A Mension
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only postion E01(a)(2) E01(a)(4) and E01(a)(00) aggregations must be smaller lines 5.0			
=	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:		Main.	77
id L	The organization?	5a		X
a	Any related organization?	_5b	1828 S. S. S.	X
	If "Yes" on line 5a or 5b, describe in Part III.			26.0
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 PARTY	
a	The organization?	_6a_		X
D	Any related organization?	6b	THE RESIDENCE	X
-	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	12.22		all all
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	198839637
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	Jan 1947		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	_ 8	Principles (F	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	l	

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

Schedule J (Form 990) 2022

GIRL SCOUTS OF EASTERN PENNSYLVANIA INC 23-1352309

Page 2

Schedule J (Form 990) 2022 GIRL SCOUTS OF EASTERN PENNSYLVANIA INC 23-1352309

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) KIM FRAITES-DOW	(i)	281,669.	0.	0.	8,748.	35,009.	325,426.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) MICHAEL VANIC	(i)	182,746.	5,000.	0.	0.	20,316.	208,062.	0.	
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) JENNIFER ALLEBACH	(i)	154,622.	0.	0.	4,260.	650.	159,532.	0.	
CHIEF MIS. DEL. OFF. ; LEFT AUG 2023	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	149,099.	0.	0.	4,467.	655.	154,221.	0.	
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) DEBRA JACOBSON	(i)	118,014.	0.	0.	2,884.	24,952.		0.	
FORMER DIRECTOR OF HR; LEFT SEPT 2022	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
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Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	23-1352309	Page 3
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 informati	
Trouble the information, expandation, or descriptions required for hart, inless fa, fb, o, +a, +b, +c, oa, ob, oa, ob, r, and o, and for hart it. Also complete	this part for any additional informati	on.
PART I, LINE 4A:		
DEBRA JACOBSON, DIRECTOR OF HUMAN RESOURCES - SEVERANCE PAYOUT FOLLOWING		
HER RETIREMENT UNTIL 12/31/22 WAS \$27,150.78; HER VACATION PAYOUT WAS		
\$3,620.10.		
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		
OPERATIONAL ACHIEVEMENTS. BONUSES FOR THE CEO ARE AT THE DISCRETION OF THE		
BOARD OF DIRECTORS AS PART OF THE OVERALL COMPENSATION REVIEW.		
	Schedule J (F	orm 990) 2022

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#### **SCHEDULE M** (Form 990)

Department of the Treasury

## **Noncash Contributions**

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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

GIRL SCOUTS OF EASTERN PENNSYLVANIA INC

Employer identification number 23-1352309

Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d)  Method of determining noncash contribution amounts				
			items contributed	Form 990, Part VIII, line 1g					
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests		and the second s						
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)	Х	77	17,530.					
26	Other ( DONATED AUCTION )	Х	19	5,781.					
27	Other ()								
28	Other (								
29	Number of Forms 8283 received by the organization	zation during	the tax year for c	ontributions					
	for which the organization completed Form 82				0				
					Yes No				
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it				
	must hold for at least 3 years from the date of								
	exempt purposes for the entire holding period								
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	oolicy that re	equires the review	of any nonstandard contribut	ions?				
32a									
JEA	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?								
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in o	olumn (c) fo	r a type of property	for which column (a) is chec	cked,				
00	describe in Part II.		: -: -> l= · l= · - l= 0 · ./	1					
LHA	For Panerwork Reduction Act Notice, see	the Instruc	tions for Form 99	).	Schedule M (Form 990) 2022				

LHA

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

Schedule N	/ (Form 99	0) 2022	GIR	L SCOUT	S OF E	EASTER	N PENN	<u>ISYLVANIA</u>	INC	23-13	352309	Page 2
Part II	is report this part	emental ing in Part for any add	Infor I, colui ditiona	mation. Promit on the nurse of the promition of the matter	ovide the in mber of cor	formation re ntributions,	equired by the numbe	Part I, lines 30b, r of items receive	32b, and 3 ed, or a co	33, and whethe mbination of b	ər the organiza oth. Also com	ition plete
SCHEDU	JLE M,	PART	I,	COLUMN	(B):							
THE OF	RGANIZ	ATION	IS	REPORT	ING TH	E NUME	BER OF	CONTRIB	UTORS	IN THIS	5	
COLUMN	1.											
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#### SCHEDULE O (Form 990)

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

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 \$ 17,170,789.
FORM 990, PART III, LINE 4D
PROGRAM ACCOMPLISHMENTS FISCAL YEAR OCTOBER 1, 2022-SEPTEMBER 30, 2023
(FY2023):
GIRL SCOUTS OF EASTERN PENNSYLVANIA, INC. (GSEP), OPERATES AS AN
INDEPENDENT, NONPROFIT ORGANIZATION CHARTERED BY GIRL SCOUTS OF THE USA
(GSUSA). GSEP'S 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 2023 (OCTOBER 1,
2022-SEPTEMBER 30, 2023), GSEP PROVIDED THE GIRL SCOUT LEADERSHIP
EXPERIENCE (GSLE) TO OVER 25,000 GIRLS, WITH THE HELP OF MORE THAN
13,000 ADULT MEMBERS.
PROGRAM ACCOMPLISHMENTS FY23
BACK ON TRACK. THAT IS WHAT FY23 FELT LIKE FOR THE GIRL SCOUTS OF
EASTERN PENNSYLVANIA. THE HEADLINE: A 12% INCREASE IN GIRL MEMBERSHIP,
YEAR OVER YEAR, AFTER A COVID-INDUCED DECLINE, MARKING TWO CONSECUTIVE
YEARS OF A SIGNIFICANT UPWARD TREND. IN FY23, ADULT MEMBERSHIP WAS UP
6% AND LIFETIME MEMBERSHIP WAS UP 4%.
1114 W. B. Control B. Collon Act Notice and the Instructions for Form 900 E7. Schodule O (Form 990) 2022

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Schedule O (Form 990) 2022

COMMUNITIES WHERE WE HAD A LOWER MARKET SHARE.

CHOSEN TO PARTICIPATE IN A WORKFORCE DEVELOPMENT GRANT, ALONG WITH FIVE

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Schedule O (Form 990) 2022	Page 2
Name of the organization GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	Employer identification number 23–1352309
OTHER GIRL SCOUT COUNCILS, THROUGH THE DEPARTMENT OF LABOR	TO INCREASE
EMPLOYMENT OPPORTUNITIES FOR HISTORICALLY UNDERSERVED POPU	LATIONS AT
OUR CAMP PROPERTIES.	
OPERATIONAL EXCELLENCE	
GSEP CELEBRATED 572 BRONZE AWARD GIRL SCOUTS AND HELD IN-P	ERSON AWARD
CEREMONIES FOR 135 SILVER AWARD GIRL SCOUTS AND 63 GOLD AW	ARD GIRL
SCOUTS.	
2023 WAS THE INAUGURAL YEAR FOR GSEP'S PHILLY CAMP, HELD I	N FOUR
LOCATIONS ACROSS THE CITY OF PHILADELPHIA: NORTHWEST, CENT	ER
CITY/SOUTH, NORTHEAST AND NORTH. 511 GIRLS REGISTERED FOR	PHILLY CAMP.
EACH ATTENDEE RECEIVED A FREE WEEK-LONG SESSION, WHICH INC	LUDED GSLE
ACTIVITIES AND A FIELD TRIP. THE CAMP WAS FEATURED ON PHL-	
GSEP'S FOUR RESIDENT CAMPS AND THREE-DAY CAMPS SERVED CLOS	Е ТО 3,700
GIRL SCOUTS DURING SUMMER 2023. THERE WERE 1,502 REGISTRATI	
CAMP, AND 2,164 REGISTRATIONS FOR RESIDENT CAMP. CAMPERS I	
MADE UP 24% OF ALL GSEP CAMP REGISTRATIONS, WHILE CAMPERS	
MADE UP 28%.	
FORM 990, PART III, LINE 4D (CONTINUED):	
CADETTES AND OLDER CAMPERS MADE UP AROUND 47% OF CAMP REGI	STRATIONS.
THE AVERAGE AGE OF ALL CAMPERS WAS 10.5 YEARS; 9 YEARS FOR	
11 YEARS FOR RESIDENT CAMP.	
GIRL SCOUTS BEYOND BARS (GSBB) SERVED 27 GIRLS IN 2023. AN	IMPORTANT
LIFE-CHANGING PROGRAM AT GSEP FOR GIRLS WHOSE MOTHERS ARE	
INCARCERATED, THIS PROGRAM HAS BEEN RUNNING SINCE THE 1990	
INCARCERATED, THIS PROGRAM HAS BEEN RUMNING SINCE THE 1990	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization  GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	Employer identification number 23-1352309
OUR F.A.L.L. (FALL ADULT LEADING AND LEARNING) 2022-2023 E	EVENT SERVED
124 PARTICIPANTS FROM ALL OVER GSEP FOR A DAY OF LEARNING,	NETWORKING,
AND FUN. THERE WERE MORE THAN 30 WORKSHOPS FOR ATTENDEES.	BUT IT WASN'T
ALL WORK AS ATTENDEES ALSO HAD A CAMP-FILLED FUN TIME GETT	ING PREPARED
TO SERVE GIRLS.	
THE ANNUAL VOLUNTEER AWARDS CEREMONY WAS AT CAMP LAUGHING	WATERS ON
NOVEMBER 9, 2022. IT WAS A WONDERFUL OPPORTUNITY TO THANK	VOLUNTEERS
FOR ALL THAT THEY TO DO BUILD GIRLS OF COURAGE, CONFIDENCE	E AND
CHARACTER WHO MAKE THE WORLD A BETTER PLACE. IN 2022, 52 V	OLUNTEERS AND
13 SERVICE UNITS WERE RECOGNIZED FOR THEIR EXEMPLARY SERVI	CE TO GSEP.
THERE WERE 12 NUMERAL GUARD PICS AWARDED, TOTALING 585 YEA	ARS OF
COLLECTIVE SERVICE TO GIRL SCOUTS. EIGHT SERVICE UNITS REC	CEIVED THE CEO
AWARD, WHICH RECOGNIZES THEIR EFFORTS TO ACHIEVE THE COUNC	CIL'S GOALS
AND OBJECTIVES OF SERVICE, LEARNING, AND GROWTH IN MEMBERS	
2022.	
RETAIL INTRODUCED TWO NEW CONCEPTS: LUELLA THE MOBILE SHOPE	P VAN AND A
BUILD-A-BEAR WORKSHOP AT SHELLY RIDGE.	
FORM 990, PART III, LINE 4D (CONTINUED):	
FUNCTIONAL EXCELLENCE	
THE FY23 OPERATING BUDGET WAS BOLSTERED BY THE SUCCESS OF	THE COOKIE
PROGRAM, AND THE THREE TAKE THE LEAD EVENTS SURPASSING GOA	ALS. BOTH
HELPED TO PUT GSEP IN A GREAT FINANCIAL POSITION FOR THE S	SECOND HALF OF
232212 10-28-22	Schedule O (Form 990) 2022

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

23-1352309

Schedule O (Form 990) 2022 Name of the organization

GIRL SCOUTS OF EASTERN PENNSYLVANIA INC

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, 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. THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2022.

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 VIA THE ORGANIZATION'S WEBSITE. THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR THE PUBLIC ON THE WEBSITE.

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