***Public Disclosure Copy**

Return of Organization Exempt From Income Tax

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

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)
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232003 12-13-22

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			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)
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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)
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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			
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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.
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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)

232008 12-13-22

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				
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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					
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12 Total revenue. See instructions 16,373,324. 10824968. 0. 450,94*	Σ							195,650.			
								,	10824968.	0.	450,947.
	232009										Form 990 (2022

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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)	
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

232022 12-09-22

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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1

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

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

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

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).

Schedule A (Form 990) 2022

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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

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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			

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b Assets included in Form 990, Part X

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

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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			
		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

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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			
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)
		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		

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

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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)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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

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Schedule M (Form 990) 2022

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this part for any additional informati	ion.		
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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

Page 2 Employer identification number 34-0726094

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