| ***Public Disclosure Copy** |
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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

gg

Department of the Treasury Internal Revenue Service

Form

OMB No. 1545-0047 **Open to Public** . Inspection

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign | Signature of officer | | | Date | | |
|-------------|--|-----------------------------------|--------|------------------|-----------------------|----|
| Here | JANE CHRISTYSON, CEO | | | | | |
| | Type or print name and title | | | | | |
| | Print/Type preparer's name | Preparer's signature | Date | Check | PTIN | |
| Paid | BRIDGETTE MUGGE | BRIDGETTE MUGGE | 02/14/ | 24 self-employed | P00671418 | |
| Preparer | Firm's name SIKICH LLP | | | Firm's EIN 36- | 3168081 | |
| Use Only | Firm's address 4020 KINROSS LAKE | S PARKWAY, SUITE 300 | | | | |
| | RICHFIELD, OH 442 | 86 | | Phone no. (330 |)864-6661 | |
| May the IF | May the IRS discuss this return with the preparer shown above? See instructions X Yes No | | | | | |
| 232001 12-1 | 3-22 LHA For Paperwork Reduction Act Notic | e, see the separate instructions. | | | Form 990 (2022 | 2) |

| n 990 (2022) GIRL SCOUTS OF NORTH EAST OHIO 34-0726094 Page 2 rt III Statement of Program Service Accomplishments |
|--|
| |
| Check if Schedule O contains a response or note to any line in this Part III X Briefly describe the organization's mission: |
| GIRL SCOUTING BUILDS GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER, WHO |
| MAKE THE WORLD A BETTER PLACE. |
| |
| |
| Did the organization undertake any significant program services during the year which were not listed on the |
| prior Form 990 or 990-EZ?Yes X No |
| If "Yes," describe these new services on Schedule O. |
| Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| If "Yes," describe these changes on Schedule O. |
| 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. (Code:) (Expenses \$ 3,324,530. including grants of \$ 80,371.) (Revenue \$ 33,730. |
| (Code:) (Expenses \$ |
| DEVELOPMENT EXPERIENCE FOR GIRLS IN THE WORLD. THE INCLUSIVE, |
| ALL-FEMALE ENVIRONMENT OF A GIRL SCOUT TROOP CREATES A SAFE SPACE WHERE |
| GIRLS CAN TRY NEW THINGS, DEVELOP A RANGE OF SKILLS, TAKE ON LEADERSHIP |
| ROLES, AND JUST BE THEMSELVES. OUR GIRL SCOUT LEADERSHIP EXPERIENCE IS |
| A ONE-OF-A-KIND LEADERSHIP DEVELOPMENT PROGRAM FOR GIRLS, WITH PROVEN |
| RESULTS. IT IS BASED ON TIME-TESTED METHODS AND RESEARCH-BACKED |
| PROGRAMMING THAT HELP GIRLS TAKE THE LEAD IN THEIR OWN LIVES AND IN THE |
| WORLD. GIRL SCOUTS IS PROVEN TO HELP GIRLS THRIVE IN FIVE KEY WAYS AS |
| THEY: 1) DEVELOP A STRONG SENSE OF SELF. 2) SEEK CHALLENGES AND LEARN |
| FROM SETBACKS. 3) DISPLAY POSITIVE VALUES. 4) FORM AND MAINTAIN HEALTHY |
| RELATIONSHIPS. 5) IDENTIFY AND SOLVE PROBLEMS IN THE COMMUNITY. GSNEO |
| (Code:) (Expenses \$ 2,409,631. including grants of \$ 14,799.) (Revenue \$ 536,066. |
| CAMPING PROGRAMS: CAMPING IS A GREAT WAY FOR GIRLS TO EXPLORE LEADERSHIP, BUILD SKILLS, AND DEVELOP A DEEP APPRECIATION FOR NATURE. |
| WHETHER FOR A DAY, A WEEK, OR LONGER, GIRL SCOUT CAMP GIVES GIRLS AN |
| OPPORTUNITY TO GROW, EXPLORE, AND HAVE FUN UNDER THE GUIDANCE OF |
| CARING, TRAINED ADULTS. GSNEO MAINTAINS THREE CAMPS: LEDGEWOOD IN |
| SUMMIT COUNTY, SUGARBUSH IN TRUMBULL COUNTY, AND TIMBERLANE IN ERIE |
| COUNTY. AT CAMP, GIRLS MIGHT SHOOT A BOW AND ARROW, PADDLE A CANOE OR |
| KAYAK, TAKE A HIKE WITH FRIENDS, CREATE ART OR MAKE A CRAFT, CLIMB ON |
| OUR ROPES COURSE AND RIDE ON A ZIP LINE, OR LEARN ABOUT THE WONDERS OF |
| OUR NATURAL WORLD. THE LENGTH OF PROGRAMS AT OUR CAMPS RANGE FROM A |
| COUPLE OF HOURS TO WEEK-LONG RESIDENT CAMPS. PARTICIPATION AND REVENUES |
| WERE REDUCED BECAUSE GOVERNMENT ORDERS FORCED THE SUSPENSION OR SHARP |
| (Code:) (Expenses \$ 1,127,683. including grants of \$ 107,757.) (Revenue \$ 110,173. |
| INDOOR PROGRAMS: GIRL SCOUTS UNLEASHES THE G.I.R.L. (GO-GETTER, |
| INNOVATOR, RISK-TAKER, LEADER) IN EVERY GIRL, PREPARING HER FOR A LIFETIME OF LEADERSHIP FROM LEARNING TO BUILD AND PROGRAM A ROBOT TO |
| ACCEPTING A MISSION ON THE INTERNATIONAL SPACE STATION; FROM LOBBYING |
| THE CITY COUNCIL WITH HER TROOP TO HOLDING A SEAT IN CONGRESS; FROM |
| RUNNING HER OWN COOKIE BUSINESS TODAY TO TACKLING CYBERSECURITY |
| TOMORROW. THROUGH HUNDREDS OF COUNCIL-LED PROGRAMS, GSNEO ENHANCES THE |
| LEARNING AND FUN FOR GIRLS BY PROVIDING SPECIALIZED PROGRAMMING AND |
| LARGE-SCALE EVENTS FOR GIRLS TO CONNECT TO THE LARGER SISTERHOOD OF |
| GIRL SCOUTING. EXAMPLES OF PROGRAMS INCLUDE FIRST AID, SCUBA DIVING, |
| |
| ROBOTICS, THEATER WORKSHOPS, LOCK-INS, COOKING CLASSES, CAREER |
| ROBOTICS, THEATER WORKSHOPS, LOCK-INS, COOKING CLASSES, CAREER EXPLORATION, AND LEADERSHIP TRAINING. ADDITIONALLY, WITH SUCH A LARGE |
| EXPLORATION, AND LEADERSHIP TRAINING. ADDITIONALLY, WITH SUCH A LARGE Other program services (Describe on Schedule O.) Other program services (Describe on Schedule O.) |
| EXPLORATION, AND LEADERSHIP TRAINING. ADDITIONALLY, WITH SUCH A LARGE Other program services (Describe on Schedule O.) (Expenses \$ 3,600,402. including grants of \$) (Revenue \$ 10,144,999.) |
| EXPLORATION, AND LEADERSHIP TRAINING. ADDITIONALLY, WITH SUCH A LARGE Other program services (Describe on Schedule O.) 10,144,999.) (Expenses \$ 3,600,402. including grants of \$) (Revenue \$ 10,144,999.) 10,462,246. |
| EXPLORATION, AND LEADERSHIP TRAINING. ADDITIONALLY, WITH SUCH A LARGE Other program services (Describe on Schedule O.) 10,144,999.) (Expenses \$ 3,600,402. including grants of \$) (Revenue \$ 10,144,999.) 10,144,999.) Total program service expenses 10,462,246. Form 990 (2022 |
| EXPLORATION, AND LEADERSHIP TRAINING. ADDITIONALLY, WITH SUCH A LARGE Other program services (Describe on Schedule O.) (Expenses \$ 3,600,402. including grants of \$) (Revenue \$ 10,144,999.) |
| |

| Form 990 (| | | SCOUTS | | NORTH | EAST | OHIO |
|------------|-----|---------------------|-----------|---|-------|------|------|
| Part IV | Che | ecklist of Required | Schedules | ; | | | |

| | | | Yes | No |
|--------|---|------|------|-------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| _ | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | v |
| - | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | x |
| ~ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | x |
| ~ | Schedule D, Part III | 8 | | |
| 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? | | | x |
| 10 | If "Yes," complete Schedule D, Part IV | 9 | | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 10 | х | |
| 11 | or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, | | - 11 | |
| | as applicable. | | | |
| 2 | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D. | | | |
| a | | 11a | х | |
| h | Part VI | 110 | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | x |
| с | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| - | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | x |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 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? If "Yes," complete Schedule F, Parts I and IV | 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? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | 77 | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | v |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | 990 | X (2022) |
| 232003 | 12-13-22 | rorm | 330 | (2022) |

232003 12-13-22

| Form | aan | (2022) |
|-------|-----|--------|
| FUIII | 330 | 120221 |

| | | | Yes | No |
|--------|---|------------|-----|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | 103 | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete | | | |
| | Schedule J | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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? If "Yes," complete Schedule L, Part I | <u>25a</u> | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| ~~ | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | 26 | | x |
| 27 | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 20 | | |
| 21 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | 21 | | |
| 20 | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | x |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | v |
| 05 - | Part V, line 1 | 34 | | X X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | <u>35a</u> | | |
| 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 costion 512(b)(13)2. (# West # corrected, Octoorbid, D. Dett Without 20 | 35b | | |
| 36 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 330 | | |
| 50 | If "Yes," complete Schedule R, Part V, line 2 | 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| 0. | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | <u> </u> |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |
| 232004 | 12-13-22 | Form | 990 | (2022) |
| | 4 | | | |

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| Form | 990 (2022) GIRL SCOUTS OF NORTH EAST OHIO | 34-0726 | 094 | Р | age 5 |
|--------|--|------------------------------|----------|-----|--------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | |
| | | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a 207 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | าร? | 2b | Х | <u> </u> |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | 0 | 3b | | <u> </u> |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | uthority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | ccount)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad | counts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact | tion? | 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | ons or gifts | | | |
| | were not tax deductible? | - | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices provided to the payor? | 7a | Х | |
| b | | | 7b | Х | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa | | | | |
| | to file Form 8282? | | 7c | | x |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | 7f | | X |
| a | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | | |
| - | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| а | | | 9a | | |
| b | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | |
| - | amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | |
| с | Enter the amount of reserves on hand | 13c | | | |
| | Did the entry institution of the entry of the institution of the data of the data of the entry o | • | 14a | | x |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul | ۵ ۵ | 14b | | <u> </u> |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | <u> </u> | | <u> </u> |
| | excess parachute payment(s) during the year? | | 15 | | x |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | -13 | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | income? | 16 | | x |
| 10 | | | 10 | | |
| 17 | If "Yes," complete Form 4720, Schedule O. | ivition | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any active would result in the imposition of an available tax under section 4051, 4052 or 40522 | | 47 | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | 17 | | |
| 00000 | If "Yes," complete Form 6069. | | Earm | 990 | (2022) |
| 232005 | 12-13-22 | | LOUL | 000 | (2022) |

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GIRL SCOUTS OF NORTH EAST OHIO

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

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X

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

| | | | Yes | No |
|------|---|----------|---------|-----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a19 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 19 | | | |
| | 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? | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | x |
| | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | Х | |
| | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | L | | |
| | more members of the governing body? | 7a | Х | |
| | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | Х | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | Х |
| Sect | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 0a | Did the organization have local chapters, branches, or affiliates? | 10a | Х | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | Х | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | on Schedule O how this was done | 12c | х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| | Did the organization have a written document retention and destruction policy? | 14 | 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? | | | |
| 2 | The organization's CEO, Executive Director, or top management official | 15a | х | |
| | | 15a | | X |
| 5 | Other officers or key employees of the organization | 130 | | |
| 16- | | | | |
| | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sect | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed OH | | | |
| 8 | 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) | availat | ole |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | X Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 9 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | l financ | cial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records JOHN GRAVES $-$ 330-864-9933 | | | |
| | ONE GIRL SCOUT WAY, MACEDONIA, OH 44056-2156 | | | |
| | SHE SILE SCOT MITT INCLOUDINT, ON ITVUS ATOV | | | |

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

| | | l | mzu | | | ipen | Juic | | | (E) |
|---------------------------|-------------------|--------------------------------|-----------------------|------------|--------------------|---------------------------------|--------|-------------------------|-------------------------|------------------------|
| (A) | (B) | | | ربر Pos | C) ition | n | | (D) | (E) | (F) |
| Name and title | Average | | not cl | heck | more | than o | | Reportable compensation | Reportable compensation | Estimated amount of |
| | hours per week | | | | | s both pr/trus | | from | from related | other |
| | (list any | tor | | | | | | the | organizations | compensation |
| | hours for | direct | | | | 5 | | organization | (W-2/1099-MISC/ | from the |
| | related | e or | stee | | | nsate | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | trust | al tru | | yee | ampe | | 1099-NEC) | , | and related |
| | below | Individual trustee or director | Institutional trustee | er | Key employee | Highest compensated employee | ıer | | | organizations |
| | line) | Indiv | Instit | Officer | Key e | High | Former | | | |
| (1) JANE CHRISTYSON | 40.00 | | | | | | | | | |
| CHIEF EXECUTIVE OFFICER | | | | Х | | | | 157,395. | 0. | 41,209. |
| (2) JOHN GRAVES | 40.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | | | | Х | | | | 110,792. | 0. | 27,948. |
| (3) EMILY FEIN | 40.00 | | | | | | | | | |
| CHIEF OPERATING OFFICER | | | | Х | | | | 93,425. | 0. | 27,918. |
| (4) KATHY MOOCK | 1.00 | | | | | | | | | |
| CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (5) ROBYN GORDON | 1.00 | | | | | | | | | _ |
| VICE CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (6) KATE ASBECK | 1.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (7) CINDY SKELTON-BECKER | 1.00 | | | | | | | | | _ |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (8) DIANA BILIMORIA, PHD | 1.00 | | | | | | | | | |
| MEMBER-AT-LARGE | | Х | | | | | | 0. | 0. | 0. |
| (9) TAMI BOLDER | 1.00 | | | | | | | | | |
| MEMBER-AT-LARGE | | Х | | | | | | 0. | 0. | 0. |
| (10) VIVIAN VON GRUENIGEN | 1.00 | | | | | | | | | |
| MEMBER-AT-LARGE | | Х | | | | | | 0. | 0. | 0. |
| (11) MICHELLE HENRY | 1.00 | | | | | | | | | _ |
| MEMBER-AT-LARGE | | Х | | | | | | 0. | 0. | 0. |
| (12) JUDITH MATSKO | 1.00 | | | | | | | | | |
| MEMBER-AT-LARGE | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (13) SANDRA RAPP | 1.00 | | | | | | | | | • |
| MEMBER-AT-LARGE | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (14) SANDRA REID | 1.00 | | | | | | | | | • |
| MEMBER-AT-LARGE | 1 | Х | | | | | | 0. | 0. | 0. |
| (15) NICOLE RODENFELS | 1.00 | | | | | | | | | • |
| MEMBER-AT-LARGE | 1 | Х | | | | | | 0. | 0. | 0. |
| (16) LAURA SCHULTZ | 1.00 | . | | | | | | _ | | |
| MEMBER-AT-LARGE | | Х | | | | | | 0. | 0. | 0. |
| (17) ELLEN STEPHENS | 1.00 | | | | | | | _ | | • |
| MEMBER-AT-LARGE | | Х | | | | | | 0. | 0. | 0. |
| 232007 12-13-22 | | | | _ | - | | | | | Form 990 (2022) |

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| | COUTS OF N | OR | TH | ΕA | ST. | OF | IIO | 34-0726 | 094 | Page 8 |
|---|--|--------------------------------|------------------------|---------------------------------|--|-----------------------|---|---|---|--|
| Part VII Section A. Officers, Directors, 1 | rustees, Key Emp | oloye | es, a | nd H | lighe | st C | ompensated Employee | s (continued) | | |
| (A) Name and title | (B) Average hours per week | (do box, | P not che unless | (C) ositic ck mo perso | | one h an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other | |
| | (list any hours for related organizations below line) | Individual trustee or director | In stitutional trustee | Utticer Kev em nlovee | Ney employee Highest com pensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | fron organ and r | nsation n the ization elated zations |
| (18) KAREN STOCK MEMBER-AT-LARGE | 1.00 | x | | | | | 0. | 0. | | 0. |
| (19) KIMBERLY TOGLIATTI-TRICKETT MEMBER-AT-LARGE | 1.00 | x | | | | | 0. | 0. | | 0. |
| (20) HEATHER VALENTINO MEMBER-AT-LARGE | 1.00 | x | | | | | 0. | 0. | | 0. |
| (21) CHRIS VENDITTI MEMBER-AT-LARGE | 1.00 | x | | | | | 0. | 0. | | 0. |
| (22) CHRIS YOUNG MEMBER-AT-LARGE | 1.00 | x | | | | | 0. | 0. | | 0. |
| | | | | | | | | | | |
| | | | | | _ | | | | | |
| 1b Subtotal | | | | | | | 361,612. | 0. | 97 | ,075. |
| c Total from continuation sheets to Par d Total (add lines 1b and 1c) | | | | | | | 0. 361,612. | 0. | 97 | 0. ,075. |
| 2 Total number of individuals (including b compensation from the organization | ut not limited to th | ose l | listed | abov | ve) wł | no re | eceived more than \$100 | 000 of reportable | | 2 |
| 3 Did the organization list any former off | icer, director, truste | e, k | ey en | nploy | vee, o | r hig | phest compensated emp | loyee on | Y | es No |
| line 1a? <i>If</i> "Yes," <i>complete</i> Schedule J <i>t</i> 4 For any individual listed on line 1a, is th | | | | | | | | | 3 | X |
| and related organizations greater than \$Did any person listed on line 1a receive | \$150,000? <i>If</i> "Yes, or accrue compen | " <i>cor</i> isatic | <i>nplet</i> on fro | e Scl m an | hedul iy unr | e <i>J f</i> elate | for such individual ed organization or individ | dual for services | 4 2 | X |
| rendered to the organization? <i>If</i> "Yes." Section B. Independent Contractors | | | | | | | | | 5 | X |
| 1 Complete this table for your five highes the organization. Report compensation | • | • | | | | | | · · | tion from | |
| (A) Name and busin | | |) NE | - viici | 1011 | | (B) Description of s | | (C) Compensa | ation |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2 Total number of independent contracto \$100,000 of compensation from the org | | ot lin | nited t | to the | ose lis 0 | sted | above) who received m | ore than | | |
| ,,, _,, _ | | | | | | | | | Form 99 | 0 (2022) |

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| are Federated campaigns tal 46,740. are federated campaigns tal 44,211,259. are federated campaigns tal 42,211,259. are federated campaigns are federated campaigns <t< th=""><th></th><th></th><th></th><th></th><th></th><th>UTS O</th><th>F NORTH 1</th><th>EAST OHIO</th><th></th><th>34-0726</th><th>094 Page 9</th></t<> | | | | | | UTS O | F NORTH 1 | EAST OHIO | | 34-0726 | 094 Page 9 |
|--|--|------|------|--------------------------------------|-------------|---------------|--------------------|---------------|------------|---------|-----------------------|
| Bit Bit State Control Revenue Patient or evenue Control Revenue Patient or evenue Description Description <thd< td=""><th>Par</th><td>rt V</td><td>/111</td><td>Statement of Rev</td><td>venue</td><td></td><td></td><td></td><td></td><td></td><td></td></thd<> | Par | rt V | /111 | Statement of Rev | venue | | | | | | |
| Total revenue Flatted of exempt function revenue Pretrait addition function revenue Pretrait addition function function function function function function function function revenue Pretrait addition function function function revenue Pretrait addition function function revenue Pretrait function function function revenue Pretrait function function function revenue Pretrait function function function revenue Pretrait function function revenue Pre | | | | Check if Schedule O c | ontains a | response | or note to any lin | | | | |
| group 1 a Federated campaigns ta 46,740. Tent is a under activity of the second | | | | | | | | | | | |
| Best To Forested campaigns Table 46,740. Base 46,740. Base Addition of the set organizations Table Addition of the set organizations Addition of the set organizations Table Addition of the set organizations Table <td< td=""><th></th><td></td><td></td><td></td><td></td><td></td><td></td><td>Total revenue</td><td></td><td></td><td>from tax under</td></td<> | | | | | | | | Total revenue | | | from tax under |
| Berger Barger | | | | | | | | | | | sections 512 - 514 |
| Sector Control contro contron control control control | ts t | 1 | а | Federated campaigns | | 1a | 46,740. | | | | |
| Sector Control contro contron control control control | iran | | b | Membership dues | | 1b | | | | | |
| Sector Control contro contron control control control | G G | | с | Fundraising events | | 1c | 4,580. | | | | |
| Sector Control contro contron control control control | ar / | | | | | 1d | | | | | |
| Burness Code Burness Code Burness Code 0 - | s, o | | е | Government grants (contri | butions) | 1e | 834,830. | | | | |
| Burness Code Burness Code Burness Code 0 - | <u>s</u> is | | f | All other contributions, gifts, g | grants, and | | | | | | |
| Burness Code Burness Code Burness Code 0 - | the | | | similar amounts not included | above | 1f | 4,211,259. | | | | |
| Burness Code Burness Code Burness Code 0 - | <u>Ş</u> | | g | Noncash contributions included in li | ines 1a-1f | 1g \$ | 249,566. | | | | |
| Burness Code Burness Code Burness Code 0 - | anco | | h | Total. Add lines 1a-1f | | | | 5,097,409. | | | |
| Border Control Control <thcontrol< th=""> <thcontrol< th=""> <thco< td=""><th></th><td></td><td></td><td colspan="2"></td><td>Business Code</td><td></td><td></td><td></td><td></td></thco<></thcontrol<></thcontrol<> | | | | | | Business Code | | | | | |
| Protect Statilized and lines 28:21 867,926. 3 Investment income (including dividends, interest, and other similar amounts) 463,238. 463,238. 4 Income from investment of tax exempt bond proceeds 5 Royalties 5 5 Royalties 60 0. 6 463,238. 463,238. 6 a Gross rents 60 0. 6 6 6.0.15 7 a Gross amount from sales of assets other than inventory 8,035. 8,035. 8,035. 7 a Gross income from fundarising events including \$ 79,9,406,154. 0. -62,132. -62,132. 8 A registro of ther basis and sales expenses 70 9,406,154. 0. -62,132. -62,132. 8 Gross income from fundraising events including \$ 4,580. of contributions reported on line 10. See 9 | Ð | 2 | а | PROGRAM AND CAMP FEE | s | | 611710 | 867,926. | 867,926. | | |
| Protect Statilized and lines 28:21 867,926. 3 Investment income (including dividends, interest, and other similar amounts) 463,238. 463,238. 4 Income from investment of tax exempt bond proceeds 5 Royalties 5 5 Royalties 60 0. 6 463,238. 463,238. 6 a Gross rents 60 0. 6 6 6.0.15 7 a Gross amount from sales of assets other than inventory 8,035. 8,035. 8,035. 7 a Gross income from fundarising events including \$ 79,9,406,154. 0. -62,132. -62,132. 8 A registro of ther basis and sales expenses 70 9,406,154. 0. -62,132. -62,132. 8 Gross income from fundraising events including \$ 4,580. of contributions reported on line 10. See 9 | Ś | | b | | | | | | | | |
| Protect Statilized and lines 28:21 867,926. 3 Investment income (including dividends, interest, and other similar amounts) 463,238. 463,238. 4 Income from investment of tax exempt bond proceeds 5 Royalties 5 5 Royalties 60 0. 6 463,238. 463,238. 6 a Gross rents 60 0. 6 6 6.0.15 7 a Gross amount from sales of assets other than inventory 8,035. 8,035. 8,035. 7 a Gross income from fundarising events including \$ 79,9,406,154. 0. -62,132. -62,132. 8 A registro of ther basis and sales expenses 70 9,406,154. 0. -62,132. -62,132. 8 Gross income from fundraising events including \$ 4,580. of contributions reported on line 10. See 9 | Ser | | с | | | | | | | | |
| Protect Statilized and lines 28:21 867,926. 3 Investment income (including dividends, interest, and other similar amounts) 463,238. 463,238. 4 Income from investment of tax exempt bond proceeds 5 Royalties 5 5 Royalties 60 0. 6 463,238. 463,238. 6 a Gross rents 60 0. 6 6 6.0.15 7 a Gross amount from sales of assets other than inventory 8,035. 8,035. 8,035. 7 a Gross income from fundarising events including \$ 79,9,406,154. 0. -62,132. -62,132. 8 A registro of ther basis and sales expenses 70 9,406,154. 0. -62,132. -62,132. 8 Gross income from fundraising events including \$ 4,580. of contributions reported on line 10. See 9 | eve Sve | | d | | | | | | | | |
| Protect Statilized and lines 28:21 867,926. 3 Investment income (including dividends, interest, and other similar amounts) 463,238. 463,238. 4 Income from investment of tax exempt bond proceeds 5 Royalties 5 5 Royalties 60 0. 6 463,238. 463,238. 6 a Gross rents 60 0. 6 6 6.0.15 7 a Gross amount from sales of assets other than inventory 8,035. 8,035. 8,035. 7 a Gross income from fundarising events including \$ 79,9,406,154. 0. -62,132. -62,132. 8 A registro of ther basis and sales expenses 70 9,406,154. 0. -62,132. -62,132. 8 Gross income from fundraising events including \$ 4,580. of contributions reported on line 10. See 9 | В | | е | | | | | | | | |
| g Total. Add lines 2a:1 867,926. 3 investment income (including dividends, interest, and other similar amounts) 463,238. 463,231. 4 income from investment of tax exempt bond proceeds 5 Royalties 6 463,238. 463,231. 6 a Gross rents 6a 8,035. 6 8,035. 6 6 6 7 a Gross amout from sales of assets other than income or (loss) 0. 8,035. 8,035. 0. 7 a Gross amout from sales of and sales expenses. 10, Securities (0) Other assets other than income or (loss) 8,035. 8,035. 0. 6 a Gross richme from fundraising events. 70, -066,532. 4,500. -062,132. -082,132. 8 a Gross income from fundraising events. 70, -066,632. 4,500. -082,132. -082,132. 8 a Gross income for fundraising events. 69,841. 69,841. 69,841. 69,841. 9 a Gross income form fundraising events. 69,841. 69,841. 69,841. 69,941. 9 a Gross income form gaming activities 10a 13,209,777. 10a 13,209,777. 10a 13,209,777. 10a 13,209,777. 10a 13,209,777. 10a 13,209,777 | Prc | | | All other program service r | revenue | | | | | | 1 |
| 3 Investment income (including dividends, interest, and other similar amounts) 463,238. 463,238. 463,238. 4 Income from investment of tax-exempt bond proceeds 5 Royatties 5 100 463,238. 463,238. 463,238. 463,238. 5 Royatties 6 0.05 100 10 | | | | | | | | 867,926. | | | |
| other similar amounts) 463,238. 463,238. 4 income from investment of tax-exempt bond proceeds 463,238. 463,238. 463,238. 463,238. 463,238. 463,238. 463,238. | | 3 | 2 | | | | | | | | |
| 4 Income from investment of tax-exempt bond proceeds Image: constraint of tax-exempt bond proceeds Image: constratax and proceeds <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>463,238.</td><td></td><td></td><td>463,238.</td></t<> | | | | | | | | 463,238. | | | 463,238. |
| 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a 0, 0 0 6 b Less: rental expenses 6a 0, 0 0 6 a Gross rents 6a 0, 0 0 6 a Gross rents 6a 0, 0 0 7 a Gross amount from sales of assets other than inventory 8, 035. 8, 035. 8, 035. 7 b Gross amount from sales of assets other than inventory 7a 9, 319, 522. 4, 500. C Gain or (loss) 7b 9, 406, 154. 0. -82, 132. -82, 132. 8 a Gross income from lundraking events (rot including \$ 4, 580. of contributions reported on line tc). See Ba 123, 859. Bb Less: direct expenses Ba 123, 859. Ba 54, 018. 69, 841. 69, 841. 69, 841. 69, 841. 69, 841. 69, 841. 69, 841. 69, 841. 69, 841. 69, 841. 69, 841. 69, 841. 69, 841. 69, 841. 69, 841. 69, 841. 69, 841. <th></th> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | | 4 | | | | | | | | | |
| orgen (i) Real (ii) Personal 8 Gross rents 6a 8,035. b Less: rental expenses 6c 8,035. c Rental income or (loss) 6c 8,035. a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7a 9,406,154. 0. c Cali or (loss) 7c -86,632. 4,500. d Net gain or (loss) 7c -86,632. -82,132. d Net gain or (loss) -86,632. -82,132. d Net gain or (loss) -82,132. -82,132. d Net gain or (loss) from fundraising events (not including \$\$ | | 5 | | | | | | | | | |
| b Less: rental expenses: Bb 0. c Rental income or (loss) Bc 8,035. 8,035. 8,035. 7 a Gross amount from sales of assets other than inventory b 9,406,154. 0. 6 c Gain or (loss) Tc -86,632. 4,500. -82,132. -82,132. d Net gain or (loss) Tc -86,632. 4,500. -82,132. -82,132. d Net gain or (loss) Tc -86,632. 4,500. -82,132. -82,132. d Net gain or (loss) Tc -86,632. 4,500. -82,132. -82,132. d Net gain or (loss) Tc -86,632. 4,500. -82,132. -82,132. b Less: circet expenses Ba 123,859. Bb 54,018. -82,9.841. 69,841. 69,841. 9 a Gross income from gaming activities. Ba 13,209,777. -84 -94 -94 -94 -94 -94 -94 -94 -94 - | | | | ···· j -····· | (| i) Real | | | | | |
| b Less: rental expenses: Bb 0. c Rental income or (loss) Bc 8,035. 8,035. 8,035. 7 a Gross amount from sales of assets other than inventory b 9,406,154. 0. 6 c Gain or (loss) Tc -86,632. 4,500. -82,132. -82,132. d Net gain or (loss) Tc -86,632. 4,500. -82,132. -82,132. d Net gain or (loss) Tc -86,632. 4,500. -82,132. -82,132. d Net gain or (loss) Tc -86,632. 4,500. -82,132. -82,132. d Net gain or (loss) Tc -86,632. 4,500. -82,132. -82,132. b Less: circet expenses Ba 123,859. Bb 54,018. -82,9.841. 69,841. 69,841. 9 a Gross income from gaming activities. Ba 13,209,777. -84 -94 -94 -94 -94 -94 -94 -94 -94 - | | 6 | а | Gross rents | 6a | 8,035. | | | | | |
| Bit C Rental income or (loss) Bit C 8,035. 1,035. 8,035. 1,056. | | | | | | 0. | | | | | |
| d Net rental income or (loss) 8,035. 8,035. 8,035. 7 a Gross amount from sales of assets other than inventory b 19,319,522. 4,500. b Less: cost or other basis and sales expenses 7b 9,406,154. 0. -82,132. -82,132. c Gain or (loss) -86,632. 4,580. -82,132. -82,132. -82,132. d Net gain or (loss) -84,580. of -82,132. -82,132. -82,132. a Gross income from fundralsing events (not including \$4,580.of -82,132. -82,132. -82,132. b Less: direct expenses Bb 54,018. 59,841. 59,841. c Net income or (loss) from fundraising events 59,841. 59,841. 59,843. 9 a Gross income from gaming activities. See 9a 9a 9a 9a 9a b Less: cost of goods sold 100a 13,209,777. 10b 13,209,777. 10b 195,650. 10c a MISCELLANEOUS Business Code 100a 143,209,775,357. 9,753,357. 9,753,357. 100a | | | | | | 8,035. | | | | | |
| 9000000000000000000000000000000000000 | | | | | | | | 8,035. | 8,035. | | |
| assets other than inventory b Ta 9,319,522 4,500. Tb b Less: cost or other basis and sales expenses Ta 9,406,154. To 0. To 0. To -82,132. -82,132. c Gain or (loss) To -86,632. 4,500. -82,132. -82,132. 8 a Gross income from fundraising events including \$\$ 4,580. of 4,580. of contributions reported on line 1c). See Part IV, line 18 Ba 123,859. Bb 54,018. b Less: direct expenses Bb 54,018. 69,841. 69,841. 69,842. 9 a Gross income from gaming activities. See Part IV, line 19 9 9 10 3,456,420. 10 10,9,753,357. 9,753,357. 0 Less: cost of goods sold c Total revenue Business Code 611710 195,650. 10 11 a MISCELLANEOUS Business Code 10 10,9,753,357. 9,753,357. 10 12 Total revenue. See instructions 116,373,324. 10824968. 0. 450,944 | | | | | | Securities | (ii) Other | | | | |
| Bit Less: cost or other basis and sales expenses Tb 9, 406, 154. 0. c Gain or (loss) Tc -86, 632. 4, 500. d Net gain or (loss) Tc -86, 632. 4, 500. 8 a Gross income from fundraising events (not including \$4, 580. of contributions reported on line 1c). See Part IV, line 18 8a 123, 859. b Less: direct expenses Bb 54, 018. 69, 841. 69, 841. 9 a Gross income from gaming activities. See Part IV, line 19 Ba 9a 9b 69, 841. 69, 841. 9 a Gross sales of inventory, less returns and allowances 9b 13, 209, 777. 10a 13, 209, 777. 10b 3, 456, 420. 611710 195, 650. 104 113, 209, 777. 10b 11a MISCELLANEOUS 611710 195, 650. 105 | | - | | | 7a 9, | 319,522. | | | | | |
| Page of the sequences To 9, 406, 154. 0. c Gain or (loss) To -86, 632. 4, 500. -82, 132. -82, 132. -82, 132. 8 a Gross income from fundraising events (not including \$\sum_{-4, 580.}\$ of contributions reported on line 1c). See Part IV, line 18 -82, 132. -82, 132. -82, 132. b Less: direct expenses 61 -82, 132. -82, 132. -82, 132. c Net income or (loss) from fundraising events (not including \$\sum_{-4, 580.}\$ of contributions reported on line 1c). See Part IV, line 18 8a 123, 859. 8b 54, 018. 69, 841. 69, 841. 69, 841. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a 9a 9a 9a 9a 69, 841. 69, 841. 69, 841. 69, 841. 69, 841. 69, 841. 69, 841. 69, 841. 69, 841. 69, 841. 69, 841. 69, 841. 69, 841. 69, 841. 69, 841. 69, 841. 69, 842. 69, 842. 69, 842. 69, 842. 69, 842. 69, 842. 69, 842. 60, 13, 209, 7 | | | b | , | | | | | | | |
| Sec Gain or (loss) Tc -86,632. 4,500. -82,132. -82,132. 8 a Gross income from fundraising events (not including \$\subset 4,580. of contributions reported on line 1c). See Part IV, line 18 -82,132. -82,132. -82,132. b Less: direct expenses Ba 123,859. of contributions reported on line 1c). See Part IV, line 18 Ba 123,859. of contributions reported on line 1c). See Part IV, line 18 Ba 123,859. of contributions reported on line 1c). See Part IV, line 18 Ba 123,859. of contributions reported on line 1c). See Part IV, line 18 Ba 123,859. of contributions reported on line 1c). See Part IV, line 18 Ba 123,859. of contributions reported on line 1c). See Part IV, line 18 Ba 123,859. of contributions reported on line 1c). See Part IV, line 18 Gain 123,859. of contributions reported on line 1c). See Part IV, line 19 Gain 123,859. of contributions reported on line 1c). See Part IV, line 19 Gain 123,859. of contributions reported on line 1c). See Part IV, line 19 Gain 123,859. of contributions reported on line 1c). See Part IV, line 19 Gain 123,859. of contributions reported on line 1c). See Part IV, line 18 Gain 123,809,777. of contributions reported on line 1c). See Part IV, line 19 Gain 13,209,777. of contributions and allowances Gain 13,209,777. of contributions and allowances Gain 13,209,777. of contributions 195,650. o | Ð | | | | 7b 9, | 406,154. | 0. | | | | |
| d Net gain or (loss) 82,132. 82,132. 8 a Gross income from fundraising events (not including \$ | ent | | с | | | | | | | | |
| B a Gross income from fundraising events (not including \$4,580of contributions reported on line 1c). See Part IV, line 18 Ba 123,859. b Less: direct expenses Bb 54,018. c Net income or (loss) from fundraising events 69,841. 69,841. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b b Less: direct expenses 9b 54,018. c Net income or (loss) from gaming activities. See Part IV, line 19 9a 9b b Less: direct expenses 9b 54,018. 54,018. 10 a Gross sales of inventory, less returns and allowances 10a 13,209,777. 50 b Less: cost of goods sold 10b 3,456,420. 54,019. 550. c Net income or (loss) from sales of inventory 9,753,357. 9,753,357. 550. 550. b | e a | | | | | | | -82,132. | | | -82,132. |
| state contributions reported on line 1c). See state | erF | 8 | | | | | | , | | | , |
| state contributions reported on line 1c). See state | Ę | - | | | | | | | | | |
| Part IV, line 18 Ba 123,859. b Less: direct expenses Bb 54,018. c Net income or (loss) from fundraising events 69,841. 69,841. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b 69,841. b Less: direct expenses 9a 9b 69,841. 69,841. b Less: direct expenses 9a 9b 60,841. 69,841. c Net income or (loss) from gaming activities 9a 9b 60,841. 69,841. 10 a Gross sales of inventory, less returns and allowances 10a 13,209,777. 10b 3,456,420. c Net income or (loss) from sales of inventory 9,753,357. 9,753,357. 9,753,357. c Net income or (loss) from sales of inventory 9,753,357. 9,753,357. 100 c d Int a MISCELLANEOUS 611710 195,650. 100 c d d 100 195,650. 100 100 c d | • | | | | | | | | | | |
| b Less: direct expenses Bb 54,018. c Net income or (loss) from fundraising events 69,841. 69,841. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a b Less: direct expenses 9b 9a c Net income or (loss) from gaming activities 9a c Net income or (loss) from gaming activities 0 10 a Gross sales of inventory, less returns and allowances 10a 13,209,777. b Less: cost of goods sold 10b 3,456,420. 0 c Net income or (loss) from sales of inventory 9,753,357. 9,753,357. 0 source or (loss) from sales of inventory 0,1710 195,650. 0 0 c | | | | | , | | 123,859. | | | | |
| c Net income or (loss) from fundraising events 69,841. 69,841. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a b Less: direct expenses 9b 9b 9b c Net income or (loss) from gaming activities and allowances 10 a Gross sales of inventory, less returns and allowances 10 a 13,209,777. 10b 13,209,777. 3,456,420. 10 c Net income or (loss) from sales of inventory 9,753,357. 9,753,357. 9 s Net income or (loss) from sales of inventory 9,753,357. 9,753,357. 9 a MISCELLANEOUS 611710 195,650. 195,650. c All other revenue 10 195,650. 10 a All other revenue 195,650. 10824968. 0. 12 Total revenue. See instructions 16,373,324. 10824968. 0. 450,94* | | | b | | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a b Less: direct expenses 9b 9b c Net income or (loss) from gaming activities 9a 9b 10 a Gross sales of inventory, less returns and allowances 10a 13,209,777. 10b b Less: cost of goods sold 10b 3,456,420. 9,753,357. 9,753,357. c Net income or (loss) from sales of inventory 9,753,357. 9,753,357. 9,753,357. 11 a MISCELLANEOUS 611710 195,650. 105 c | | | | | | | | 69,841. | | | 69,841. |
| Part IV, line 19 9a 9a 9b 9b 9c 9c< | | 9 | | | | - | | | | | , |
| b Less: direct expenses 9b Image: constraint of the second se | | - | - | | | | | | | | |
| c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 9,753,357. 9,753,357. | | | þ | | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances 10a 13,209,777. b Less: cost of goods sold 10b 3,456,420. c Net income or (loss) from sales of inventory 9,753,357. 9,753,357. 11 a MISCELLANEOUS 611710 195,650. 100 b - - - - c - - - - c - - - - c - - - - d All other revenue - 195,650. - e Total revenue. See instructions 16,373,324. 10824968. 0. 450,947 | | | | | | | 1 | | | | |
| and allowances 10a 13,209,777. b Less: cost of goods sold 10b 3,456,420. c Net income or (loss) from sales of inventory 9,753,357. 9,753,357. 11 a MISCELLANEOUS 611710 195,650. 100 b - - - - c - - - - c - - - - c - - - - d All other revenue - 195,650. - e Total revenue. See instructions 16,373,324. 10824968. 0. 450,947 | | | | | | | | | | | |
| b Less: cost of goods sold 10b 3,456,420. 9,753,357. 9,753,357. sogering of the time of (loss) from sales of inventory 9,753,357. 9,753,357. 9,753,357. sogering of time of (loss) from sales of inventory Business Code 100 100 195,650. 100 sogering of time of (loss) from sales of inventory Business Code 100 100 195,650. 100 sogering of time of (loss) from sales of inventory Business Code 100 100 195,650. 100 | | | - | | | | 13,209,777. | | | | |
| Business Code 9,753,357. 9,753,357. 11 a MISCELLANEOUS 611710 195,650. 195,650. b | | | þ | | | | | | | | |
| Business Code Business Code b 611710 195,650. c 611710 195,650. d All other revenue 611710 195,650. e Total. Add lines 11a-11d 195,650. 12 Total revenue. See instructions 16,373,324. 10824968. 0. 450,947 | | | | | | ····· | | 9,753,357. | 9,753.357. | | |
| e Total. Add lines 11a-11d 195,650. 12 Total revenue. See instructions 16,373,324. 10824968. 0. 450,94* | | | | | | j | | | | | |
| e Total. Add lines 11a-11d 195,650. 12 Total revenue. See instructions 16,373,324. 10824968. 0. 450,94* | snc | 11 | а | MISCELLANEOUS | | | 611710 | 195,650. | 195,650. | | |
| e Total. Add lines 11a-11d 195,650. 12 Total revenue. See instructions 16,373,324. 10824968. 0. 450,94* | Due | | - | | | | | | | | |
| e Total. Add lines 11a-11d 195,650. 12 Total revenue. See instructions 16,373,324. 10824968. 0. 450,94* | ella svei | | | | | | | | | | |
| e Total. Add lines 11a-11d 195,650. 12 Total revenue. See instructions 16,373,324. 10824968. 0. 450,94* | S B B B B B B B B B B B B B B B B B B B | | | All other revenue | | | | | | | |
| 12 Total revenue. See instructions 16,373,324. 10824968. 0. 450,94* | Σ | | | | | | | 195,650. | | | |
| | | | | | | | | , | 10824968. | 0. | 450,947. |
| | 232009 | | | | | | | | | | Form 990 (2022 |

9

GIRL SCOUTS OF NORTH EAST OHIO 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).

| 0000 | ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon | | | | |
|----------|--|-----------------------|-----------------------------|---------------------------------|---------------------------|
| Do | not include amounts reported on lines 6b, | (A) | (B) | (C) Management and | (D) |
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | 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 | 202,927. | 202,927. | | |
| 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 | 481,598. | 39,956. | 441,642. | |
| 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 | 3,675,102. | 2,830,750. | 570,471. | 273,881. |
| 8 | Pension plan accruals and contributions (include | . | | | |
| | section 401(k) and 403(b) employer contributions) | 681,406. | 486,035. | 155,639. | 39,732. |
| 9 | Other employee benefits | 952,903. | 717,621. | 176,191. | 59,091. |
| 10 | Payroll taxes | 305,795. | 214,249. | 74,077. | 17,469. |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | 70,663. | 4 010 | 70,663. | |
| | Legal | 9,083. | 4,913. | 3,171. | 999. |
| | Accounting | 37,034. | 20,030. | 12,930. | 4,074. |
| | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 106 250 | 201 265 | 100 015 | 61 270 |
| | column (A), amount, list line 11g expenses on Sch O.) | 486,359. | <u>301,265.</u> 70,523. | 123,815. | <u>61,279</u> . 6,105. |
| 12 | Advertising and promotion | 82,630. 1,082,727. | 968,074. | <u>6,002.</u> 57,645. | 57,008. |
| 13 | Office expenses | 1,002,727. | 900,074. | 57,045. | 57,000. |
| 14 | Information technology | | | | |
| 15 | Royalties | 748,777. | 639,283. | 59,192. | 50,302. |
| 16 17 | Occupancy | 195,328. | 136,182. | 41,842. | 17,304. |
| 17 10 | Travel Payments of travel or entertainment expenses | 199,920. | 150,102. | 41,042. | 17,504. |
| 18 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 55,336. | 38,580. | 11,854. | 4,902. |
| 20 | Interest | 98,910. | | 98,910. | _,,,,,,,, |
| 20 | Payments to affiliates | , | | | |
| 22 | Depreciation, depletion, and amortization | 840,929. | 770,188. | 55,101. | 15,640. |
| 23 | Insurance | 217,203. | 171,829. | 32,770. | 12,604. |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | | | |
| а | TROOP AND SERVICE UNIT | 2,190,038. | 2,190,038. | | |
| b | TROOP/MEMBER INCENTIVES | 411,798. | 411,798. | | |
| c | EQUIPMENT RENTAL/REPAIR | 107,056. | 101,708. | 4,533. | 815. |
| d | · · · · · · · · · · · · · · · · · · · | • | | | |
| | All other expenses | 225,977. | 146,297. | 78,753. | 927. |
| 25 | Total functional expenses. Add lines 1 through 24e | 13,159,579. | 10,462,246. | 2,075,201. | 622,132. |
| 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) | | | | |
| | | | | | Earm 990 (202 |

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232010 12-13-22

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Form 990 (2022)

07570215 765826 7031464.000

GIRL SCOUTS OF NORTH EAST OHIO

34-0726094 Page 11

| | | Check if Schedule O contains a response or note to any line in this | Part X | | | |
|-----------------------------|-----|---|------------------------------|---------------------------------|------------------------------|------------------------|
| | | , <u> </u> | | (A) Beginning of year | | (B) End of year |
| | 4 | Orah manifestation | | 1,061,783. | _ | 1,324,907. |
| | 1 | Cash - non-interest-bearing | 3,576,881. | 1 | 3,660,683. | |
| | 2 | Savings and temporary cash investments | | 2 | | |
| | 3 | Pledges and grants receivable, net | <u>1,064,891.</u> 23,583. | 3 | <u>1,853,051.</u> 50,012. | |
| | 4 | Accounts receivable, net | | 23,303. | 4 | 50,012. |
| | 5 | Loans and other receivables from any current or former officer, dire | | | | |
| | | trustee, key employee, creator or founder, substantial contributor, o | | _ | | |
| | | controlled entity or family member of any of these persons | | 5 | | |
| | 6 | Loans and other receivables from other disqualified persons (as def | | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c) | F | | 6 | |
| sts | 7 | Notes and loans receivable, net | | 7 | | |
| Assets | 8 | Inventories for sale or use | ····· | 275,691. | 8 | 260,709. |
| ◄ | 9 | Prepaid expenses and deferred charges | | 140,465. | 9 | 150,149. |
| | 10a | Land, buildings, and equipment: cost or other | CO 515 | | | |
| | | basis. Complete Part VI of Schedule D 10a 34,0 | <u>62,515.</u> 56,691. | 00 000 466 | | 01 005 004 |
| | b | | | 20,877,466. | 10c | 21,205,824. |
| | 11 | Investments - publicly traded securities | | 7,444,519. | 11 | 9,849,686. 906,203. |
| | 12 | Investments - other securities. See Part IV, line 11 | ····· | 738,982. | 12 | 906,203. |
| | 13 | Investments - program-related. See Part IV, line 11 | Г | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 25 004 064 | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | | 35,204,261. | 16 | 39,261,224. |
| | 17 | Accounts payable and accrued expenses | 925,750. | 17 | 836,587. | |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | ····· . | | 19 | |
| | 20 | Tax-exempt bond liabilities | Г | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule | D | | 21 | |
| es | 22 | Loans and other payables to any current or former officer, director, | | | | |
| ii ti | | trustee, key employee, creator or founder, substantial contributor, o | or 35% | | | |
| Liabilities | | | ····· . | 0 004 400 | 22 | 0 616 400 |
| - | 23 | | | 2,724,487. | 23 | 2,616,429. |
| | 24 | | ····· . | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related th | | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete I | Part X | 156 000 | | 1 6 0 1 0 4 |
| | | of Schedule D | 156,800. | | 169,124. | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 3,807,037. | 26 | 3,622,140. |
| ß | | Organizations that follow FASB ASC 958, check here | | | | |
| ice | | and complete lines 27, 28, 32, and 33. | | | | 07 160 641 |
| alar | 27 | Net assets without donor restrictions | Г | 26,455,530. | 27 | 27,168,641. |
| ä | 28 | Net assets with donor restrictions | | 4,941,694. | 28 | 8,470,443. |
| ŭ | | Organizations that do not follow FASB ASC 958, check here | | | | |
| Net Assets or Fund Balances | | and complete lines 29 through 33. | | | | |
| ts | 29 | Capital stock or trust principal, or current funds | Г | | 29 | |
| sse | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | | 30 | |
| tAŝ | 31 | Retained earnings, endowment, accumulated income, or other func | Г | <u> </u> | 31 | <u> </u> |
| .e | 32 | Total net assets or fund balances | ····· | 31,397,224. | 32 | 35,639,084. |
| | 33 | Total liabilities and net assets/fund balances | | 35,204,261. | 33 | <u>39,261,224.</u> |

Form 990 (2022)

Form 990 (2022) Part X Balance Sheet

| | 990 (2022) GIRL SCOUTS OF NORTH EAST OHIO | 34-0 | 726094 | Pag | _{ge} 12 |
|----|--|-----------|--------|-----|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 16,373 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 13,159 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 3,213 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 31,397 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 860 |),8 | 94. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 16 | 7,2 | 21. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 35,639 | 9,0 | 84. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | ····· | | <u>x</u> |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | О. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | - | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit | | | 1 |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | | L |
| | | | | 000 | |

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

| OMB No. 1545-0047 |
|-------------------|
| 2022 |
| Open to Public |

| | mspecu | |
|------|----------------|-------|
| ovor | idantification | numbo |

| Name of the | organization |
|-------------|--------------|
|-------------|--------------|

| Name | of t | he organization | ~~~~~ | | | | | | identification number | |
|--------|--|-----------------------------------|-------------------------|--|-------------------------------------|----------------------------------|------------------|--------------|----------------------------|--|
| Daut | | | | NORTH EAST (| | | | | 4-0726094 | |
| Part | L | Reason for Public (| Sharity Status. | All organizations must c | complete th | nis part.) S | ee instructions | S. | | |
| The or | gani | zation is not a private found | ation because it is: (F | For lines 1 through 12, c | heck only o | one box.) | | | | |
| 1 | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | | | | |
| 2 | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) | | | | | | | | | |
| 3 | | A hospital or a cooperative | hospital service orga | nization described in s | ection 170 | (b)(1)(A)(ii | ii). | | | |
| 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 gov | | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | | |
| 7 | = | An organization that norma | - | | | | | e general i | oublic described in | |
| • | | section 170(b)(1)(A)(vi). (C | • | | onn a gove | , minoritai | | e general j | | |
| 8 | | A community trust describe | | 1)(A)(vi) (Complete Par | + 11) | | | | | |
| 9 | = | An agricultural research org | | | | ad in coniu | unction with a | land-grant | college | |
| 5 L | | or university or a non-land-g | | | | - | | - | • | |
| | | - | frant college of agrici | | | lame, city | , and state of | line college | | |
| 10 | X | university: | Illy reacives (1) mare | than 22 1/20/ of its own | out from a | ontribution | | n faca an | d areas ressints from | |
| 10 🗳 | 2 | An organization that norma | | | | | | | | |
| | | activities related to its exem | | | | | | | | |
| | | income and unrelated busin | | (less section 511 tax) fro | om busines | ses acqui | red by the org | anization a | aπer June 30, 1975. | |
| | _ | See section 509(a)(2). (Con | | | | | | | | |
| 11 L | 4 | An organization organized a | - | • | • | | | | | |
| 12 🗌 | | An organization organized a | - | - | - | | | • | | |
| | | more publicly supported or | | | | | | | Check the box on | |
| | | lines 12a through 12d that | | | | | | - | | |
| а | | Type I. A supporting orga | - | - | • • • • | - | | | | |
| | | the supported organization | | | majority o | f the direc | ctors or trustee | es of the su | upporting | |
| | | organization. You must o | - | | | | | | | |
| b | | Type II. A supporting org | anization supervised | or controlled in connect | tion with its | s supporte | ed organizatior | n(s), by hav | ving | |
| | | control or management o | f the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or manag | je the supp | ported | |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | | |
| С | | Type III functionally inte | grated. A supporting | g organization operated | in connect | ion with, a | and functionall | y integrate | ed with, | |
| | | its supported organization | n(s) (see instructions) | . You must complete l | Part IV, Se | ctions A, | D, and E. | | | |
| d | | Type III non-functionally | integrated. A supp | orting organization oper | ated in co | nnection w | vith its support | ted organiz | zation(s) | |
| | | that is not functionally int | egrated. The organiz | ation generally must sat | isfy a distr | ibution red | quirement and | an attentiv | /eness | |
| | | requirement (see instructi | ions). You must con | nplete Part IV, Sections | A and D, | and Part | v . | | | |
| е | | Check this box if the orga | anization received a v | vritten determination fro | m the IRS | that it is a | Type I, Type I | I, Type III | | |
| | | functionally integrated, or | Type III non-functior | nally integrated supporti | ng organiz | ation. | | | | |
| fE | Ente | r the number of supported c | organizations | | | | | | | |
| g F | Prov | ide the following informatior | about the supporte | d organization(s). | | | | | | |
| | (i |) Name of supported | (ii) EIN | (iii) Type of organization (described on lines 1-10 | (iv) Is the orga in your governi | inization listed ng document? | (v) Amount of | | (vi) Amount of other | |
| | | organization | | above (see instructions)) | Yes | No | support (see in | structions) | support (see instructions) | |
| | | | | | | | | | | |
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| Total | | | | | | | | | | |
| · viai | | | | | | | 1 | | | |

| Schedule | A (| Forn | n s | 990 |) 2 | 2022 |
|----------|-----|------|-----|-----|-----|------|
| Part II | | Su | р | por | t | Sc |

GIRL SCOUTS OF NORTH EAST OHIO

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.)

| Sec | ction A. Public Support | | | | | | |
|-------------|--|------------------------|------------------------|----------------------------|----------------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 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. | | | | | | |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 instructio | ons) | | | 12 | • |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fi | | | | 01(c)(3) | |
| | organization, check this box and sto | | | | | | |
| Sec | ction C. Computation of Publi | ic Support Per | centage | | | | |
| 14 | Public support percentage for 2022 (| ine 6, column (f), d | ivided by line 11, o | column (f)) | | 14 | % |
| | Public support percentage from 2021 | | | | | 15 | % |
| 16 a | 33 1/3% support test - 2022. If the | organization did no | ot check the box o | n line 13, and line | 14 is 33 1/3% or m | ore, check this bo | x and |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | |
| b | 33 1/3% support test - 2021. If the | organization did no | ot check a box on I | line 13 or 16a, and | line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization qua | lifies as a publicly s | supported organization | ation | | | |
| 17a | 10% -facts-and-circumstances test | - 2022. If the org | anization did not o | check a box on line | e 13, 16a, or 16b, a | and line 14 is 10% | or more, |
| | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | est. The organizatio | n qualifies as a pu | blicly supported o | rganization | | |
| b | 10% -facts-and-circumstances test | - 2021. If the org | anization did not o | check a box on line | e 13, 16a, 16b, or 1 | 7a, and line 15 is | 10% or |
| | more, and if the organization meets the | ne facts-and-circun | nstances test, che | ck this box and s t | top here. Explain i | n Part VI how the | |
| | organization meets the facts-and-circl | umstances test. Th | e organization qua | alifies as a publicly | supported organiz | ation | |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | nd see instructions | s |
| | | | | | | Schedule A | (Form 990) 2022 |

Schedule A (Form 990) 202

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GIRL SCOUTS OF NORTH EAST OHIO 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) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1062341 881,697. 2367145. 4363493. 5097409.13772085. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 15376063.13659924.10630152.13149110.14281388.67096637. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 16438404.14541621.12997297.17512603.19378797.80868722. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and Ο. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0 c Add lines 7a and 7b 0 80868722. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 12997297.17512603.19378797.80868722. 9 Amounts from line 6 16438404. 14541621. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 207,959. 130,852. 312,628. 463,238. 251,051. 1365728. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 251,051. 207,959. 130,852. 312,628. 463,238. 1365728. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital 64,699. 355,706. 89,238. 81,937. 49,991. 69,841. assets (Explain in Part VI.) 16778693.14831517.13192848.17875222.19911876.82590156. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** Section C. Computation of Public Support Percentage 97.92 % Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 15 98.18 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.65 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) % 17 1.46 18 18 Investment income percentage from 2021 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2022 232023 12-09-22 15

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2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022 GIRL SCOUTS OF NORTH EAST OHIO

| Ра | supporting organizations (continued) | | | |
|-----|---|-----|-----|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | | | | 1 |

| or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control |
|---|
| or management of the supporting organization was vested in the same persons that controlled or managed |
| the supported organization(s) |

| Section D. | All Type III Sup | porting Org | anizations | | | | |
|------------|------------------|-------------|------------|--|--|--|--|

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

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method | d that the organization used | d to satisfy the Integral Part | t Test during the vear | (see instructions) |
|---|----------------------------------|-----------------------------------|--------------------------------|------------------------|--------------------|
| • | Check the DOX heat to the method | <i>inal line organization use</i> | | | 1000 1100 000 |

a The organization satisfied the Activities Test. Complete line 2 below.

| b | | The organization | is the parent of | of each of its | supported of | organizations. | Complete line 3 be | elow. |
|---|--|------------------|------------------|----------------|--------------|----------------|--------------------|-------|
|---|--|------------------|------------------|----------------|--------------|----------------|--------------------|-------|

| С | | The organization supported a g | governmental entity. | Describe in Part VI how | you supported a gove | ernmental entity (see instructio | on <u>s).</u> |
|---|--|--------------------------------|----------------------|-------------------------|----------------------|----------------------------------|---------------|
|---|--|--------------------------------|----------------------|-------------------------|----------------------|----------------------------------|---------------|

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

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

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

2a ______ 2b _____ 3a _____ 3b _____ Schedule A (Form 990) 2022

Yes No

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| Schedule A | (Form 990) |) 2022 | GIRL | SCOUTS | OF | NORTH | EAST | OHIO | |
|------------|------------|--------|-----------------|------------|-------|-----------|----------|----------|------|
| Part V | Type II | l Non- | Functionally In | tegrated 5 | 09(a) | (3) Suppo | ortina O | rganizat | ions |

| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyir | | • | Part VI). See instructions. |
|----------------------------------|--|--------------|-----------------------|--------------------------------|
| | All other Type III non-functionally integrated supporting organizations mus | t complete S | Sections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| _ | | | | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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| 4 | Amounts paid to acquire exempt-use assets | 4 | | | |
|------|---|-------------------------------|---------------------------------------|----|---|
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | 5 | | | |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2022 | าร | (iii) Distributable Amount for 2022 |
| _1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| a | From 2017 | | | | |
| b | From 2018 | | | | |
| C | From 2019 | | | | |
| d | From 2020 | | | | |
| e | From 2021 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2022 distributable amount | | | | |
| i | Carryover from 2017 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| b | Applied to 2022 distributable amount | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| a | Excess from 2018 | | | | |
| b | Excess from 2019 | | | | |
| с | Excess from 2020 | | | | |
| d | Excess from 2021 | | | | |
| е | Excess from 2022 | | | | |

GIRL SCOUTS OF NORTH EAST OHIO Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A (Form 990) 2022

1

2

3

Current Year

Schedule A (Form 990) 2022

Section D - Distributions

3

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

41

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:

| 232028 12-09-22 | | 20 | Schedule A (Form 990) (|
|-----------------|---------|----|-----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 2022 AMOUNT: \$ | 69,841. | | |
| 2021 AMOUNT: \$ | 49,991. | | |
| 2020 AMOUNT: \$ | 64,699. | | |
| 2019 AMOUNT: \$ | 81,937. | | |
| 2018 AMOUNT: \$ | 89,238. | | |

| SCHEDULE D | Supplemental |
|----------------------------|---------------------------------|
| (Form 990) | Complete if the organiz |
| (| Part IV, line 6, 7, 8, 9, 10, 1 |
| Department of the Treasury | Atta |

Financial Statements

zation answered "Yes" on Form 990, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.



OMB No. 1545-0047

| Interna | I Revenue Service Go to www.irs.gov/Form99 | 0 for instructions and the latest information | ation. Inspection |
|---------|---|---|--------------------------------------|
| Nam | e of the organization | | Employer identification number |
| De | GIRL SCOUTS OF NOR | | 34-0726094 |
| Pa | organizations maintaining Donof Advise organization answered "Yes" on Form 990, Part IV, lin | | or Accounts. Complete if the |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 4 | Total number at and of year | | |
| 1 2 | Total number at end of year Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value of grants non (during year) | | |
| 5 | Did the organization inform all donors and donor advisors in | | ed funds |
| • | are the organization's property, subject to the organization's | - | |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| | for charitable purposes and not for the benefit of the donor o | | |
| | impermissible private benefit? | | |
| Pa | Tt II Conservation Easements. Complete if the org | ganization answered "Yes" on Form 990, | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | |
| | Preservation of land for public use (for example, recrea | tion or education) Preservation o | f a historically important land area |
| | Protection of natural habitat | Preservation o | f a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a quality | fied conservation contribution in the form | |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | | | |
| b | | | |
| c | Number of conservation easements on a certified historic structure | | <u>2c</u> |
| d | Number of conservation easements included in (c) acquired a | | |
| • | historic structure listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, rel | eased, extinguished, or terminated by the | organization during the tax |
| 4 | year Number of states where property subject to conservation eas | compart is located | |
| 5 | Does the organization have a written policy regarding the per | | |
| 5 | violations, and enforcement of the conservation easements it | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | |
| • | ;, | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conserva | tion easements during the year |
| | | | G , |
| 8 | Does each conservation easement reported on line 2(d) abov | e satisfy the requirements of section 170 | h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | · · · · · | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | on easements in its revenue and expense | statement and |
| | balance sheet, and include, if applicable, the text of the footr | note to the organization's financial statem | ents that describes the |
| | organization's accounting for conservation easements. | · · · · · · · · · · · · · · · · · · · | |
| Pa | t III Organizations Maintaining Collections of | | her Similar Assets. |
| | Complete if the organization answered "Yes" on Form | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | | |
| | of art, historical treasures, or other similar assets held for put | | |
| | service, provide in Part XIII the text of the footnote to its finar | | |
| b | If the organization elected, as permitted under FASB ASC 95 | | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in furtl | nerance of public service, |
| | provide the following amounts relating to these items: | | • |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | • |
| • | | agurage or other similar agosts for financia | |
| 2 | If the organization received or held works of art, historical tre | | i gain, provide |
| ~ | the following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1 | - | \$ |
| u | | | |

07570215 765826 7031464.000

b Assets included in Form 990, Part X

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

38

\$

Schedule D (Form 990) 2022

| Sche | | OUTS OF NOR | | | | | | | 726094 | | age 2 |
|------|---|-----------------------|--------------|-----------------|-------------------------|-------------|-----------------------|-----------|------------------------|---------|--------------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Histo | orical Tre | asures, oi | r Other | Similar | Asset | ts _{(contin} | ued) | |
| 3 | Using the organization's acquisition, accessi | on, and other record | s, check | any of the f | ollowing that | make sig | nificant u | se of its | 5 | | |
| | collection items (check all that apply): | | | | Ū | | | | | | |
| а | Public exhibition | d | | Loan or excl | hange progra | am | | | | | |
| b | | | | | | | | | | | |
| c | | | | | | | | | | | |
| _ | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | - | | | Г | | | 1 |
| Da | to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran | | | | | | | L | Yes | | No |
| Fai | t IV Escrow and Custodial Arran reported an amount on Form 990, Pai | | ete if the | organizatio | n answered " | Yes" on I | -orm 990, | , Part IV | , line 9, or | | |
| | | | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | | | | | | | _ | | | 1 |
| | on Form 990, Part X? | | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing ta | able: | | | | | | | |
| | | | | | | | | | Amount | | |
| С | Beginning balance | | | | | | 1c | | | | |
| d | Additions during the year | | | | | | 1d | | | | |
| е | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance | | | | | | 1f | | | | |
| 2a | Did the organization include an amount on F | | | | | | y? | C | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII. | Check here if the ex | planatio | n has been j | provided on I | Part XIII | | | | |] |
| Par | t V Endowment Funds. Complete i | f the organization an | swered | "Yes" on Fo | rm 990, Part | IV, line 1 | 0. | | | | |
| | | (a) Current year | (b) P | rior year | (c) Two year | rs back 🛛 (| (d) Three ye | ears back | (e) Four | years l | back |
| 1a | Beginning of year balance | 6,479,965. | 8 | ,329,004. | 7,184 | 1,143. | 6,94 | 46,426 | . 6, | 999, | 583. |
| b | Contributions | 67,609. | | 1,500. | 2 | 2,500. | | 2,125 | | 2,0 | 025. |
| | Net investment earnings, gains, and losses | 861,045. | -1. | ,591,809. | 1,395 | 5,343. | 56 | 54,143 | | 200,: | |
| d | Grants or scholarships | , - | , | , , . | , | , . | | , | - | , | |
| | | | | | | | | | | | |
| е | Other expenditures for facilities | 260,406. | | 258,730. | 253 | 2,982. | 3. | 28,551 | | 255,3 | 301 |
| | and programs | 200,400. | | 230,730. | 2.52 | 2,502. | 52 | 20,331 | • | 255, | <u> </u> |
| Ť | Administrative expenses | 7 140 010 | | 470 005 | 0.200 | 0.04 | | 24 142 | | 0.4.6 | 400 |
| g | End of year balance | 7,148,213. | | ,479,965. | | 9,004. | 7,10 | 34,143 | • •, | 946,4 | 420. |
| 2 | Provide the estimated percentage of the curr | • | e (line 1g | , column (a) |) held as: | | | | | | |
| а | Board designated or quasi-endowment | 69.5600 | _% | | | | | | | | |
| b | Permanent endowment <u>17.1600</u> | % | | | | | | | | | |
| С | | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100%. | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiza | tion that | t are held an | nd administer | ed for the | 9 | | _ | | |
| | organization by: | | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | Х |
| | (ii) Related organizations | | | | | | | | | | Х |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 |), Part IV | , line 11a. S | ee Form 990 | , Part X, I | ine 10. | | | | |
| | Description of property | (a) Cost or o | ther | (b) Cost | or other | (c) Ac | cumulate | d | (d) Book | value | |
| | | basis (investr | | basis | | • • | reciation | ŭ | (4) 2001 | (value | |
| 19 | Land | · · · · · | , | | 7,573. | | | | 767 | , 57 | 73. |
| | | | | | 4,112. | 8 8 | 71,45 | 52. | 15,602 | | |
| | Buildings | | | | 3,480. | | 32,53 | | 1,030 | | 11 |
| | Leasehold improvements | | | | <u>5,480.</u> 6,946. | | $\frac{52,53}{61,44}$ | | | 5,50 | |
| | Equipment | | | - | | | 91,26 | | | - | |
| | Other | | | - | 0,404. | - | - | | $\frac{3,049}{21,205}$ | | |
| Tota | . Add lines 1a through 1e. (Column (d) must e | qual Form 990, Part . | X, colum | nn (B), line 10 | 0c.) | | | | 21,205 | - | |
| | | | | | | | 5 | Schedu | le D (Form | 990) | 2022 |

| Complete if the organization answered "Yes" of | | | |
|---|---|--|---------------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-o | t-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" of | n 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-o | f-vear 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" of | n Form 990, Part IV, line | 11d. See Form 990, Part X, line 15. | |
| (a) D | escription | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | 15.) | | |
| Complete if the organization answered "Yes" or | n 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 | | | |
| (1) DEFERRED REVENUE, DEPOSITS | AND | | |
| (3) CUSTODIAL ACCOUNTS | | | 169,124 |
| (4) | | | / |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 2 | 25) | | 169,124 |
| Liability for uncertain tax positions. In Part XIII, provide the | <i>(</i> | | |

Schedule D (Form 990) 2022

232053 09-01-22

Schedule D (Form 990) 2022 GIRL SCOU⁴ Part VII Investments - Other Securities. GIRL SCOUTS OF NORTH EAST OHIO

| Sche | nedule D (Form 990) 2022 GIRL SCOUTS OF NORTH EAST OHIO | | | | 0726094 Page 4 |
|--|---|--|----------------|---------------|----------------------------------|
| Par | t XI Reconciliation of Revenue per Audited Financial State | ements With I | Revenue per Re | turn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | e 12a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 17,401,439. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 860,894. | | |
| b | Donated services and use of facilities | | | | |
| с | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 167,221. | | |
| е | Add lines 2a through 2d | | | 2e | 1,028,115. |
| 3 | Subtract line 2e from line 1 | | | 3 | 16,373,324. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 16,373,324. | | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Sta | | Expenses per F | letur | 'n. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | 122 | | | |
| | * * | 5 12a. | | | |
| 1 | | | | 1 | 13,159,579. |
| 1 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | 1 | 13,159,579. |
| - | | | | 1 | 13,159,579. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | 2a 2b | | 1 | 13,159,579. |
| 2 a | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | 2a 2b 2c | | 1 | 13,159,579. |
| 2 a | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2b 2c 2d | | | 13,159,579. |
| 2 a | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a 2b 2c 2d | | 2e | 0. |
| 2 a b c d | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | 2a 2b 2c 2d | | | 13,159,579. 0. 13,159,579. |
| 2 a b c d e | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2a 2b 2c 2d | | 2e | 0. |
| 2 a b c d e 3 | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2b 2c 2d 2d | | 2e | 0. |
| 2 a b c d e 3 4 | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a 2b 2c 2d 2d | | 2e | 0. |
| 2 a b c d e 3 4 | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b | 2a 2b 2c 2d 2d 4a 4b | | 2e 3 4c | 0. 13,159,579. 0. |
| 2 a b c d e 3 4 a b c 5 | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a 2b 2c 2d 2d 4a 4b | | 2e 3 | 0. |

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 ORGANIZATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR THE

ENDOWMENT FUND WITH THE UNDERSTANDING THAT THOSE ASSETS WILL BE PRUDENTLY

INVESTED TO MAXIMIZE THE LONG-TERM TOTAL RETURN OF FINANCIAL ASSETS

CONSISTENT WITH THE CURRENT AND FUTURE FUNDING NEEDS OF THE ORGANIZATION.

PART X, LINE 2:

THE GIRL SCOUTS OF NORTH EAST OHIO IS A NONPROFIT ORGANIZATION AND IS

EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE. ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED PROVISIONS

FOR FEDERAL AND STATE INCOME TAXES. THE ORGANIZATION IS NOT CLASSIFIED AS

41

A PRIVATE FOUNDATION.

232054 09-01-22

THE ORGANIZATION FOLLOWS GUIDANCE ISSUED BY THE FASB ON ACCOUNTING FOR INCOME TAXES AND HAS EVALUATED ITS TAX POSITIONS, EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS, AND BELIEVES THAT NO PROVISION FOR INCOME TAXES IS NECESSARY TO COVER ANY UNCERTAIN TAX PROVISIONS. THE ORGANIZATION'S RETURN FOR TAX YEARS 2019 AND LATER REMAIN SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST

167,221.

Schedule D (Form 990) 2022

232055 09-01-22

| SCHEDULE G | Suppleme | ntal Information Regarding | Fund | Iraisi | ng or Gaming A | ctivities | OMB No. 1545-0047 |
|---|--|--|--|--|--|--|-------------------------|
| (Form 990) | Complete if the | 2022 | | | | | |
| Department of the Treasury | U | organization entered more than \$1 Attach to Form 990 o | | | | | Open to Public |
| Internal Revenue Service | Go te | Inspection | | | | | |
| Name of the organization | r identification number | | | | | | |
| Part I Fundrais | | OUTS OF NORTH EAST | | | E 000 D 1 N/ I | | 26094 |
| | complete this part | Complete if the organization answe | erea " Y | es" or | 1 Form 990, Part IV, II | ine 17. Form 99 | U-EZ filers are not |
| a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list b If "Yes," list the 10 | ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv | f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu | tion of tion of fundra (incluc rofessi | non-g gover aising o ling of onal fu | overnment grants nment grants events ficers, directors, trust undraising services? | | Yes No to be |
| compensated at le | ast \$5,000 by the | organization. | | | | | |
| (i) Name and addres or entity (func | | (ii) Activity | (iii) fundr have c or cor contrib | ustody itrol of | (iv) Gross receipts from activity | (v) Amount pa to (or retained fundraiser listed in col. | by) to (or retained by) |
| | | | Yes | No | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | I | 1 | I | | | |
| | | | | | | | |
| 3 List all states in whi or licensing. | ch the organizatio | n is registered or licensed to solicit o | contrib | utions | or has been notified | it is exempt fro | m registration |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

Schedule G (Form 990) 2022

232081 10-27-22

GIRL SCOUTS OF NORTH EAST OHIO

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.FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

| | | | | (b) Event #2 DESSERT FIRST | (c) Other events NONE | (d) Total events (add col. (a) through |
|-----------------|-----------------------------------|--|---|---------------------------------------|--------------------------|---|
| | | | (event type) | (event type) | (total number) | col. (c)) |
| Peverine | 1 | Gross receipts | 79,546. | 48,893. | | 128,439 |
| | 2 | Less: Contributions | 2,230. | 2,350. | | 4,580 |
| | 3 | Gross income (line 1 minus line 2) | 77,316. | 46,543. | | 123,859 |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| DILECT EXPENSES | 7 | Food and beverages | 23,140. | 25,800. | | 48,940 |
| Ξ | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | 1,105. | | 5,078 |
| | 10 | Direct expense summary. Add lines 4 throug | h 9 in column (d) | | | 54,018 |
| | | Net income summary. Subtract line 10 from | | | | 69,841 |
| a | rt I | | answered "Yes" on Form | n 990, Part IV, line 19, or re | eported more than | |
| Т | | \$15,000 on Form 990-EZ, line 6a. | Т | (b) Pull tabs/instant | | (d) Total gaming (add |
| | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (a) |
| σl | | | | | | |
| | | | | | | |
| 2 | 1 | Gross revenue | | | | |
| + | 1 2 | Gross revenue | | | | |
| + | | | | | | |
| | 3 | Cash prizes | | | | |
| | 3 4 | Cash prizes | | | | |
| | 3 4 | Cash prizes Noncash prizes Rent/facility costs | | Yes% | Yes% | |
| | 3 4 5 | Cash prizes Noncash prizes Rent/facility costs | | └──────────────────────────────────── | ☐ Yes % | |
| + | 3 4 5 | Cash prizes Noncash prizes Rent/facility costs Other direct expenses | └──────────────────────────────────── | | No | |
| + | 3 4 5 6 | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor | Yes% No | No | No | |
| + | 3 4 5 6 7 | Cash prizes | Yes% No | No | No | |
| | 3 4 5 6 7 8 Ent | Cash prizes | Yes% No yh 5 in column (d) 7 from line 1, column (d) ucts gaming activities: | No | No | |
| | 3 4 5 6 7 8 Ent | Cash prizes | Yes% No yh 5 in column (d) 7 from line 1, column (d) ucts gaming activities:activities in each of these set | No No | No | Yes N |
| | 3 4 5 6 7 8 Ent | Cash prizes | Yes% No yh 5 in column (d) 7 from line 1, column (d) ucts gaming activities:activities in each of these set | No No | No | Yes N |
| а | 3 4 5 6 7 8 Ent | Cash prizes | Yes% No yh 5 in column (d) 7 from line 1, column (d) ucts gaming activities:activities in each of these set | No No | No | Yes N |
| | 3 4 5 6 7 8 Ent | Cash prizes | yh 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these | states? | □ No | |
| aab | 3 4 5 6 7 8 Ent | Cash prizes | yh 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these | states? | □ No | |

| Sch | edule G (Form 990) 2022 | GIRL SCOUTS OF NORTH EAST OHIO 34-0 | 72609 | 4 Page 3 |
|-------|--|--|--------------|-------------|
| 11 | Does the organization conduct ga | ming activities with nonmembers? | Yes | No |
| 12 | Is the organization a grantor, bene | eficiary or trustee of a trust, or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | | Yes | No |
| 13 | Indicate the percentage of gaming | g activity conducted in: | | |
| | | | 13a | % |
| | | | 13b | % |
| 14 | Enter the name and address of the | e person who prepares the organization's gaming/special events books and records: | | |
| | | | | |
| | Name | | | |
| | | | | |
| | Address | | | |
| 15a | Does the organization have a cont | tract with a third party from whom the organization receives gaming revenue? | Yes | No |
| h | If "Vos " optor the amount of again | ing revenue received by the organization \$ and the amount | | |
| | | third party \$ | | |
| 0 | If "Yes," enter name and address | | | |
| | | | | |
| | Name | | | |
| | | | | |
| | Address | | | |
| | | | | |
| 16 | Gaming manager information: | | | |
| | | | | |
| | Name | | | |
| | | | | |
| | Gaming manager compensation | \$ | | |
| | Description of services provided | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | Director/officer | Employee Independent contractor | | |
| | | | | |
| 17 | Mandatory distributions: | | | |
| а | Is the organization required under | state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | | Yes | No |
| b | | required under state law to be distributed to other exempt organizations or spent in the | | |
| Do | organization's own exempt activitient of the second | | | |
| Га | | mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Parl applicable. Also provide any additional information. See instructions. | iii, lines s | , 9D, 10D, |
| | 150, 150, 16, and 170, as | | | |
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| 23208 | 33 10-27-22 | Schedu | le G (Fori | n 990) 2022 |
| | | 45 | - | - |

| Schedule G | (Form 990) |
|------------|------------|
| Devit IV | A |

| Part IV | Supplemental Information (continued | d) |
|---------------|-------------------------------------|-----------------------|
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| | | Schedule G (Form 990) |
| 232084 04-01- | -22 | |

| SCHEDULE I (Form 990) | 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. | | | | | | | | OMB No. 1545-0047 | | |
|--|--|---------|------------------------------------|--------------------------|--|---|---------------------------------------|-------------------|----------------------|--------|--|
| Department of the Treasury | | Comp | | Attach to Forn | | | | | Open to | Public | |
| Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. | | | | | | | | | | ection | |
| Name of the organization Employer identia | | | | | | | | | | | |
| GIRL SCOUTS OF NORTH EAST OHIO 34 | | | | | | | | | | 26094 | |
| | ation maintain records t | | amount of the grants | or assistance. the | grantees' eligibility | for the grants or assis | stance, and the selecti | on | | | |
| • | vard the grants or assis | _ | 0 | - | • • • | ···· ··· ··· ··· ··· ··· ··· ··· | | | X Yes | No No | |
| 2 Describe in Part I | V the organization's pro | | | | | | | | | | |
| | Other Assistance to I | | | | | anization answered "Y | es" on Form 990, Part | t IV, line 21, fo | or any | | |
| | at received more than \$ | | | - | | (f) Method of | | | | | |
| | dress of organization ernment | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | | irpose of assistance | | |
| | | | | | | | | | | | |
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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) 2022

34-0726094

Page 2

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|---------------------------------|---------------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | |
| EMBERSHIP FEES, UNIFORMS, PROGRAM FEES | 3025 | 153,904. | 0. | | |
| | | | | | |
| CHOLARSHIPS | 29 | 31,200. | 0. | | |
| | | | | | |
| GRANTS TO TROOPS | 119 | 17,823. | 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:

GRANTS ARE GIVEN TO GIRLS IN OUR TROOPS BASED ON NEED, IN THE FORM OF

FINANCIAL ASSISTANCE.

| SC | HEDULE J | Compensation Information | | OMB No. 1 | 545-004 | 47 |
|------|------------------------|--|-----------|---------------|---------|------|
| (Fo | rm 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest | | 20 | 20 | |
| | | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | 20 | | - |
| Dena | tment of the Treasury | Attach to Form 990. | | Open to | Publ | ic |
| | al Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspe | | |
| Nan | e of the organization | | | identificatio | | nber |
| | | GIRL SCOUTS OF NORTH EAST OHIO | 34-0 | 072609 | 4 | |
| Ра | rt I Question | s Regarding Compensation | | | | |
| 1a | Check the appropri | ate box(es) if the organization provided any of the following to or for a person listed on Form | 990, | | Yes | No |
| | Part VII, Section A, | line 1a. Complete Part III to provide any relevant information regarding these items. | | | | |
| | First-class or c | | | | | |
| | Travel for com | | | | | |
| | | ation and gross-up payments | | | | |
| | Discretionary | spending account Personal services (such as maid, chauffer | ır, chef) | | | |
| | | | | | | |
| b | | on line 1a are checked, did the organization follow a written policy regarding payment or | | | | |
| ~ | | rovision of all of the expenses described above? If "No," complete Part III to explain | | 1b | | |
| 2 | - | n require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | |
| | trustees, and office | rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | |
| 2 | Indianta which if a | by of the following the experization used to establish the companyation of the experization's | | | | |
| 3 | | ny, of the following the organization used to establish the compensation of the organization's actor. Check all that apply. Do not check any boxes for methods used by a related organization of the second sec | | | | |
| | | ation of the CEO/Executive Director, but explain in Part III. | | | | |
| | Compensation | | | | | |
| | · | ompensation consultant X Compensation survey or study | | | | |
| | X Form 990 of o | | ommittee | | | |
| | | | oninitico | | | |
| 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 re | | | | | |
| а | Receive a severance | e payment or change-of-control payment? | | 4a | | X |
| b | Participate in or rec | eive payment from a supplemental nonqualified retirement plan? | | 4b | | X |
| с | Participate in or rec | eive payment from an equity-based compensation arrangement? | | 4c | | X |
| | If "Yes" to any of lir | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | |
| | | | | | | |
| | |)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | |
| 5 | For persons listed of | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | 'n | | | |
| | contingent on the r | | | | | |
| а | The organization? | | | <u>5</u> a | | X |
| b | Any related organiz | ation? | | 5 b | | X |
| | | or 5b, describe in Part III. | | | | |
| 6 | | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | n | | | |
| | contingent on the n | - | | | | |
| | | | | | | X |
| b | | ation? | | 6b | _ | X |
| _ | | or 6b, describe in Part III. | | | | |
| 7 | - | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | | 37 |
| _ | | nes 5 and 6? If "Yes," describe in Part III | | 7 | | X |
| 8 | | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | ie | | | v |
| ~ | | | | 8 | | X |
| 9 | | id the organization also follow the rebuttable presumption procedure described in | | | | |
| | | 1 53.4958-6(c)? | | | | |
| LHA | For Paperwork R | eduction Act Notice, see the Instructions for Form 990. | Schee | dule J (Forn | n 990) | 2022 |

232111 10-18-22

Schedule J (Form 990) 2022

Page 2

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

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

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

| | (B) Breakdown of W | -2 and/or 1099-MIS compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) | |
|-------------------------|--------------------|------------------------------------|---|---|-------------------------|------------------------------------|---------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) JANE CHRISTYSON | (i) | 157,395. | 0. | 0. | 6,630. | 34,579. | 198,604. | 0. |
| CHIEF EXECUTIVE OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

Schedule J (Form 990) 2022

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.

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

19 or 30. n. Den to Public Inspection

Employer identification number

34 - 0726094

Department of the Treasury Internal Revenue Service

| Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30 |
|---|
| Attach to Form 990. |

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

| Name of the | organization |
|-------------|--------------|
|-------------|--------------|

GIRL SCOUTS OF NORTH EAST OHIO

| Pai | τι | Types of Property | | | | | | | |
|-----|----------|--|---------------------|----------------------|---------------------------------|----------------------------------|--------|-----|------|
| | | | (a) Chook if | (b) Number of | (c) Noncash contribution | (d) Mothod of do | tormin | ina | |
| | | | Check if applicable | | amounts reported on | Method of de noncash contribu | | • | s |
| | | | -1-1 | items contributed | Form 990, Part VIII, line 1g | | | | |
| 1 | | Vorks of art | | | | | | | |
| 2 | Art - H | listorical treasures | | | | | | | |
| 3 | Art - F | ractional interests | | | | | | | |
| 4 | Books | and publications | | | | | | | |
| 5 | | ng and household goods | | | | | | | |
| 6 | Cars a | and other vehicles | | | | | | | |
| 7 | Boats | and planes | | | | | | | |
| 8 | Intelle | ctual property | | | | | | | |
| 9 | Securi | ities - Publicly traded | X | 4 | 249,566. | | | | |
| 10 | Securi | ities - Closely held stock | | | | | | | |
| 11 | Securi | ities - Partnership, LLC, or | | | | | | | |
| | trust ir | nterests | | | | | | | |
| 12 | Securi | ities - Miscellaneous | | | | | | | |
| 13 | Qualifi | ied conservation contribution - | | | | | | | |
| | Histor | ic structures | | | | | | | |
| 14 | Qualifi | ied conservation contribution - Other $_{\dots}$ | | | | | | | |
| 15 | Real e | estate - Residential | | | | | | | |
| 16 | Real e | estate - Commercial | | | | | | | |
| 17 | Real e | estate - Other | | | | | | | |
| 18 | Collec | tibles | | | | | | | |
| 19 | | inventory | | | | | | | |
| 20 | | and medical supplies | | | | | | | |
| 21 | Taxide | ermy | | | | | | | |
| 22 | Histor | ical artifacts | | | | | | | |
| 23 | | tific specimens | | | | | | | |
| 24 | | ological artifacts | | | | | | | |
| 25 | Other | | | | | | | | |
| 26 | Other | | | | | | | | |
| 27 | Other | () | | | | | | | |
| 28 | Other | (| | | | | | | |
| 29 | Numb | er of Forms 8283 received by the organiz | ation during | the tax year for co | ontributions | | | | |
| | for wh | ich the organization completed Form 828 | 33, Part V, D | onee Acknowledg | ement 29 | | | | |
| | | | | | | | | Yes | No |
| 30a | During | g the year, did the organization receive by | / contributio | n any property rep | orted in Part I, lines 1 throug | h 28, that it | | | |
| | must ł | hold for at least 3 years from the date of t | the initial co | ntribution, and whi | ch isn't required to be used f | or | | | |
| | exemp | ot purposes for the entire holding period? | • | | | | 30a | | Х |
| b | | s," describe the arrangement in Part II. | | | | | | | |
| 31 | Does t | the organization have a gift acceptance p | olicy that re | quires the review o | of any nonstandard contribut | ions? | 31 | Х | |
| 32a | Does t | the organization hire or use third parties o | or related or | ganizations to solid | cit, process, or sell noncash | | | | |
| | contril | butions? | | | | | 32a | | X |
| b | lf "Yes | s," describe in Part II. | | | | | | | |
| 33 | If the o | organization didn't report an amount in co | olumn (c) fo | a type of property | for which column (a) is chec | ked, | | | |
| | | be in Part II. | | | | | | | |
| | E an | Denominante Deduction Act Nation and | | | · | Sehedule N | . / | | 0000 |

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

Schedule M (Form 990) 2022

232141 09-09-22

| this part for any additional informati | ion. | | |
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| 142 09-09-22 | | | Schedule M (Form 990) 202 |
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Part II

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

2022.05050 GIRL SCOUTS OF NORTH EAST 70314641

34-0726094

| SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service | Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. | -EZ OMB No. 1545-0047 2022 Open to Public Inspection |
|--|--|--|
| Name of the organization | GIRL SCOUTS OF NORTH EAST OHIO | Employer identification number $34-0726094$ |
| FORM 990, PART | III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN | TS: |
| HAS MORE THAN | 7,000 BACKGROUND-CHECKED AND FULLY-TRAINED V | OLUNTEERS WHO |
| MANAGE OVER 1, | 800 GIRL-LED TROOPS SERVING OVER 18,000 GIRL | S IN OUR |
| 18-COUNTY FOOT | PRINT. TROOP PROGRAMS AND BADGES FOCUS ON | |
| ENTREPRENEURSH | IP, LIFE SKILLS, THE OUTDOORS AND STEM. THE | COST OF THIS |
| PROGRAM COVERS | THE GROUP THAT RECRUITS, INTERVIEWS, PROVID | ES BACKGROUND |
| CHECKS, TRAINS | , ASSISTS, AND MENTORS VOLUNTEERS AS WELL AS | RECRUITS AND |
| PLACES GIRLS I | NTO TROOPS. PARTICIPATION WAS REDUCED BECAUS | E GOVERNMENT |
| ORDERS FORCED | THE SUSPENSION OR SHARP REDUCTION OF TROOP-L | ED PROGRAMS |

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

REDUCTION OF CAMPING PROGRAMS

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

FOOTPRINT, THE SOCIOECONOMIC STATUS OF OUR MEMBERSHIP VARIES. WE OFFER

MULTIPLE SCHOLARSHIP AND FINANCIAL AID OPPORTUNITIES FOR MEMBERSHIP,

TRAVEL AND CAMP, THAT ALLOW GIRLS TO FULLY PARTICIPATE IN OUR PROGRAM.

GRANT-FUNDED INITIATIVES SEEK TO SERVE GIRLS THAT OTHERWISE WOULD NOT

BE ABLE TO PARTICIPATE IN THE GIRL SCOUT PROGRAM. GSNEO IS COMMITTED TO

INVESTING IN LEADERSHIP EXPERIENCES FOR ALL GIRLS, NO MATTER WHAT HER

FINANCIAL SITUATION. PARTICIPATION AND REVENUES WERE REDUCED BECAUSE

GOVERNMENT ORDERS FORCED THE SUSPENSION OR SHARP REDUCTION IN THESE

PROGRAMS

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

MEMBERS SHALL BE THOSE PERSONS WHO ARE ANNUAL OR LIFETIME MEMBERS OF THE

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

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|--|---|
| Name of the organization GIRL SCOUTS OF NORTH EAST OHIO | Employer identification number 34-0726094 |
| GIRL SCOUTS OF THE UNITED STATES OF AMERICA, FOURTEEN YEAR | S OF AGE AND |
| OLDER, AND REGISTERED THROUGH THE COUNCIL. MEMBERS SHALL H | AVE THE RIGHT TO |
| RUN FOR AND BE ELECTED TO OFFICE WITHIN THE COUNCIL, AS PR | OVIDED IN |
| ARTICLES IV, V, IX, X AND XI, EXCEPT AS DESCRIBED ELSEWHER | E IN THE OHIO |
| REVISED CODE, THE ARTICLES OF INCORPORATION, OR THIS CODE. | |
| FORM 990, PART VI, SECTION A, LINE 7A: | |
| THE GENERAL ASSEMBLY SHALL BE A MINIMUM OF 100 VOTING MEMB | ERS AT LEAST 67 |
| OF WHOM SHALL BE MEMBERSHIP DELEGATES. THE GENERAL ASSEMBL | Y SHALL CONSIST |
| OF THE FOLLOWING VOTING MEMBERS: | |
| 1. MEMBERSHIP DELEGATES: AT LEAST SIXTY-SEVEN (67) ELECTED | BY THE MEMBERS |
| OF THE SERVICE, | |
| 2. NATIONAL DELEGATES, | |
| 3. ALL VOTING MEMBERS OF THE BOARD OF DIRECTORS, | |
| 4. ALL GIRL DIRECTORS-AT-LARGE OF THE BOARD OF DIRECTORS, | |
| 5. ALL VOTING MEMBERS OF THE BOARD DEVELOPMENT COMMITTEE. | |
| FORM 990, PART VI, SECTION A, LINE 7B: | |
| THE GENERAL ASSEMBLY SHALL | |
| A. ELECT OFFICERS OF THE COUNCIL, | |
| B. ELECT DIRECTORS-AT-LARGE OF THE BOARD OF DIRECTORS, | |
| C. ELECT THE TWO GIRL DIRECTORS-AT-LARGE OF THE BOARD OF D | IRECTORS, |

D. ELECT THE MEMBERS OF THE BOARD DEVELOPMENT COMMITTEE, AND

E. ELECT THE DELEGATES AND ALTERNATES TO THE NATIONAL COUNCIL OF GIRL

SCOUTS OF THE UNITED STATES OF AMERCIA.

F. AMEND OR REVERSE THE ARTICLES OF INCORPORATION AND THE CODE OF

REGULATIONS.

G. IN PARTNERSHIP WITH THE BOARD OF DIRECTORS, IDENTIFY THE GENERAL
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DIRECTION OF GIRL SCOUTING WITHIN THE JURISDICTION OF THE COUNCIL.

H. SUBMIT PROPOSALS TO THE BOARD OF DIRECTORS TO IMPROVE THE QUALITY OF

GIRL SCOUTING.

I. ACT UPON MATTERS REFERRED TO BY THE BOARD OF DIRECTORS.

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

THE BOARD OF DIRECTORS REVIEWS THE FORM 990 PRIOR TO FILING.

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

THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY THE BOARD

DEVELOPMENT COMMITTEE AND BOARD OF DIRECTORS. EACH BOARD MEMBER SIGNS THE

CONFLICT OF INTEREST AND RETURNS TO THE GSNEO STAFF. AS A POTENTIAL

CONFLICT SCENARIO ARISES, BOARD MEMBERS AND/OR GSNEO EXECUTIVE STAFF MAKE

THE BOARD MEMBERS AWARE OF THE POTENTIAL CONFLICT, THE INVOLVED PARTY MAY

GIVE BACKGROUND INFORMATION AS REQUESTED AND THEN THEY ARE EXCLUDED FROM

PARTICIPATING ON THAT ISSUE.

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

CEO COMPENSATION IS DETERMINED BY INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS WHO CONDUCT AN ANNUAL EVALUATION OF THE CEO AND EXAMINE RELEVANT COMPARABILITY DATA. THE CEO DETERMINES THE COMPENSATION OF ALL OTHER STAFF AND USES A COMPENSATION STUDY PREPARED BY AN INDEPENDENT CONSULTANT.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE

AVAILABLE ON THE GSNEO WEBSITE. THE CONFLICT OF INTEREST POLICY IS

DISTRIBUTED TO ALL CANDIDATES FOR ELECTED POSITIONS AND TO ALL EMPLOYEES

AND IS AVAILABLE FOR REVIEW BY MEMBERS AT DELEGATE ELECTION MEETINGS. Schedule O (Form 990) 2022 232212 10-28-22 56

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FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION

PROCESS DURING THE CURRENT TAX YEAR

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

CHANGE IN BENEFICIAL INTEREST IN TRUSTS

GIRL SCOUTS OF NORTH EAST OHIO

Name of the organization

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