

Form **990**

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

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">GIRL SCOUTS OF EASTERN PENNSYLVANIA INC</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p align="center">330 MANOR ROAD</p> City or town, state or province, country, and ZIP or foreign postal code <p align="center">MIQUON, PA 19444</p>	D Employer identification number <p align="center">23-1352309</p>
F Name and address of principal officer: KIM FRAITES-DOW SAME AS C ABOVE		E Telephone number <p align="center">215-564-2030</p>
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 23,082,478.
J Website: ▶ WWW.GSEP.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶ L Year of formation: 1917 M State of legal domicile: PA

Part I Summary

Part I	Summary	1 Briefly describe the organization's mission or most significant activities: GIRL SCOUTING BUILDS GIRLS OF COURAGE, CONFIDENCE, & CHARACTER, WHO MAKE THE WORLD A BETTER PLACE.	
		2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance		3 Number of voting members of the governing body (Part VI, line 1a)	24
		4 Number of independent voting members of the governing body (Part VI, line 1b)	24
		5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	527
		6 Total number of volunteers (estimate if necessary)	15421
		7a Total unrelated business revenue from Part VIII, column (C), line 12	7,894.
		7b Net unrelated business taxable income from Form 990-T, line 38	0.
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	1,724,266.	1,829,186.
	9 Program service revenue (Part VIII, line 2g)	1,910,043.	1,977,155.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	557,365.	888,479.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,248,971.	12,459,739.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,440,645.	17,154,559.
Expenses		Prior Year	Current Year
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	430,080.	455,309.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,586,689.	8,567,074.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 942,443.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,825,356.	8,975,004.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,842,125.	17,997,387.
	19 Revenue less expenses. Subtract line 18 from line 12	-1,401,480.	-842,828.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	38,718,724.	37,948,113.
	21 Total liabilities (Part X, line 26)	2,115,768.	2,108,185.
	22 Net assets or fund balances. Subtract line 21 from line 20	36,602,956.	35,839,928.

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.

Sign Here	Signature of officer <p align="center">KIM FRAITES-DOW, CEO</p> Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name CONNIE M. LIRA	Preparer's signature CONNIE M. LIRA
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Date 03/23/20
	Firm's address ▶ 610 W. GERMANTOWN PIKE, STE. 400 PLYMOUTH MEETING, PA 19462	Check if self-employed <input type="checkbox"/> PTIN P00481097
		Firm's EIN ▶ 41-0746749
		Phone no. 215-643-3900

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

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 5,491,891. including grants of \$ 426,306.) (Revenue \$ 0.) MEMBERSHIP SERVICES: THE COUNCIL PROVIDES YEAR-ROUND LEADERSHIP DEVELOPMENT OPPORTUNITIES FOR GIRLS IN BERKS, BUCKS, CARBON, CHESTER, DELAWARE, LEHIGH, MONTGOMERY, NORTHAMPTON AND PHILADELPHIA COUNTIES. CLOSE TO 40,000 GIRLS EXPERIENCE GIRL SCOUTING THROUGH SUMMER CAMP, TROOP-BASED, INDIVIDUAL, AND EVENT-BASED MEMBERSHIP, AND A RANGE OF OTHER PROGRAMS AND ACTIVITIES. APPROXIMATELY 15,000 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.

4b (Code:) (Expenses \$ 4,107,869. including grants of \$ 0.) (Revenue \$ 0.) CAMP PROGRAMS: THE COUNCIL OPERATES SIX CAMP PROPERTIES (ALL ARE ACCREDITED BY THE AMERICAN CAMP ASSOCIATION) THAT ENCOMPASS NEARLY 2,000 ACRES. SUMMER RESIDENT AND DAY CAMP PROGRAMS PROVIDE OPPORTUNITIES FOR GIRLS TO DO WHAT THEY LOVE, ENCOURAGE SELF-DISCOVERY, INTERACTION WITH OTHERS, EXPLORATION, RESOURCEFUL DECISION MAKING, ENVIRONMENTAL STEWARDSHIP AND LEADERSHIP DEVELOPMENT, ALL IN A NURTURING AND SUPPORTIVE ENVIRONMENT. FOR FISCAL YEAR ACCOMPLISHMENTS PLEASE SEE FORM 990, PART III, LINE 4D NARRATIVE ON SCHEDULE O.

4c (Code:) (Expenses \$ 5,876,403. including grants of \$ 29,003.) (Revenue \$ 0.) OTHER GIRL SCOUTING PROGRAMS: ALL COUNCIL ACTIVITIES ARE DEVELOPED AND DELIVERED AS PART OF A CONSISTENT CORE LEADERSHIP PROGRAM, WITH PARTICULAR FOCUS ON "STEM" (SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH), OUTDOOR EXPERIENCES, FINANCIAL LITERACY, LEADERSHIP DEVELOPMENT, AND ENVIRONMENTAL STUDY AWARENESS. FOR FISCAL YEAR ACCOMPLISHMENTS PLEASE SEE FORM 990, PART III, LINE 4D NARRATIVE ON SCHEDULE O.

4d Other program services (Describe in Schedule O.) (Expenses \$ 0. including grants of \$ 0.) (Revenue \$ 14,383,261.)

4e Total program service expenses 15,476,163.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	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? <i>If "Yes," complete Schedule C, Part II</i>	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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 as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a 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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 24		
b	Enter the number of voting members included in 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 officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEBORAH HASSAN CHAIR	8.00	X		X				0.	0.	0.
(2) MARIA KRAUS FIRST VICE CHAIR	3.00	X		X				0.	0.	0.
(3) ANN DONLEY VICE CHAIR	3.00	X		X				0.	0.	0.
(4) LORAIN BALLARD MORRILL VICE CHAIR	3.00	X		X				0.	0.	0.
(5) RICK PERKINS TREASURER	3.00	X		X				0.	0.	0.
(6) DEBRA WALTERS SECRETARY	3.00	X		X				0.	0.	0.
(7) ANNE BAUM MEMBER AT LARGE	1.00	X						0.	0.	0.
(8) MARLENE BEERS MEMBER AT LARGE	1.00	X						0.	0.	0.
(9) HARRIS BOCK, ESQ. MEMBER AT LARGE	1.00	X						0.	0.	0.
(10) TERRI BOYER MEMBER AT LARGE	1.00	X						0.	0.	0.
(11) FUSUN BUBERNACK MEMBER AT LARGE	1.00	X						0.	0.	0.
(12) DAWN CHAVOUS MEMBER AT LARGE	1.00	X						0.	0.	0.
(13) JOANN GONZALEZ-GENERALS MEMBER AT LARGE	1.00	X						0.	0.	0.
(14) STEPHANIE KOSTA MEMBER AT LARGE	1.00	X						0.	0.	0.
(15) RITA LEE MEMBER AT LARGE	1.00	X						0.	0.	0.
(16) SOPHIA LEE MEMBER AT LARGE	1.00	X						0.	0.	0.
(17) NICOLE LEVINE MEMBER AT LARGE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOANNE MCFALL MEMBER AT LARGE	1.00	X					0.	0.	0.	
(19) SUSAN MUCCIARONE MEMBER AT LARGE	1.00	X					0.	0.	0.	
(20) KATHRYN NORDICK MEMBER AT LARGE	1.00	X					0.	0.	0.	
(21) DEBBIE O'BRIEN MEMBER AT LARGE	1.00	X					0.	0.	0.	
(22) SHELLEY SMITH MEMBER AT LARGE	1.00	X					0.	0.	0.	
(23) ALISON SNYDER MEMBER AT LARGE	1.00	X					0.	0.	0.	
(24) EMILY TURNER MEMBER AT LARGE	1.00	X					0.	0.	0.	
(25) TONI MILLER MEMBER AT LARGE; LEFT AUG 2019	1.00	X					0.	0.	0.	
(26) LESLIE STILES VICE CHAIR; LEFT MAY 2019	3.00	X		X			0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							988,052.	0.	162,383.	
d Total (add lines 1b and 1c)							988,052.	0.	162,383.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TIERNEY, 200 S. BROAD STREET, #10, PHILADELPHIA, PA 19102	PR/CREATIVE/MEDIA SERVICES	297,124.
APEX IT GROUP, LLC, 525 FELLOWSHIP ROAD, SUITE 300, MOUNT LAUREL, NJ 08054	IT PROVIDER	204,285.
CANON FINANCIAL SERVICES, INC., 14904 COLLECTIONS CENTER DRIVE, CHICAGO, IL	COPIER PROVIDER	129,648.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include names like DIANNE ROTWITT, HON. DIANE WELSH, KIM FRAITES-DOW, etc.

Total to Part VII, Section A, line 1c 988,052. 162,383.

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	158,045.					
	b Membership dues	1b						
	c Fundraising events	1c	608,192.					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,062,949.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			1,829,186.				
Program Service Revenue	2 a CAMP PROGRAM	Business Code	900099	1,535,897.	1,535,897.			
	b GIRL SCOUTING PROGRAMS		900099	274,509.	274,509.			
	c FACILITY RENTAL REVENUE		531120	166,749.	166,749.			
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			1,977,155.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			467,783.			467,783.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real		8,600.				
		(ii) Personal						
		Less: rental expenses		0.				
	c Rental income or (loss)		8,600.					
	d Net rental income or (loss)			8,600.			8,600.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities		1,663,669.				
		(ii) Other		1,000.				
		Less: cost or other basis and sales expenses		1,243,973.				
		c Gain or (loss)		419,696.				
	d Net gain or (loss)			420,696.			420,696.	
	8 a Gross income from fundraising events (not including \$ 608,192. of contributions reported on line 1c). See Part IV, line 18	a		93,557.				
		b Less: direct expenses		150,931.				
c Net income or (loss) from fundraising events				-57,374.			-57,374.	
9 a Gross income from gaming activities. See Part IV, line 19	a		18,303.					
	b Less: direct expenses		5,985.					
	c Net income or (loss) from gaming activities			12,318.			12,318.	
10 a Gross sales of inventory, less returns and allowances	a		16,933,136.					
	b Less: cost of goods sold		4,527,030.					
	c Net income or (loss) from sales of inventory			12,406,106.	12,406,106.			
Miscellaneous Revenue			Business Code					
11 a MISCELLANEOUS		900099	58,775.			58,775.		
b ADVERTISING		511120	23,420.			23,420.		
c PRINTING		323100	7,894.		7,894.			
d All other revenue								
e Total. Add lines 11a-11d			90,089.					
12 Total revenue. See instructions			17,154,559.	14,383,261.	7,894.	934,218.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	455,309.	455,309.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	464,863.	161,325.	209,431.	94,107.
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	5,929,780.	4,907,138.	545,019.	477,623.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	893,166.	712,290.	103,784.	77,092.
9 Other employee benefits	847,161.	695,412.	83,220.	68,529.
10 Payroll taxes	432,104.	335,332.	54,397.	42,375.
11 Fees for services (non-employees):				
a Management				
b Legal	8,991.	4,375.	3,846.	770.
c Accounting	34,008.		34,008.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	28,151.		28,151.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	470,179.	245,348.	181,636.	43,195.
12 Advertising and promotion	193,881.	190,711.	167.	3,003.
13 Office expenses	852,096.	784,831.	40,723.	26,542.
14 Information technology	678,143.	561,679.	71,322.	45,142.
15 Royalties				
16 Occupancy	756,683.	715,222.	28,922.	12,539.
17 Travel	301,400.	275,131.	7,572.	18,697.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	54,421.	1,049.	52,760.	612.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,498,473.	1,437,779.	46,820.	13,874.
23 Insurance	268,503.	256,241.	9,862.	2,400.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TROOP & SERVICE UNIT	3,093,916.	3,093,916.		
b FOOD	335,792.	327,661.	4,359.	3,772.
c PROGRAM FEES	131,930.	131,419.	93.	418.
d				
e All other expenses	268,437.	183,995.	72,689.	11,753.
25 Total functional expenses. Add lines 1 through 24e	17,997,387.	15,476,163.	1,578,781.	942,443.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	424,463.	1	170,447.
	2 Savings and temporary cash investments	2,380,794.	2	2,427,910.
	3 Pledges and grants receivable, net	402,943.	3	526,214.
	4 Accounts receivable, net	37,339.	4	24,565.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	418,887.	8	379,308.
	9 Prepaid expenses and deferred charges	121,108.	9	67,673.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 38,008,608.		
	b Less: accumulated depreciation	10b 20,448,112.	18,684,358.	10c 17,560,496.
	11 Investments - publicly traded securities	15,718,829.	11	16,271,680.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	530,003.	15	519,820.
16 Total assets. Add lines 1 through 15 (must equal line 34)	38,718,724.	16	37,948,113.	
Liabilities	17 Accounts payable and accrued expenses	625,768.	17	752,239.
	18 Grants payable		18	
	19 Deferred revenue	154,197.	19	152,943.
	20 Tax-exempt bond liabilities	964,670.	20	850,787.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	23,318.	23	19,184.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	347,815.	25	333,032.
	26 Total liabilities. Add lines 17 through 25	2,115,768.	26	2,108,185.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	34,938,650.	27	34,055,309.
	28 Temporarily restricted net assets	613,800.	28	742,451.
	29 Permanently restricted net assets	1,050,506.	29	1,042,168.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	36,602,956.	33	35,839,928.	
34 Total liabilities and net assets/fund balances	38,718,724.	34	37,948,113.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,154,559.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,997,387.
3	Revenue less expenses. Subtract line 2 from line 1	3	-842,828.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,602,956.
5	Net unrealized gains (losses) on investments	5	79,800.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	35,839,928.

Part XII Financial Statements and Reporting

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

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

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

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

2018

Open to Public Inspection

Name of the organization

GIRL SCOUTS OF EASTERN PENNSYLVANIA INC

Employer identification number

23-1352309

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,580,450.	2,603,939.	1,686,945.	1,724,266.	1,829,186.	9,424,786.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	18,904,969.	18,745,990.	20,393,650.	18,963,920.	18,910,291.	95,918,820.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	20,485,419.	21,349,929.	22,080,595.	20,688,186.	20,739,477.	105,343,606.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	71,500.	85,200.	27,860.	35,555.	77,762.	297,877.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	71,500.	85,200.	27,860.	35,555.	77,762.	297,877.
8 Public support. (Subtract line 7c from line 6.)						105,045,729.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	20,485,419.	21,349,929.	22,080,595.	20,688,186.	20,739,477.	105,343,606.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	590,438.	338,008.	265,428.	383,400.	476,383.	2,053,657.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	590,438.	338,008.	265,428.	383,400.	476,383.	2,053,657.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				13,551.	12,318.	25,869.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	592,020.	226,820.	125,883.	110,801.	82,195.	1,137,719.
13 Total support. (Add lines 9, 10c, 11, and 12.)	21,667,877.	21,914,757.	22,471,906.	21,195,938.	21,310,373.	108,560,851.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	96.76 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	96.59 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	1.89 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	1.89 %

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
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)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

2014 AMOUNT: \$ 552,600.

2015 AMOUNT: \$ 188,870.

2016 AMOUNT: \$ 93,833.

2017 AMOUNT: \$ 85,451.

2018 AMOUNT: \$ 58,775.

PROGRAM ADVERTISING

2014 AMOUNT: \$ 39,420.

2015 AMOUNT: \$ 37,950.

2016 AMOUNT: \$ 32,050.

2017 AMOUNT: \$ 25,350.

2018 AMOUNT: \$ 23,420.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

GIRL SCOUTS OF EASTERN PENNSYLVANIA INC

Employer identification number

23-1352309

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	Employer identification number 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
1	 <hr/> <hr/> <hr/>	\$ <u>132,545.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>80,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>57,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>52,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>36,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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	_____ _____ _____	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 19,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	 <hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	 <hr/> <hr/> <hr/>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	 <hr/> <hr/> <hr/>	\$ <u>5,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2018

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,198,387.	8,044,874.	7,686,401.	7,547,288.	7,963,914.
b Contributions	2,500.	400.	575.	1,575.	477.
c Net investment earnings, gains, and losses	296,961.	510,830.	710,960.	632,867.	-75,015.
d Grants or scholarships	4,650.	3,450.	4,450.	5,695.	9,919.
e Other expenditures for facilities and programs	374,031.	354,267.	348,612.	489,634.	332,169.
f Administrative expenses					
g End of year balance	8,119,167.	8,198,387.	8,044,874.	7,686,401.	7,547,288.

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

- a Board designated or quasi-endowment 90.25 %
- b Permanent endowment 7.80 %
- c Temporarily restricted endowment 1.95 %

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:

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

	Yes	No
3a(i)	X	
3a(ii)		X
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 basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,101,296.		1,101,296.
b Buildings		29,536,253.	14,756,802.	14,779,451.
c Leasehold improvements		2,150,676.	1,410,432.	740,244.
d Equipment		5,121,147.	4,280,878.	840,269.
e Other		99,236.		99,236.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				17,560,496.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) GIFT CERTIFICATES AND FUNDED TROOP	
(3) PROCEEDS	221,926.
(4) BENEFIT PLAN LIABILITY	111,106.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	333,032.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	17,388,703.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	79,800.	
b	Donated services and use of facilities	2b	25,579.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	105,379.
3	Subtract line 2e from line 1		3	17,283,324.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	28,151.	
b	Other (Describe in Part XIII.)	4b	-156,916.	
c	Add lines 4a and 4b		4c	-128,765.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	17,154,559.

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

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

1	Total expenses and losses per audited financial statements		1	18,151,731.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	25,579.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	156,916.	
e	Add lines 2a through 2d		2e	182,495.
3	Subtract line 2e from line 1		3	17,969,236.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	28,151.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	28,151.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	17,997,387.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

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

Part XIII Supplemental Information (continued)

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.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT SPECIAL EVENT EXPENSE	-150,931.
DIRECT GAMING EXPENSE	-5,985.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-156,916.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT SPECIAL EVENT EXPENSE	150,931.
DIRECT GAMING EXPENSE	5,985.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	156,916.

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		TAKE THE LEAD (event type)	ADULT CAMPING WEEK (event type)	NONE (total number)	
1	Gross receipts	688,017.	13,732.		701,749.
2	Less: Contributions	597,004.	11,188.		608,192.
3	Gross income (line 1 minus line 2)	91,013.	2,544.		93,557.
Direct Expenses					
4	Cash prizes				
5	Noncash prizes	1,805.			1,805.
6	Rent/facility costs	5,859.			5,859.
7	Food and beverages	89,227.	2,541.		91,768.
8	Entertainment				
9	Other direct expenses	51,248.	251.		51,499.
10	Direct expense summary. Add lines 4 through 9 in column (d)				150,931.
11	Net income summary. Subtract line 10 from line 3, column (d)				-57,374.

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue			18,303.	18,303.
Direct Expenses					
2	Cash prizes			284.	284.
3	Noncash prizes			2,179.	2,179.
4	Rent/facility costs			141.	141.
5	Other direct expenses			3,381.	3,381.
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 80.00 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				5,985.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				12,318.

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**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.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

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

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

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

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

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MEMBERSHIP AND TROOP DUES	14078	351,949.	0.		
CAMPERSHIPS	256	84,010.	0.		
SCHOLARSHIPS	27	19,350.	0.		

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" 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

2018

Open to Public Inspection

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

Part I Questions Regarding Compensation

	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, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	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 not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	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	

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KIM FRAITES-DOW CHIEF EXECUTIVE OFFICER	(i)	195,610.	12,000.	0.	6,503.	28,622.	242,735.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL VANIC CHIEF FINANCIAL OFFICER	(i)	165,571.	2,500.	0.	0.	18,141.	186,212.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KEISHA JORDAN CHIEF PEOPLE OFFICER	(i)	124,233.	2,500.	0.	4,032.	27,748.	158,513.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STEPHANIE CAPELLO CHIEF OPERATING OFFICER	(i)	142,668.	2,500.	0.	2,175.	6,012.	153,355.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

NON-FIXED PAYMENTS

BONUSES, IF ANY, ARE BASED ON A NUMBER OF VARIABLES INCLUDING BUT NOT

LIMITED TO AN INDIVIDUAL'S GOAL ACHIEVEMENTS AS WELL AS ORGANIZATION

OPERATION ACHIEVEMENTS. THE FINAL DETERMINATION OF THE BONUS AMOUNT FOR

EMPLOYEES IS DETERMINED AND APPROVED BY THE CEO. BONUSES FOR THE CEO ARE

AT THE DISCRETION OF THE BOARD OF DIRECTORS AS PART OF THE OVERALL

COMPENSATION REVIEW.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

GIRL SCOUTS OF EASTERN PENNSYLVANIA INC

Employer identification number

23-1352309

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

PROGRAM SERVICE REVENUE (SEE SCHEDULE O).

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 14,383,261.

FORM 990, PART III, LINE 4D:

PROGRAM ACCOMPLISHMENTS FISCAL YEAR OCTOBER 1, 2018-SEPTEMBER 30, 2019

(FY2019):

GIRL SCOUTS OF EASTERN PENNSYLVANIA, INC. (GSEP), OPERATES AS AN
INDEPENDENT, NONPROFIT ORGANIZATION CHARTERED BY GIRL SCOUTS OF THE USA
(GSUSA). OUR 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 2019 (OCTOBER 1,
2018-SEPTEMBER 30, 2019), GSEP PROVIDED THE GIRL SCOUTS LEADERSHIP
EXPERIENCE (GSLE) TO CLOSE TO 40,000 GIRLS, WITH THE HELP OF MORE THAN
15,000 ADULT MEMBERS.

TO ARTICULATE OUR LARGER COMMON PURPOSE AND TO GIVE MEANING AND
COHERENCE TO OUR WORK AT GSEP, WE CRAFTED THREE CORE GOALS FOR OUR
ORGANIZATION IN 2019. THESE GOALS SIT BELOW AND SUPPORT OUR MISSION
WHILE ADDRESSING THE COMPETITIVE MARKET PLACE, REVENUE-BASED BUDGETING,
AND ORGANIZATION WIDE ACCOUNTABILITY. THE THREE CORE GOALS POWER AND
GUIDE ALL OUR ACTIONS DEDICATED TO BUILDING GIRL LEADERSHIP. (1) ENSURE
EVERY GIRL IN OUR NINE-COUNTY FOOTPRINT IS AWARE OF AND HAS ACCESS TO
THE FULL GIRL SCOUT LEADERSHIP EXPERIENCE (GSLE). (2) ACHIEVE

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

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

SUSTAINABLE MEMBERSHIP GROWTH THROUGH TROOP FORMATION REACHING 90% OF THE ANNUAL GIRL MEMBERSHIP GOAL BY DECEMBER 31ST. (3) CONTINUOUSLY REINVEST IN THE GIRL AND VOLUNTEER EXPERIENCE BY GENERATING A SURPLUS THROUGH INCREASED REVENUE AND OPTIMIZED RESOURCE UTILIZATION.

IN FY2019, GSEP WAS IN THE FINAL YEAR OF A THREE-YEAR STRATEGIC PLAN INFORMED BY BOTH NATIONAL AND COUNCIL-SPECIFIC PRIORITIES AND ARTICULATING FIVE GOALS:

1. OUR ORGANIZATION: BUILD A LEARNING AND GROWING CULTURE THAT ENHANCES THE CONTRIBUTIONS OF THE GSEP STAFF AND LEADERSHIP.
2. COMMUNICATIONS: ADVANCE A CLEAR MESSAGE AND BUILD COMMUNITY AROUND GSEP PROGRAMS, EXPERIENCES, AND IMPACTS.
3. GIRL EXPERIENCE: POSITION GSEP AS THE PREMIER ORGANIZATION FOR GIRLS TO BUILD LEADERSHIP, CONFIDENCE, INDEPENDENCE, AND COMMUNITY.
4. VOLUNTEER EXPERIENCE: POSITION GSEP AS A REWARDING AND SOUGHT-AFTER VOLUNTEER EXPERIENCE.
5. FINANCIAL SUSTAINABILITY AND REVENUE ENHANCEMENT: OPTIMIZE REVENUE SOURCES AND USES.

THIS NARRATIVE DETAILS GSEP'S ACHIEVEMENTS FOR FY2019 AS THEY RELATE TO MEASURES OUTLINED IN THE STRATEGIC PLAN, WHICH INCLUDE SEVEN GUIDING PRINCIPLES: LEADERSHIP, COMMUNITY, SERVICE, INCLUSION, RESPECT, INTEGRITY, AND INNOVATION. OUR VISION IS TO BE KNOWN AS THE PREMIER LEADERSHIP ORGANIZATION FOR GIRLS THAT IS DRIVEN BY AN ENGAGED COMMUNITY OF VOLUNTEERS, MEMBERS, ALUMNAE, PARTNERS, AND STAFF, AND SUPPORTED BY AN ORGANIZATIONAL CULTURE OF SERVICE LEARNING AND GROWTH.

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

1) OUR ORGANIZATION: BUILD A LEARNING AND GROWING CULTURE THAT ENHANCES THE CONTRIBUTIONS OF THE GSEP STAFF AND LEADERSHIP.

THE ORGANIZATION CAME TOGETHER TO CREATE DEFINITIONS FOR DIVERSITY, EQUITY AND INCLUSION. THESE DEFINITIONS INCLUDED OUR GIRL, GENERAL MEMBERSHIP, VOLUNTEER, BOARD, AND PARTNER ORGANIZATION POPULATIONS. THE GOAL WAS TO CREATE DEFINITIONS FOR HOW WE INCLUDE, VALUE, AND RESPECT ALL COMMUNITIES AND THEIR PARTICIPATION IN GIRL SCOUTS. IN ADDITION TO THE DEFINITIONS, WE CONDUCTED GENERAL RESEARCH USING CENSUS AND GSUSA DATA. THIS RESEARCH REVEALED THAT OUR STAFF, VOLUNTEER, AND GIRL POPULATIONS NEED MORE REPRESENTATION FROM AFRICAN-AMERICAN, LATINA, AND ASIAN COMMUNITIES. WE IMPLEMENTED LEADERSHIP INCLUSION TRAINING FOR VOLUNTEERS, INCLUDING INFORMATIONAL RESOURCES FOR SPECIFIC SPECIAL NEEDS. WE TARGETED RACIALLY DIVERSE NETWORKS FOR JOB POSTING OPPORTUNITIES, IMPLEMENTED BIAS TRAINING FOR MANAGERS WHICH FOCUSED ON LEADING WITH INCLUSION, AWARENESS AND SELF-REFLECTION.

TO PROMOTE A CULTURE THAT IS INSPIRING, COHESIVE, AND SUPPORTIVE OF THE GIRL SCOUTS MISSION, GSEP REINVENTED SEVERAL OF ITS SERVICE CENTER SPACES, WHICH ARE AVAILABLE TO STAFF, MEMBERS, AND VISITORS. AT THE LEHIGH VALLEY SERVICE CENTER, G.I.R.L. PANELS WERE HUNG OVER THE MEETING SPACE IN THE MAIN ROOM. AT THE VALLEY FORGE SERVICE CENTER, A NEW FRIENDSHIP CORNER (QUIET ROOM) WAS ADDED FOR STAFF AND VOLUNTEER USE, AND THE LOBBY AND MAIN HALLWAY LEADING TO THE MULTI-PURPOSE ROOM WERE PAINTED. IN ADDITION, THE SHOP/FRONT DESK AREA, WAS REDESIGNED AND RENOVATED.

INVESTMENTS IN STAFF DEVELOPMENT INCLUDED STANDARDIZING STAFF

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

RECOGNITIONS AT ALL-COUNCIL EVENTS, PILOTING AN IN-HOUSE MENTORSHIP PROGRAM, AND CONTINUING TO PROVIDE COMPREHENSIVE MANAGER TRAINING TO ALL STAFF WITH SUPERVISORY RESPONSIBILITIES. THE EMPLOYEE HANDBOOK AND EMPLOYEE ASSESSMENT PROCESS WERE UPDATED TO INCORPORATE THE COUNCIL'S STRATEGIC GOALS AND TO REFLECT CURRENT HR BEST PRACTICES. IN ADDITION, ALL STAFF RECEIVED VOLUNTEER ESSENTIALS TRAINING TO ENSURE ALIGNMENT WITH THE MOST UP-TO-DATE POLICIES AND SAFETY STANDARDS REQUIRED OF GIRL SCOUTS VOLUNTEERS. TO IMPROVE CROSS-TEAM COLLABORATION, STAFF WERE TRAINED ON A PROJECT MANAGEMENT MATRIX (RACI) AND PROVIDED WITH NEW PROCEDURES FOR PLANNING EVENTS. TEAMS NOW HAVE A BETTER UNDERSTANDING OF HOW AND WHEN VARIOUS PROJECTS/EVENTS OVERLAP, AND WHEN THEY SHOULD BEGIN WORKING TOGETHER IN THE PLANNING PROCESS TO IMPLEMENT CHANGES OR COLLABORATE AROUND SHARED GOALS.

TO REMAIN COMPETITIVE AND RELEVANT IN THE MARKETPLACE, EVERY ASPECT OF OUR PROGRAMMING HAS BEEN REVIEWED AND ALIGNED TO EMPOWER GIRLS. NUMEROUS STUDIES FROM THE GIRL SCOUTS RESEARCH INSTITUTE AND OTHER SOURCES CLEARLY RECOGNIZE THAT PARTICIPATION IN GIRL SCOUTS HAS PROVEN HIGHLY EFFECTIVE IN DEVELOPING LEADERSHIP QUALITIES AND OTHER KEY INDICATORS OF SUCCESS FOR THE GIRLS INVOLVED. OUR GIRL-LED PROGRAMMING IS A RESEARCHED AND PROVEN METHOD FOR PREPARING WOMEN LEADERS. THOSE WHO PARTICIPATE IN OUR PROGRAMMING DEMONSTRATE HIGHER LEVELS OF SELF-CONFIDENCE AND ACADEMIC SUCCESS THAN GIRLS WHO HAVE NOT BENEFITED FROM OUR GENDER-SPECIFIC PROGRAM OPPORTUNITIES.

PROVIDING ONGOING LEADERSHIP DEVELOPMENT FOR THE BOARD OF DIRECTORS WAS ALSO A GOAL. BOARD COMMITTEES WERE MAPPED TO THE STRATEGIC PLAN GOALS, WITH A FOCUSED EFFORT TO ENSURE EVERY BOARD MEMBER SERVED ON A BOARD

Name of the organization

GIRL SCOUTS OF EASTERN PENNSYLVANIA INC

Employer identification number

23-1352309

COMMITTEE OR SUBCOMMITTEE. AN ON-BOARDING PRESENTATION FOR NEW BOARD MEMBERS WAS ENHANCED AND A FULL-DAY RETREAT WAS HELD.

BOARD MEMBERS WERE ENGAGED TO PROVIDE GUIDANCE ON COMPETITIVE MARKETPLACE CHALLENGES. EVERY BOARD MEETING AGENDA INCLUDED A PRESENTATION BY A GOLD AWARD GIRL SCOUT AND A BOARD ENGAGEMENT TOPIC TO PROVIDE OPPORTUNITIES FOR IDEAS, FEEDBACK, EDUCATION, AND RELATIONSHIP BUILDING. BOARD MEMBERS ALSO WORKED TOGETHER TO DESIGN THEIR OWN GSEP BOARD PATCH, WHICH 'SURPRISE AND DELIGHT' GIRL SCOUTS AND PARTNERS THEY MEET IN THE COMMUNITY. THE BOARD DEVELOPMENT COMMITTEE CONTINUED THEIR FOCUS AND DILIGENCE ON RECRUITING A DIVERSE LEADERSHIP PIPELINE.

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

2) COMMUNICATIONS: ADVANCE A CLEAR MESSAGE AND BUILD COMMUNITY AROUND GSEP PROGRAMS, EXPERIENCES, AND IMPACTS.

IN 2019, OUR TWO MAJOR PUBLICATIONS, SPARK/FAMILY GUIDE, WHICH MAILED TO OUR FULL MEMBERSHIP EACH AUGUST AND CAMP/COOKIE GUIDE, WHICH DELIVERS TO THE SAME AUDIENCE IN DECEMBER WERE REDESIGNED AND UPDATED. BOTH REACH APPROXIMATELY 55,000 HOUSEHOLDS AND HAVE BEEN DESIGNED AS USABLE RESOURCES FOR ALL PROGRAMS AND ACTIVITIES. ONLINE INTERACTIVE PUBLICATIONS OF BOTH ARE ALSO AVAILABLE. AN ADDITIONAL EMPHASIS WAS PLACED ON DATA DRIVEN MARKETING TOOLS TO REACH TARGETED AUDIENCES THROUGH AUDIENCE RELATABLE OUTLETS. WE ALSO DESIGNED COUNTY-SPECIFIC MARKETING TOOLS (FLYERS, BROCHURES) FOR SERVICE UNITS TO USE TO MARKET PROGRAMS TO THEIR DEMOGRAPHIC AUDIENCE. THE OVERALL GOAL WAS TO ENGAGE AS WELL AS INFORM OUR GIRLS AND THEIR FAMILIES OF PROGRAMS, CAMP OFFERINGS AND OTHER ACTIVITIES.

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

GSEP EXPANDED ITS SOCIAL MEDIA MARKETING EFFORTS WITH A "CALL TO ACTION" DELIVERABLE. AS A RESULT, WE WERE ABLE TO INCREASE THE NUMBER AND FREQUENCY OF OUR MESSAGING WHICH LED TO AN INCREASE IN NEW AND RENEWED MEMBER ACTIVATION AND CONSISTENT COMMUNICATIONS WITH VOLUNTEERS, PARENTS, GIRL SCOUTS, ALUMS, FUNDERS, COMMUNITY PARTNERS, AND THE PUBLIC - AND PROVIDING RESOURCES AND OPPORTUNITIES FOR VOLUNTEERS, MEMBERS, AND OTHER STAKEHOLDERS TO TELL THE GIRL SCOUTS STORY. WE ALSO BUILT A GROWING COMMUNITY OF FOLLOWERS WHO ENGAGE WITH GSEP AND WITH EACH OTHER, AND WHOSE COMMON LINK IS GIRL SCOUTING.

THE MARKETING COMMUNICATIONS TEAM DEVELOPED SPECIFIC MARKETING CAMPAIGNS FOR THE CAMPS, MEMBERSHIP AND COOKIE PROGRAM THAT WERE EASILY TRANSFERABLE VIA SOCIAL MEDIA, PRINT, OTHER COLLATERAL, AND ON OUR WEBSITE. THERE WAS A FOCUS FOR A TARGETED DEMOGRAPHIC OUTREACH EFFORT TO COMMUNICATE WITH VOLUNTEERS, PARENTS AND GIRLS REGARDING PROGRAMS AND OPPORTUNITIES THAT WOULD IMPACT THEM DIRECTLY REGARDING AGE AND LOCATION. SPARK AND THE CAMP GUIDES WERE DESIGNED TO PROVIDE PERTINENT INFORMATION IN A MORE USER-FRIENDLY MANNER. NEW AND CONSISTENT ACTION ITEMS DIRECTED INQUIRIES TO THE GSEP WEBSITE WHERE THE USER HAD ACCESS TO THE FULL REALM OF INFORMATION AND ASSETS.

ADDITIONAL 2019 INITIATIVES INCLUDED ADDING A FOCUS GROUP MADE UP OF VOLUNTEERS FROM THE COMMUNICATIONS FOCUS GROUP TO INCORPORATE FEEDBACK AND IDEAS FOR UPCOMING CAMPAIGNS. THE TWO AREAS OF IMPACT WERE SPRING RENEWAL AND PRODUCT PROGRAM COOKIE BOSS INCENTIVE IDEAS. THE RESULT INCLUDED A MENU OF RENEWAL INCENTIVES THAT WERE WELL RECEIVED BY VOLUNTEERS AND PARENTS, AND A COOKIE BOSS EXPERIENCE THAT WAS PLANNED

Name of the organization

GIRL SCOUTS OF EASTERN PENNSYLVANIA INC

Employer identification number

23-1352309

WITH EXTENSIVE VOLUNTEER AND GIRL INPUT.

TO POSITION GIRL SCOUTS AS THE PREMIER LEADERSHIP EXPERIENCE FOR GIRLS, THERE WAS AN INCREASED FOCUS ON PROMOTING THE GIRL SCOUT GOLD AWARD, THE HIGHEST AWARD IN GIRL SCOUTING. TO PROVIDE GIRLS WITH THE TOOLS TO SELF-PROMOTE THEIR ACCOMPLISHMENTS, GSEP CREATED A HIGHEST AWARDS TOOLKIT THAT INCLUDES RESOURCES SUCH AS PRESS RELEASES, MEDIA CONTACTS, SOCIAL MEDIA TIPS, AND OTHER WAYS GIRLS CAN INFORM THE MEDIA AND THEIR LOCAL COMMUNITY LEADERS ABOUT THEIR PROJECTS.

WE ACTIVATED MEDIA GIRLS, A GROUP OF 10 OLDER GIRLS WITH A PASSION FOR COMMUNICATION, AND DEVELOPED A TARGETED PLAN FOR THE OLDER GIRL SCOUTS, INCLUDING A NEWSLETTER AND SPECIAL COMMUNICATIONS FOR THEIR AGE GROUP.

3) GIRL EXPERIENCE: POSITION GSEP AS THE PREMIER ORGANIZATION FOR GIRLS TO BUILD LEADERSHIP, CONFIDENCE, INDEPENDENCE, AND COMMUNITY.

SURVEYS, FOCUS GROUPS, AND PROGRAM DATA INFORMED THE CONTINUAL IMPROVEMENT OF THE GIRL EXPERIENCE AND HELPED DRIVE PROGRAMMATIC DECISION-MAKING. BY ENGAGING WITH OLDER GIRL SCOUT (CADETTES, SENIORS, AMBASSADORS) MEMBERS WHO ARE AMONG THE MOST INVOLVED, WE CAN BEST IMPACT OUR ABILITY TO PROVIDE THE FULL GSLE TO ALL GIRLS, AS WELL AS POSITIVELY IMPACT OUR MEMBERSHIP GOALS BY RETAINING GIRLS THROUGH LISTENING AND IMPLEMENTING. ADDITIONAL DEPARTMENTS AT GSEP MET WITH THE PROGRAM STEERING COMMITTEE TO GET FEEDBACK, INCLUDING MEMBER ENGAGEMENT, MARKETING AND COMMUNICATIONS AND RETAIL. THE GIRL & VOLUNTEER EXPERIENCE COMMITTEE OF THE BOARD OF DIRECTORS SUPPORTED THE ADDITION OF GIRL TRACK (FOR GIRLS IN GRADES 10-12) TO THE 2020 WOMEN'S

Name of the organization

GIRL SCOUTS OF EASTERN PENNSYLVANIA INC

Employer identification number

23-1352309

LEADERSHIP SUMMIT.

FOR A QUICK SNAPSHOT OF FY2019 GIRL EXPERIENCE NUMBERS, DURING THE SCHOOL YEAR ON WEEKENDS, GSEP ENGAGED MORE THAN 12,447 GIRLS IN GSLE PROGRAMS FOCUSED ON THE FOLLOWING PRIORITY AREAS: ADVENTURE & WATER, HEALTH & WELLNESS, ENVIRONMENT, ARTS & CULTURE, AND STEM. SUMMER CAMP REGISTRATIONS REACHED AN ALL-TIME HIGH, WITH MORE THAN 4,635 GIRLS ATTENDING GSEP RESIDENT AND DAY-CAMPS IN 2019. MORE THAN 10,000 ADDITIONAL GIRLS PARTICIPATED IN GSEP CAMPING ACTIVITIES THROUGH TROOP AND SERVICE UNIT CAMPING EVENTS.

OUR PROGRAM EVALUATION PLAN WAS UTILIZED TO MAKE SURE WE ARE PROVIDING THE BEST POSSIBLE GIRL SCOUT LEADERSHIP EXPERIENCE (GSLE) TO ALL GIRLS. MANY GIRL-FOCUSED PROGRAMS THAT USED TO FALL UNDER A DIFFERENT DEPARTMENT WERE BROUGHT UNDER THE GIRL EXPERIENCE DEPARTMENT TO PROVIDE A MORE COHESIVE EXPERIENCE BETWEEN FUNDED AND TRADITIONAL PROGRAMMING, INCLUDING THE GIRL SCOUTS BEYOND BARS PROGRAM. GIRL SCOUTS BEYOND BARS CONNECTS GIRLS WITH THEIR INCARCERATED MOTHERS THROUGH TROOP MEETING EXPERIENCES. IN 2019, TROOP 98010 GATHERED ITEMS AND BOOKS TO PACK 200 BAGS TO DONATE TO MOTHERS AND THEIR CHILDREN IN RECOVERY HOUSE. ADDITIONALLY, DONATIONS OF NON-PERISHABLE FOOD ITEMS WERE DONATED TO PHILABUNDANCE FROM THE GSBB PROGRAM. ADDITIONAL GIRL-FOCUSED PROGRAMS INCLUDE SUMMER AND SCHOOL YEAR SERIES. THIS WORK WILL CONTINUE TO GROW AND DEVELOP.

20,839 GIRLS PARTICIPATED IN THE 2019 COOKIE PROGRAM, SELLING AN AVERAGE OF 192 PACKAGES OF COOKIES PER GIRL. 437 GIRLS WERE INVITED TO JOIN THE COOKIE BOSS CLASS OF 2019, A DISTINCTION RESERVED FOR GIRLS

Name of the organization

GIRL SCOUTS OF EASTERN PENNSYLVANIA INC

Employer identification number

23-1352309

WHO SELL 1,000 PACKAGES OF COOKIES OR MORE, EITHER INDIVIDUALLY OR AS PART OF THE NEW GIRL SCOUTS SISTER BENEFIT. FEEDBACK FROM THE 500 CLUB AND COOKIE BOSS PROGRAMS FROM 2019 WILL BE USED TO DEVELOP A COMMITTEE COMPRISED OF PARENTS, LEADERS AND GIRLS TO WORK TO IMPROVE THE EVENTS.

GSEP CONTINUED TO EXPLORE AND DEVELOP PARTNERSHIPS WITH SCHOOLS AND COMMUNITY ORGANIZATIONS FOR JOINT AND COMPLEMENTARY PROGRAMMING. A PARTNERSHIP WITH GIRLS ON THE RUN AND PHILLY GIRLS IN MOTION EXTENDED THE TRADITIONAL GIRL SCOUT MODEL AND PROVIDED A UNIQUE OPPORTUNITY TO ENGAGE WITH GIRLS AT PHILADELPHIA COMMUNITY SCHOOLS. THIS SUCCESSFUL PROGRAM WILL BE EXPANDED AND CAN BE USED AS A MODEL FOR OTHER PARTNERSHIPS. ADDITIONALLY, GSEP CULTIVATED A GROWING RELATIONSHIP WITH PHILADELPHIA PARKS & REC, RESULTING IN MORE NEIGHBORHOOD RECREATION CENTERS STARTING AND HOSTING GIRL SCOUT TROOPS AND SUMMER OUTREACH PROGRAMS. THE SCHOOL DISTRICT OF PHILADELPHIA'S OFFICE OF STRATEGIC ENGAGEMENT ALSO HIGHLIGHTED GIRL SCOUTS AS A MODEL PARTNERSHIP, WHERE WE SERVE GIRLS THROUGH MIDDLE SCHOOL.

IN MEMBERSHIP YEAR 2019, GIRL SCOUT'S HIGHEST AWARDS, THE GIRL SCOUT BRONZE, SILVER, AND GOLD AWARDS, SAW SUCCESS AS GIRLS TACKLED RELEVANT COMMUNITY ISSUES TO MAKE THE WORLD A BETTER PLACE THROUGH SUSTAINABLE SERVICE LEADERSHIP PROJECTS. THE BRONZE AWARD WAS EARNED BY 1,128 GIRLS AGES 9-11, THE SILVER AWARD WAS EARNED BY 220 GIRLS AGES 12-14, AND 63 GIRLS AGES 14-18 EARNED THE GIRL SCOUT GOLD AWARD.

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

4) VOLUNTEER EXPERIENCE: POSITION GSEP AS A REWARDING AND SOUGHT-AFTER VOLUNTEER EXPERIENCE.

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

IN FY2019 GSEP REORGANIZED ITS VOLUNTEER TRAINING AND VOLUNTEER SUPPORT DEPARTMENTS TO BECOME MORE EFFICIENT. TO CLEARLY COMMUNICATE EXPECTATIONS OF VOLUNTEERS AND WHAT THEY CAN EXPECT FROM THEIR GIRL SCOUT EXPERIENCE, GSEP WORKED WITH THE COMMUNICATIONS FOCUS GROUP WHICH INCLUDES DELEGATES FROM OUR NINE-COUNTY FOOTPRINT TO FOCUS ON SPECIFIC ISSUES AND FEEDBACK GEARED TOWARDS FINE TUNING NEW AND CURRENT VOLUNTEER TRAINING AND EXPERIENCE. GSEP'S CULTURAL SURVEY INFORMED A NEW FOCUS ON GENERAL HELPFULNESS AND SUPPORT AVAILABLE TO ALL VOLUNTEERS.

IN 2019 GSEP LAUNCHED THE LOOKER REPORTING PLATFORM WHICH PROVIDED CONCISE, ORGANIZED REPORTS MADE AVAILABLE TO SERVICE UNIT TEAM VOLUNTEERS. WE ALSO CREATED THE SERVICE UNIT ADMINISTRATIVE VOLUNTEER ROLE TO ENABLE SERVICE UNIT VOLUNTEERS TO ACCESS REPORTS DIRECTLY FROM LOOKER DATA. TRAINING WAS PROVIDED TO THESE VOLUNTEERS, AND THEY SIGNED A USER AGREEMENT BEFORE HAVING ACCESS TO LOOKER.

OUR VOLUNTEER SUPPORT TEAM WORKED CROSS-DEPARTMENTALLY TO PROVIDE REGIONAL SUPPORT TO SERVICE UNIT MANAGERS AND TROOP LEADERS. IN ADDITION TO PROVIDING CONSISTENT COMMUNICATIONS IN THE FORM OF MONTHLY DIGITAL ROUNDTABLE MEETINGS AND WEEKLY EMAIL NEWSLETTERS, GSEP REVISED SEVERAL RESOURCES FOR VOLUNTEERS, OFTEN IN PARTNERSHIP WITH UPDATED RESOURCES FROM GSUSA. THE RESULT WAS UPDATED VERSIONS OF THE LEADER'S GUIDE FOR SUCCESS, VOLUNTEER ESSENTIALS (WHICH INCLUDED SEVERAL PROGRAMMATIC IMPROVEMENTS AND A SEARCHABLE WEB VERSION), VOLUNTEER TOOLKIT GUIDE, THE FAMILY GUIDE FOR NEW FAMILIES, PRODUCT PROGRAM MANUALS, AND REGIONALIZED SPARK PROGRAM GUIDES. INTERNALLY, GSEP

Name of the organization

GIRL SCOUTS OF EASTERN PENNSYLVANIA INC

Employer identification number

23-1352309

IMPROVED ITS NEW LEADER PROCESS AND EMPOWERED THE VOLUNTEER TRAINING TEAM TO BE THE PRIMARY SUPPORT FOR NEW LEADERS IN 2020.

ADDITIONAL TRAINING INCLUDED AN ALL-STAFF REFRESHER ON CUSTOMER SERVICE (GENERAL HELPFULNESS): TELEPHONE, IN-PERSON, CONFLICTS, AND SOCIAL MEDIA. THROUGH DEPARTMENT WORKFLOW, SALESFORCE SOLUTIONS MAINTENANCE AND VOLUNTEER RESOURCE MAINTENANCE ARE ORGANICALLY COMPLETED.

WE INCREASED THE POOL OF GSEP LEARNING FACILITATORS BY 12% IN 2019. THIS IS THE RESULT OF AN EFFORT TO RECRUIT A MORE DIVERSE GROUP OF FACILITATORS WHO REPRESENT ALL COUNTIES AND DEMOGRAPHICS. WE ALSO INCREASED IN-PERSON TRAININGS TO RECOGNIZE THAT VOLUNTEERS WANTED IN-PERSON AS WELL AS ONLINE TRAINING FOR NEW TROOP LEADERS. A NEW LEADER START-UP TRAINING WAS CREATED TO ALLOW FOR ALL STEPS TO BE COMPLETED IN ONE DAY WITH STAFF AND/OR FACILITATORS.

5) FINANCIAL STABILITY AND REVENUE ENHANCEMENT: OPTIMIZE REVENUE SOURCES AND USES.

CONTINUING EDUCATION AND TRAINING WAS AVAILABLE TO ALL GSEP STAFF MEMBERS AROUND BUDGET PLANNING, FORECASTING AND FINANCIAL PERFORMANCE.

THE FINANCE TEAM WORKED COLLABORATIVELY WITH GIRL EXPERIENCE AND VOLUNTEER SUPPORT TO EFFECTIVELY COMMUNICATE THE CRITICAL RELATIONSHIP BETWEEN MEMBERSHIP, REVENUE AND PROGRAMMING.

GSEP PROVIDED DEDICATED RESOURCES TO MAXIMIZE FACILITY RENTALS REVENUE FROM THE SERVICE UNITS, TROOPS AND OUTSIDE GROUPS, RESULTING IN A 53%

Name of the organization

GIRL SCOUTS OF EASTERN PENNSYLVANIA INC

Employer identification number

23-1352309

INCREASE IN EARNED INCOME OVER PRIOR YEAR.

BY CLOSING THE DELAWARE COUNTY SERVICE CENTER, GSEP ACHIEVED EXPENSE EFFICIENCIES WITHOUT REDUCING PROGRAMMING OR SERVICES TO OUR MEMBERSHIP. A COMPREHENSIVE MOBILE RETAIL SHOP PLAN WAS CREATED TO PROVIDE SERVICE TO AREAS WITHIN OUR NINE-COUNTY FOOTPRINT THAT ARE NOT CONVENIENTLY LOCATED NEAR A SERVICE CENTER.

TO ENHANCE NEW MODELS AND APPROACHES FOR PRODUCT SALES, GSEP IMPLEMENTED SEVERAL INITIATIVES FOR THE 2019 COOKIE PROGRAM. FOR THE SECOND YEAR IN A ROW, COOKIE KICK-OFF CELEBRATIONS WERE HELD IN FOUR LOCATIONS (PHILADELPHIA, LEHIGH VALLEY, DELAWARE COUNTY AND BERKS COUNTY), AND 2018 COOKIE BOSSES WERE ON-SITE AT EACH LOCATION. COOKIE MONTH IN MANAYUNK ENGAGED FEMALE BUSINESS OWNERS AS WELL AS OTHER RETAIL SHOPS AND RESTAURANTS TO SUPPORT THE COOKIE PROGRAM. LOCAL BUSINESSES SUPPORTED AN ENTREPRENEURIAL SPEAKER SERIES WITH GIRL SCOUTS, HOSTED COOKIE BOOTHS, AND RESTAURANTS CREATED RECIPES AND DRINKS THEMED AROUND GIRL SCOUT COOKIES. DESPITE FALLING SHORT OF THE REVENUE GOAL, DUE IN PART TO A REDUCED NUMBER OF GIRLS SCOUTS SELLING COOKIES, WE BELIEVE THE COOKIE PROGRAM WAS A SUCCESS. THOSE WHO PARTICIPATED ACHIEVED AN OVERALL INCREASE IN THE PER GIRL SELLING AVERAGE AND THERE WERE MORE GIRLS AT EACH REWARD LEVEL THAN PRIOR YEAR.

PART OF THE NEW THREE CORE GOALS INCLUDED CREATING CONTINGENCY PLANS DURING THE BUDGETING PROCESS. THESE PLANS ADDRESS THE VOLATILE NATURE OF THE COOKIE PROGRAM AND INCLUDE QUARTERLY PLANNING OPPORTUNITIES FOR EXPENSE REDUCTION. THESE PLANS WERE INCLUDED IN THE BUDGET PRESENTATION TO THE BOARD OF DIRECTORS AND WERE APPROVED AS A PART OF THE 2019

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

ANNUAL BUDGET. AFTER FALLING SHORT OF THE COOKIE PROGRAM GOAL, GSEP MANAGEMENT WAS ABLE TO ACTIVATE ON CONTINGENCY PLANS TO STILL DELIVER AN OPERATING SURPLUS FOR FISCAL YEAR 2019.

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

THE EXECUTIVE COMMITTEE IS COMPRISED OF THE OFFICERS OF GSEP (CHAIR, FIRST VICE CHAIR, ONE OR MORE VICE CHAIRS, SECRETARY, AND TREASURER) AND TWO BOARD MEMBERS-AT-LARGE APPOINTED BY THE BOARD CHAIR AND APPROVED BY THE ENTIRE BOARD. THE CEO WILL BE A NON-VOTING MEMBER OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE WILL HAVE AND MAY EXERCISE THE POWERS OF THE BOARD OF DIRECTORS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, EXCEPT THAT THE EXECUTIVE COMMITTEE WILL NOT HAVE THE POWER TO TAKE ANY ACTION WHICH IS CONTRARY TO OR A SUBSTANTIAL DEPARTURE FROM THE DIRECTION ESTABLISHED BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE WILL REPORT ACTIONS TAKEN TO THE BOARD OF DIRECTORS AT ITS NEXT BOARD MEETING.

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

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

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

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

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

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

THE MEMBER OF THE DELEGATE COUNCIL MUST ALSO:

(A) APPROVE ANY AMENDMENTS, ALTERATIONS OR REPEALS TO THE BYLAWS OR ARTICLES OF INCORPORATION

(B) DETERMINE THE GENERAL DIRECTION OF GIRL SCOUTING WITHIN THE JURISDICTION OF THE GSEP BY RESPONDING TO REPORTS AND INFORMATION FROM THE BOARD OF DIRECTORS

(C) ELECT THE BOARD DEVELOPMENT COMMITTEE: CHAIR AND MEMBERS-AT-LARGE

(D) ELECT THE DELEGATES TO THE NATIONAL COUNCIL OF GSUSA

(E) TAKING ALL OTHER ACTIONS REQUIRING A VOTE BY GSEP

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

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

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

EACH BOARD MEMBER OF THE ORGANIZATION IS REQUIRED TO ANNUALLY DISCLOSE ANY

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

CONFLICTS OF INTEREST THAT ARISE BY VIRTUE OF BOARD SERVICE. THE ORGANIZATION MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY THROUGH AN ANNUAL DISCLOSURE STATEMENT THAT IS DISTRIBUTED TO THESE INDIVIDUALS. ANNUALLY, EACH BOARD MEMBER SIGNS A CONFLICT OF INTEREST AND CONFIDENTIALITY STATEMENT. 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 15A:

COMPENSATION IS DETERMINED FOR THE CEO BY THE BOARD OF DIRECTORS, AS RECOMMENDED BY THE HUMAN RESOURCES COMMITTEE. IN MAKING THIS DETERMINATION, SURVEY DATA IS CONSIDERED FROM 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 C, LINE 19:

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST BY EMAILING THE DIRECTOR OF STAFF DEVELOPMENT AND GOVERNANCE VIA THE ORGANIZATION'S WEBSITE. THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR THE PUBLIC ON THE WEBSITE. THE ORGANIZATION ALSO ALLOWS THE PUBLIC THE OPPORTUNITY TO INSPECT THESE DOCUMENTS AT THE ORGANIZATION'S HEADQUARTERS UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. GIRL SCOUTS OF EASTERN PENNSYLVANIA INC	Employer identification number (EIN) or 23-1352309
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. C/O CLIFTONLARSONALLEN LLP - 610 W GERMANTOWN PK	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PLYMOUTH MEETING, PA 19462	

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

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

MICHAEL VANIC, CFO

- The books are in the care of ▶ **330 MANOR ROAD - MIQUON, PA 19444**
Telephone No. ▶ **215-564-2030** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2018**, and ending **SEP 30, 2019**.

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

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

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