

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



A For the 2021 colonder year	
Department of the Treasury Internal Revenue Service	

Form **990**

T,

Go to www.irs.gov/Form990 for instructions and the latest information. and ending SEP 30, 2022 A For the 2021 calendar year, or tax year beginning OCT 1, 2021 C Name of organization

MACEDONIA, OH 44056-2156 H(a) Is this a group return for subordinates? Ves X No Image: Second State and address of principal officer: JANE CHRISTYSON pending Image: Second State and State an	B	Check if Ipplicab	c Name of organization		D Employer identifie	cation number
Image: Number of organization: X is corporation Trust Association 00Her Structure Solid business as included? Yes No Image: Number of organization: X is corporation Trust Association 00Her Structure Yes No Image: Number of organization: X is corporation Trust Association 00Her Structure Yes No Image: Number of organization: X is corporation Trust Association 00Her Structure Yes No Image: Number of independent voting members of principation Trust Association 00Her Vill, organization: X is corporation Trust Association 00Her Vill, organization: 1942 M State of legal domicile: OF Partial Summary I Briefly describe the organization's mission or most significant activities: THE GIRL SCOUTS BUILD GIRLS OF COURAGE, CONFIDENCE & CHARACTER WHO MAKE THE WORLD A BETTER PLACE. 2 Check this box Image: numbers of the governing body (Part Vill, ine 1a) 1 3 15 Number of individuals employed in calendary ear 2021 (Part V, line 2a) 6 70144 12 G contributions and grants (Part Vill, column (Q), line 12 7 73.61.9.4.53.4.93.6.3.4.93.5.7.6.8.9.9.9.9.1.7.7.5.68.2.9.9.5.6.1.9.4.5.7.7.5.68.2.9.9.5.7.640.7.7.5.68.2.9.7.7.5.68.2.9.9.5.7.640.7.7.7.5.68.2.9.9.5.7.640.7			GIRL SCOUTS OF NORTH EAST OHIO			
Image Number and street (0° P.0. box if mail is not delivered to street address) Room/Suite E Telephone number ONE GIRL SCOUT WAY Street		Name			34-07260	94
Image: Status ONE GIRL SCOUT WAY 330-864-9933 City or town, state or province, country, and ZIP or foreign postal code G cross receipts \$ 21,690,739. MACEDONITA, OH 44056-2156 F Name and address of principal officer. JANE CHRISTYSON SAME AS C ABOVE F Name and address of principal officer. JANE CHRISTYSON I tax-exempt status: S01(c)(3) 501(c)(3) J Website: WWW.GSNEO.ORG H(b) Are al subordinates: includer: OK Partil Summary L Scource to the province in the province province province in the province province in the province province province province province in the province pr		- Initial		Room/suite	E Telephone number	
MACEDONIA, OH 44056-2156 Internet F Name and address of principal officer. JANE CHRISTYSON SMIE AS C ABOVE F Name and address of principal officer. JANE CHRISTYSON I tax exempt status: X 501(c)(3) 501(c)(-) ◀ (inset no.) 4947(a)(1) or 527 J Website: WWW.GSNEO.ORG If "No," attach a list. See instructions H(b) xe all subordinates included? Yes No Fart I Summary I Briefly describe the organization: Trust Association Other L L year of formation: 1942 M State of legal domicile: OF COURACE, CONFIDENCE & CHARACTER WHO MAKE THE WORLD A BETTER PLACE. 2 Check this box L if the organization discontinue its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) is 1 192 4 Number of independent voting members of the governing body (Part VI, line 2a) 5 192 5 192 6 7014 7 a Total number of volunteers (estimate if necessary) 5 192 6 7014 7a 0.0 7a 0.0 7a 3.0 74.5.4.2.3.3.9. 4.3.6.3.4.93.2.2.2.7. 6 8 Contributions and grants (Part VIII, column (C), line 12 7a 0.0 7a 0.0 7a 0.0 7a 0.0 7a 0.0 7a 0.0. 7a 0.0. 7a 0.0. 0.0.		return			330-864-9	9933
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9 1 Briefly describe the organization's mission or most significant activities: THE GIRL SCOUTS BUILD GIRLS OF COURAGE, CONFIDENCE & CHARACTER WHO MAKE THE WORLD A BETTER PLACE. 2 Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 9 Program service revenue (Part VIII, line 1h) 9 9 Program service revenue (Part VIII, line 2g) 11 (Part Year 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 (Part Year Current Year 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1-3) 97, 478. 13 Grants and similar amounts paid (Part IX, column (A), lines 5-10) 5, 000, 596. 5, 640, 7007. 16a Professional fundraising expenses (Part IX, column (A), line 25) 593, 959. 5, 202, 164. 6, 301, 191. 18 Total syneses. Add lines 13-17 (must equal Part X, column (L Year	of formation: 1942 N	State of legal domicile: OH
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 17, 793, 301. 9, 430, 628. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11, 123, 309. 15, 054, 727. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 97, 478. 183, 525. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5, 000, 596. 5, 640, 707. 16a Professional fundraising fees (Part IX, column (D), line 25) 593, 959. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5, 202, 164. 6, 301, 191. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10, 300, 238. 12, 125, 423. 19 Revenue less expenses. Subtract line 18 from line 12 823, 071. 2, 929, 304.	ver					
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हिंद्य Beginning of Current Year End of Year		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			1 1
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 35,319,200. 35,204,261. 21 Total liabilities (Part X, line 26) 4,715,496. 3,807,037.			Revenue less expenses. Subtract line 18 from line 12			2,929,304.
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21 Total liabilities (Part X, line 26) 3,807,037.	sset	20				
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	ž:	22 22			30,603,704.	31,397,224.

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

Sign Here	Signature of officer JANE CHRISTYSON, CEO			Date					
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN				
Paid	BRIDGETTE MUGGE	BRIDGETTE MUGGE	02/14/	23 self-employed	P00671418				
Preparer	Firm's name 🕒 SIKICH LLP			Firm's EIN 🕨 36	-3168081				
Use Only	Firm's address 🖕 274 WHITE POND D	RIVE							
	AKRON, OH 44320-	1118		Phone no. (330	864-6661				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-0	EXAMPLE 2001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)								

IKL SCOUTING BUILDS GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER, WHO AKE THE WORLD A BETTER PLACE. Ide organization undertake any significant program services during the year which were not listed on the ior form 890 of 990-E27 Ves, describe themes new services conscibution, or make significant changes in how it conducts, any program services? □ Ves X No Ves, describe themes new services consplainments for each of its tive largest program services? □ Ves X No Ves, describe themes the organic service accomplainments for each of its tive largest program services? 28,982. Norvey, describe themes the organ service accomplainments for each of its tive largest program services? 28,982. ROOP AND SERVICE UNIT SUPPORT: GIRLS COUT TROOP CREATES A SAFE SPACE WHERE EVELOPMENT EXPERIENCE FOR GIRLS IN THE WORLD. THE INCLUSIVE; Li-FEMALE ENVIRONMENT OF A GIRLS COUT TROOP CREATES A SAFE SPACE WHERE ISAN SOLUCE UNIT SUPPORT: GIRLS COUT TROOP CREATES A SAFE SPACE WHERE Lies, AND JUST BE THEMESELVES. OUR GIRLS COUT IS DEVELOP A RANGE OF SKILLS, TAKE ON LEADERSHIP EADERSHIP CLES, AND LEADERSHIP DEVELOPMENT PROGRAM FOR GIRLS, WITH PROVEN SOULS, GIRLS COUT SID PROVEN SOULS, GIRL SCOUT SID NOT THE STED METHODS AND RESEARCH-BACKED ROGRAMMING THAT HELP GIRLS TAKE THE LEAD IN THEIR OWN LIVES AND INTERS AND THE SAFE SAFE SPACE SOULS, AND SOULS A GREAT WAY FOR GIRLS TO EXPLORE ROMSTEACKS, 3) DIDEN		990 (2021) GIRL SCOUTS OF NORTH EAST OHIO 34-0726094 Page 2 t III Statement of Program Service Accomplishments
IKL SCOUTING BUILDS GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER, WHO AKE THE WORLD A BETTER PLACE. Ide organization underlake any significant program services during the year which were not listed on the for form 990 of 990-E27 ''wa', describe themes new services an Schedule O. d'm organization cases conducting, or make significant changes in how it conducts, any program services? □'Yes [X] No ''wa', describe themes new services and completion to react of its three largest program services? 28, 982. Scotte the organization's program service accompliations are equired to report the amount of grants and allocations to others, the total expenses, and werue, if any, for each program service accompliation to report the amount of grants and allocations to others, the total expenses, and werue, if any, for each program service accompliation to report the amount of grants and allocations to others, the total expenses, and werue, if any, for each program service accompliation to report the amount of grants and allocations to others, the total expenses, and werue, if any, for each program service accompliation to report the work of the Wo		Check if Schedule O contains a response or note to any line in this Part III
AKE THE WORLD A BETTER PLACE. dthe organization undertake any significant program services during the year which were not listed on the for Form 990 or 990 E27 'Yes.' describe these changes on Schedule 0. the organization case conducting, or make significant changes in how it conducts, any program services? □Yes.' describe these changes on Schedule 0. Yes.' describe these changes on Schedule 0. 0 schedule these changes on Schedule 0. 0 schedule the amount of grants and allocations to others, the total expenses, and werean, faw, for and program services accompletion the amount of grants and allocations to others, the total expenses, and werean, faw, for and program service accompletion temp services. 28, 982. science 3, 1,285,981. relates portrowers (28, 982. 67, 232.) (wermet 2 28, 982. science 3, 1,285,981. relates portrowers (28, 982. 67, 232.) (wermet 2 28, 982. Li-FFEMALE ENVIRONMENT OF A GILL SCOUT TROOP CREATES A SAFE SPACE MHERE TRIS CAN TRY NEW THINNS., DEVELOP A RANCE OF SKILLS, TAKE ON LEADERSHIP EXPERIENCE IS 00.0000000000000000000000000000000000		Briefly describe the organization's mission:
dthe organization undertake any significant program services during the year which were not listed on the □ Ves [X] No iver, "describe these new services on Schedule 0. □ Ves [X] No ver, "describe these new services on Schedule 0. □ Ves [X] No ver, "describe these new services on Schedule 0. □ Ves [X] No ver, "describe these charges on Schedule 0. □ Ves [X] No ver, "describe these charges on Schedule 0. □ Ves [X] No secho the organization cases completions are equired to seport the amount of grants and allocations to others, the total expenses, and vertue, #arv, for each program service reported. 07,232.1 (Nermass 2,3,292.2) ROOP AND SERVICE UNIT SUPPORT: GIRLS IN THE WORLD. THE INCLUSIVE, LL-FEMALE ENVIRONMENT OF A GIRLS COUT TROOP CREATES A SAFE SPACE WHERE INCLES, AND JUST BE THEMESLVES. OUR GIRL SCOUT LEADERSHIP EXPERIENCE IS ONT IS PROVEN TESTED METHODS AND RESEARCH-BACKED ROGLAMMING THAT HELP GIRLS TAKE THE LEAD IN THEIR OWN LIVES AND IN THE SULTS. IT IS BASED ON TIME-TESTED METHODS AND RESEARCH-BACKED ROGRAMMING THAT HELP GIRLS TAKE THE LEAD IN THEIR OWN LIVES AND IN THE ELATIONSHIPS. 5.1 DENTIFY AND SOLVE PROBLEMS IN THE COMMUNITY. GENES AND STELLS, AND DYNE STRONG SENSE OF SELF. 2.1 SEKK CHAILENGES AND LEARN NOW SETABCKS. 3) DISPLAY POSITIVE VALUES. 4.1 FORM AND MAINTAIN HEALTHY ELATENSHIPS. 5.1 DENTIFY AND SOLVE PROBLEMS IN THE COMMUNITY. GENES 481,720. AMPING PROGRAMS: CAMPING IS A GREAT WAY FOR GIRLS TO EXPLORE 481,720.<		GIRL SCOUTING BUILDS GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER, WHO
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dtm organization cease conducting, or make significant changes in how it conducts, any program services? □ Yes. (2010) 'Yes.' decombe these drampes on Schedule 0.		
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Form 990 (SCOUTS		NORTH	EAST	OHIO
Part IV	Checkl	ist 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 X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	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	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u>_</u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 23	
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
ŭ	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u>-</u> -
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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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			
	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		<u> </u>
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	25a		X 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%			v
07	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
2	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV 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? If	200		
U	"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		x
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			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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			
	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?			
Da	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No

1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	14			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
с	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?			1c		
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Form	990 (2021) GIRL SCOUTS OF NORTH EAST OHIO		34-0726	094	P	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	198			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	ns				
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 Schedul	€O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		Nor a			

4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	
b	If "Yes," enter the name of the foreign country		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		
	any contributions that were not tax deductible as charitable contributions?	6a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		
	were not tax deductible?	6b	

		Uu
b	If "Yes," did the organization include with every solicitation an express statement that such contributions 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 services provided to the payor?	7a
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	
	to file Form 8282?	7c
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	
	sponsoring organization have excess business holdings at any time during the year?	8
9	Sponsoring organizations maintaining donor advised funds.	

a Did the sponsoring organization make any taxable distributions under section 4966?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?							
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:						
а	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					
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a				
b	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.						
а	Is the organization licensed to issue qualified health plans in more than one state?	L	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					
l4a	Did the organization receive any payments for indoor tanning services during the tax year?		14a				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner						
	excess parachute payment(s) during the year?		15				

16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?
	If "Yes," complete Form 4720, Schedule O.
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

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If "Yes," complete Form 6069.

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

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

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

_	Check if Schedule O contains a response or note to any line in this Part VI				<u></u>		X			
C	tion A. Governing Body and Management					·				
						Yes	No			
а	Enter the number of voting members of the governing body at the end of the tax year	1a		19						
	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						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other							
	officer, director, trustee, or key employee?				2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision							
	of officers, directors, trustees, or key employees to a management company or other person?				3		X			
ł	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	s filed?		4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		X			
6 Did the organization have members or stockholders?										
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
more members of the governing body?										
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto									
	persons other than the governing body?				7b	Х				
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
а	The governing body?		-		8a	Х				
b	Each committee with authority to act on behalf of the governing body?				8b	Х				
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X			
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev									
			<u> </u>			Yes	No			
)a	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 cha									
					10b	х				
la	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х				
 b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 										
2a Did the organization have a written conflict of interest policy? If "No," go to line 13										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?										
č	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ_i				12b	Х				
-	on Schedule O how this was done				12c	х				
3	Did the organization have a written whistleblower policy?				13	Х				
1	Did the organization have a written document retention and destruction policy?				14	X				
5	Did the process for determining compensation of the following persons include a review and approval									
,	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		opendent							
а	The organization's CEO, Executive Director, or top management official				15a	х				
h	Other officers or key employees of the organization				15b		x			
U	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				155					
.	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nont wi	th a							
Ja					16a		x			
h					10a		- 23			
D	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									
					16b					
20	exempt status with respect to such arrangements?				100					
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright OH									
,	List the states with which a copy of this Porth about required to be filed P		T (agotion 5)	1(0)(2)0	ophyl	ovoilok				
	Section 6104 requires on organization to make its Forms 1022 (1024 or 1024 A if applicable) 000 on			1(0)(3)5	Offiy)	avalla	JIE			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990-	. (
	for public inspection. Indicate how you made these available. Check all that apply.									
3	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 Sc	hedule O)		finan					
3	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, control or the state of the	on Sc	hedule O)	licy, and	financ	cial				
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3	for public inspection. Indicate how you made these available. Check all that apply. Image: State the name, address, and telephone number of the person who possesses the organization's bool	on Sc nflict o	<i>hedule O)</i> f interest pol		finano	cial				
3	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo JOHN GRAVES - $330-864-9933$	on Sc nflict o	<i>hedule O)</i> f interest pol		finano	cial				
3	for public inspection. Indicate how you made these available. Check all that apply. Image: State the name, address, and telephone number of the person who possesses the organization's bool	on Sc nflict o	<i>hedule O)</i> f interest pol			sial	(005			

Form 990 (2021)	GIRL SCOUTS OF NORTH EAST OHIO	34-0726094 Page								
Part VII Compensa	ation of Officers, Directors, Trustees, Key Employees, High	est Compensated								
Employees, and Independent Contractors										
Check if Sche	edule O contains a response or note to any line in this Part VII									
Section A. Officers, Dir	ectors, Trustees, Key Employees, and Highest Compensated Employees									
1a Complete this table fo	r 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 organiz 	zation's current officers, directors, trustees (whether individuals or organizati	ons), regardless of amount of compensation.								

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

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

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

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

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

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

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

Name and title Average hours per weak intermediations below Description below Desc	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per vex. box. order and a reaction of the mole and order of the order and a reaction of the organization (W2/1099-MISC/ 1099-NEC) compensation of the organization (W2/1099-MISC/ 1099-NEC) amount of the organization and related organizations (1) JANE CHRISTYSON 40.00 X 157,395. 0. 41,209. (2) JOH RAVES 40.00 X 157,395. 0. 41,209. (3) ENTLY FEIN 40.00 X 93,425. 0. 27,948. (3) ENTLY FEIN 40.00 X 93,425. 0. 27,948. (4) KATHY MOOCK 1.00 X X 0. 0. 0. (6) KATE ASBECK 1.00 X X 0. 0. 0. (7) CINPY SELION-BECKER 1.00 X X 0. 0. 0. (6) KATE ASBECK 1.00 X X 0. 0. 0. 0. (10) UNIV SELION-BECKER 1.00 X X 0. 0. 0. (11) MICELEL HANG 1.00 X X 0. 0.<	Name and title	Average	Position				ne	Reportable	Reportable	Estimated	
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MEMBER-AT-LARGE X 0. 0. 0.			Х						0.	0.	0.
		1.00	I							-	_
			Х						0.	0.	

132007 12-09-21

Form **990** (2021)

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	990 (2021) GIRL SCOU	JTS OF N	IOR	TH	E	AS	ST	OH	IIO	34-07	260	94	Pa	ge 8
Par	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) (B) Name and title Average hours per week					rson i	1 than o is both pr/trus	an	(D) Reportable compensation from	(E) Reportable compensation from related	ı	Esti amo	(F) mateo ount o ther	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	<ey em="" ployee<="" td=""><td>Highest compensated employee</td><td>Former</td><td>the organization (W-2/1099-MISC/ 1099-NEC)</td><td>organizations (W-2/1099-MIS(1099-NEC)</td><td></td><td>orga</td><td>m the nizatio relate</td><td>on ed</td></ey>	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS(1099-NEC)		orga	m the nizatio relate	on ed
	KAREN STOCK ER-AT-LARGE	1.00	x						0.		ο.			0.
	KIMBERLY TOGLIATTI-TRICKETT	1.00	23								<u> </u>			<u> </u>
MEMB	ER-AT-LARGE		х						0.		0.			0.
(20)	HEATHER VALENTINO	1.00												
MEMB	ER-AT-LARGE		Х						0.		0.			0.
	CHRIS VENDITTI	1.00												
	ER-AT-LARGE	1 00	Х				-		0.		0.			0.
	CHRIS YOUNG ER-AT-LARGE	1.00	х						0.		0.			0.
	ER-RI-LANGE		~						0.		<u>.</u>			0.
											1			
											\neg			
1b	Subtotal								361,612.		0.	97	,07	′ 5 .
с	Total from continuation sheets to Part VI								0.		0.	~ =		0.
d		<u> </u>							361,612.		0.	97	,07	5.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d at	ove	e) wh	o re	eceived more than \$100,	000 of reportable				2
												١	/es	No
3	Did the organization list any former officer,		ee, k	key e	mp	loye	e, or	hig	hest compensated emp	loyee on				37
4	line 1a? If "Yes," complete Schedule J for s								or companyation from t			3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	-		-					-	-	- 1	4	x	
5	Did any person listed on line 1a receive or a	,									···· -			
	rendered to the organization? If "Yes." corr										[5		Х
Sec	ion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for	•	•							· ·	ensati	ion fron	n	
	(A)	ine calendar ye			iy w				(B)			(C)		
	(A) Name and business address								Description of s	services	C	ompens		
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lin	nitec	d to	thos (-	ted	above) who received mo	ore than				
	,,,,,,_,_,,,,,,,,										I	Form 9	90 (2	021)

132008 12-09-21

1 4		/	Statement of Re	venu	le						
			Check if Schedule O	conta	ins a res	oonse	or note to any line	e in this Part VIII	(B)	(2)	
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
						1	E0 104				sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns			1	50,104.				
Gra			Membership dues				22.220				
ts,			Fundraising events				32,330.				
nilar			Related organizations			1	1,515,004.				
Sin's			Government grants (contr All other contributions, gifts,			<u>,</u>	1,515,004.				
utic			similar amounts not included	-			2,766,055.				
6Ë		~	Noncash contributions included in			\$	2,700,000.				
on and		-	Total. Add lines 1a-1f					4,363,493.			
0.0							Business Code	, , -			
ð	2	а	PROGRAM AND CAMP FEI	ES			611710	682,207.	682,207.		
Program Service Revenue	-	b						· · ·	,		
Ser		с									
am		d									
20 Ba		е									
Å		f	All other program service	reven	ue						
			Total. Add lines 2a-2f					682,207.			
	3		Investment income (includ								
			other similar amounts)				►	312,628.			312,628.
	4	•	Income from investment of	of tax-	exempt	oond p	roceeds 🕨 🕨				
	5		Royalties								
					(i) Re		(ii) Personal				
	6		Gross rents	6a	9	,730.					
			Less: rental expenses \dots	6b		0.					
			Rental income or (loss)	6c	9	,730.		0 520	0.520		
	_		Net rental income or (loss))	(i) Coor			9,730.	9,730.		
	7	а	Gross amount from sales of		(i) Secu 3 , 485		(ii) Other 279,135.				
		Ŀ	assets other than inventory	7a	5,405	,290.	279,135.				
ø		D	Less: cost or other basis	76	3,447	303	71,359.				
Revenue		~	and sales expenses	70 7c		,995.					
leve			Net gain or (loss)	· · ·			· · · · ·	245,771.			245,771.
۲	8		Gross income from fundraisi								
Ğ₽	Ŭ	u	including \$								
Ŭ			contributions reported on								
			Part IV, line 18		-	8a	101,075.				
		b	Less: direct expenses				51,084.				
			Net income or (loss) from				►	49,991.			49,991.
	9	а	Gross income from gamin	ig act	ivities. S	ee					
			Part IV, line 19			. 9a					
		b	Less: direct expenses			. 9b					
		С	Net income or (loss) from	gamiı	ng activit	ies	►				
	10	а	Gross sales of inventory, I	less re	eturns						
			and allowances			·· –	12,285,917.				
			Less: cost of goods sold			··	3,066,266.				
\square		С	Net income or (loss) from	sales	of inven	tory		9,219,651.	9,219,651.		
S			VT 6 6 7 7 7 7 7 7 7 7				Business Code				
eor	11		MISCELLANEOUS				611710	171,256.	171,256.		
Miscellaneous Revenue		b									
Scel		c									
Mis			All other revenue				L	171 356			
	40		Total. Add lines 11a-11d					171,256. 15,054,727.	10082844.	0.	608,390.
	12	2-09-2	Total revenue. See instruction	1115			►	13,034,121.	1 10002044.	I 0.	Form 990 (2021

Form 990 (2021)

9

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 183,525. 183,525. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 39,956. 481,598. 441,642. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,310,993. 2,565,236. 502,010. 243,747. Other salaries and wages 7 8 Pension plan accruals and contributions (include 749,787. 538,523. 155,043. 56,221. section 401(k) and 403(b) employer contributions) 629,520. 123,623. 66,307. 819,450. Other employee benefits 9 278,879. 197,063. 61,291. 20,525. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 2,780. 5,391. 1,923. 688. b Legal 15,338. 29,740. 3,794. 10,608. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 73,947. 73,947. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 247,968. 97,550. 406,859. 61,341. column (A), amount, list line 11g expenses on Sch 0.) 7,830. 86,729. 74,499. 4,400. Advertising and promotion 12 1. 018,160. 910,578. 40,610. 66,972. 13 Office expenses Information technology 14 15 Royalties 574,122. 643,433. 50,812. 18,499. 16 Occupancy 180,806. 138,537. 29,052. 13,217. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 7,631. 47,488. 36,386. 3,471. Conferences, conventions, and meetings 19 102,846. 102,846. 20 Interest Payments to affiliates 21 15,984. 813,390. 746,255. 51,151. Depreciation, depletion, and amortization 22 204,637. 160,938. 31,864. 11,835. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 2,038,595. 2,038,595. TROOP AND SERVICE UNIT а TROOP/MEMBER INCENTIVES 355,018. 355,018. b 77,714. 892. 82,995. 4,389.

132010 12-09-21

С d

е

25

26

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All other expenses

Check here

EQUIPMENT RENTAL/REPAIR

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Joint costs. Complete this line only if the organization

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

10

100,337.

9,632,888.

211,157.

12,125,423.

Form 990 (2021)

2,636.

593,959.

2021.05050 GIRL SCOUTS OF NORTH EAST 70314641

108,184.

1,898,576.

16370214 765826 7031464.000

	6	Loans and other receivables from other disqualif						
		under section 4958(f)(1)), and persons described	l in sectio	on 4958(c)(3)(B)	L		6	
ts	7	Notes and loans receivable, net			L		7	
Assets	8	Inventories for sale or use			L	295,749.	8	275,691.
Ä	9	Prepaid expenses and deferred charges			L	67,892.	9	140,465.
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	32,893,229	Э.			
	b	Less: accumulated depreciation	10b	12,015,763	3.	19,753,929.	10c	20,877,466.
	11	Investments - publicly traded securities			L	8,332,421.	11	7,444,519.
	12	Investments - other securities. See Part IV, line 1	1		L	953,569.	12	738,982.
	13	Investments - program-related. See Part IV, line 1		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11		15				
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)		35,319,200.	16	35,204,261.
	17	Accounts payable and accrued expenses			_	688,367.	17	925,750.
	18	Grants payable			18			
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities	-		20			
	21	Escrow or custodial account liability. Complete F	-		21			
es	22	Loans and other payables to any current or form						
iliti		trustee, key employee, creator or founder, subst						
Liabilities		controlled entity or family member of any of thes			Г	2,828,608.	22	2,724,487.
-	23	Secured mortgages and notes payable to unrela			Г	2,020,000.	23	2,/24,40/.
	24	Unsecured notes and loans payable to unrelated	-		···		24	
	25	Other liabilities (including federal income tax, par parties, and other liabilities not included on lines	•					
			-	-		1,198,521.	25	156,800.
	26		··	4,715,496.	26	3,807,037.		
	20	Organizations that follow FASB ASC 958, che	ck here			1,,10,1901	20	5700770370
es		and complete lines 27, 28, 32, and 33.						
anc	27				- E	26,898,778.	27	26,455,530.
Bal	28	Net assets with donor restrictions			. –	3,704,926.	28	4,941,694.
pu		Organizations that do not follow FASB ASC 9						
μ		and complete lines 29 through 33.						
s or	29	Capital stock or trust principal, or current funds	L		29			
set	30	Paid-in or capital surplus, or land, building, or eq	L		30			
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated ind	L		31			
Nei	32	Total net assets or fund balances				30,603,704.	32	31,397,224.
	33	Total liabilities and net assets/fund balances				35,319,200.	33	35,204,261.
								Form 990 (2021)

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

Cash - non-interest-bearing

Savings and temporary cash investments

3 Pledges and grants receivable, net

4 Accounts receivable, net

5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons

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(B) End of year

1,061,783.

3,576,881.

1,064,891.

23,583.

(A) Beginning of year

4,783,022.

892,846.

226,345.

13,427.

1

2

3

4

5

Form 990 (2021)
Part X Balance Sheet

1

2

	1 990 (2021) GIRL SCOUTS OF NORTH EAST OHIO	34-0	726094	Pag	_{je} 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	15,054		
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,125	-	
3	Revenue less expenses. Subtract line 2 from line 1	3	2,929		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,603		
5	Net unrealized gains (losses) on investments	5	-1,921	.,19	<u>)7.</u>
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	-214	, 58	<u>37.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	31,397	, 22	<u>24.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			- (an u	

Form **990** (2021)

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
2021
Open to Public Inspection

1

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

Nam	ne of t	he organization							identification number
_		GIRL	SCOUTS OF	NORTH EAST (OHIO			3	4-0726094
	rtI	Reason for Public C					ee instruction	S.	
The 1	organ	ization is not a private found A church, convention of ch)(A)(i).		
2		A school described in secti		-					
3		A hospital or a cooperative					-		
4		A medical research organiza	ation operated in cor	ijunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
_		city, and state:							
5		An organization operated for section 170(b)(1)(A)(iv). (C		lege or university owned	or operate	ed by a go	vernmental u	nit describe	ea in
6		A federal, state, or local gov	vernment or governm	ental unit described in	section 17	′0(b)(1)(A)	(v).		
7		An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental u	unit or from th	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe			-				
9		An agricultural research org				-		-	-
		or university or a non-land-g university:	rant college of agricu	ulture (see instructions).	Enter the r	name, city	and state of	the college	or
10	X	An organization that normal	lly receives (1) more t	han 33 1/3% of its supp	ort from co	ontribution	is, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subject	to certain exceptions; a	and (2) no i	more than	33 1/3% of it	s support fr	om gross investment
		income and unrelated busin	ess taxable income	(less section 511 tax) fro	m busines	ses acquir	ed by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Cor	nplete Part III.)						
11		An organization organized a	and operated exclusiv	vely to test for public saf	ety. See	section 50	9(a)(4).		
12		An organization organized a	-	•	-			-	
		more publicly supported org	-						Check the box on
		lines 12a through 12d that o	• •		-			-	
а		Type I. A supporting orga			• • • •	-			
		the supported organization		• • • •	majority o	f the direc	tors or truste	es of the su	ipporting
		organization. You must c	-						
b		Type II. A supporting orga	-				-		-
		control or management o			ame persoi	ns that cor	ntrol or manag	ge the supp	oorted
_		organization(s). You mus							al
С		J Type III functionally inter	-					ly integrate	a with,
d		its supported organization Type III non-functionally		-				tod organi-	votion(a)
u	L	that is not functionally int	• •					° °	. ,
		requirement (see instructi	• •	• •	•			anattentiv	01035
е		Check this box if the orga	•	•	-			II Type III	
-		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., . , pe	
f	Ente	er the number of supported o		, , , , , , , , , , , , , , , , , , , ,	0 0				
g	Pro	vide the following information		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	nization listed ng document?	(v) Amount of	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Tota									

Schedule A	(Form	990	202
		000	1202

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the 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)						
	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
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 instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	-					
0	organization, check this box and stop	here					
	ction C. Computation of Publi					1 1	
	Public support percentage for 2021 (I		-			14	%
	Public support percentage from 2020					15	%
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies		-				
C	33 1/3% support test - 2020. If the o						
47	and stop here. The organization qual						
1/8	10% -facts-and-circumstances test						
	and if the organization meets the fact		-	-	•	0	
L	meets the facts-and-circumstances te	-				17a and lina 15 ia 1	
D	10% -facts-and-circumstances test	-					1070 01
	more, and if the organization meets the organization meets the facts-and-circu						
18	Private foundation. If the organization		•				
		an aid not oncort a		a, 100, 17a, 01 17b			,

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	1217217.	1062341.	881,697.	2367145.	4363493.	9891893.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	14038446.	15376063.	13659924.	10630152.	13149110.	66853695.
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	15255663.	16438404.	14541621.	12997297.	17512603.	76745588.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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.
	Public support. (Subtract line 7c from line 6.)						76745588.
	ction B. Total Support		F		1	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	15255663.	16438404.	14541621.	12997297.	17512603.	76745588.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	234,909.	251,051.	207,959.	130,852.	312,628.	1137399.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
0	Add lines 10a and 10b	234,909.	251,051.	207,959.	130,852.	312,628.	1137399.
	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 assets (Explain in Part VI.)	1,749.	89,238.	81,937.			287,614.
		15492321.			•		•
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	/ear as a section 5	01(c)(3) organizatio	on,
80		io Support Por					
	ction C. Computation of Publ		•				00 10
	Public support percentage for 2021 (.,,		15 16	<u>98.18</u> % 98.20%
	Public support percentage from 2020 ction D. Computation of Invest					10	98.20 %
	Investment income percentage for 20			ne 13, column (f))		17	1.46 %
	Investment income percentage from					18	1.48 %
19a	33 1/3% support tests - 2021. If the	organization did n	ot check the box			3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						►X
b	33 1/3% support tests - 2020. If the	•					nd
_	line 18 is not more than 33 1/3%, che			-		-	
	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins		
13202	23 01-04-22					Schedule A	(Form 990) 2021

15

16370214 765826 7031464.000

1

2

3a

Yes No

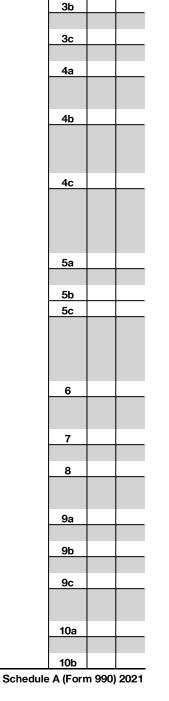
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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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GIRL SCOUTS OF NORTH EAST OHIO Schedule A (Form 990) 2021 ...t I\/ 0.....

Yes No

Yes No

1

га	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	ction 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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization describe and/or remediate officers, or trustees are allocated organized and the organization officers.			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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		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 Typ	e III Supporting Orga	nizations

			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	that the organization used	to satisfy the Integral Part	Test during the year	(see instructions)
•		linal line organization used	to satisfy the integral Fart	rest during the year	1300 1130 000

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entit	v (see instruction <u>s)</u>).
-----	--	---	-------------------------	------------------------------------	------------------------------	----

17

- 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. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Schedule A (Form 990) 2021
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Part V	Type II	Non-Fun	ctionally In	tegrated 5	09(a)	(3) Sunno	orting O	rganizati	ons
Schedule A	(Form 990) 2021	GIRL	SCOUTS	OF	NORTH	EAST	OHIO	

1	Check here if the organization satisfied the Integral Part Test as a qualifying the second se			Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus	t complete 5	Sections A through E. (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			
U	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		
8 Sect	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 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		
	Average monthly cash balances	1b		
	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		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
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) 2021

132026 01-04-22

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4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		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 2021 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-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

GIRL SCOUTS OF NORTH EAST OHIO

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Schedule A (Form 990) 2021

1

2

3

Current Year

Part V	Type III Non-F	unctionally In	tegrated 509	9(a)(3) Suppo	rting O	rganizations	(continued)
Schedule A	(Form 990) 2021	GIRL	SCOUTS (OF	NORTH	EAST	OHIO	

organizations, in excess of income from activity

1 Amounts paid to supported organizations to accomplish exempt purposes

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

Administrative expenses paid to accomplish exempt purposes of supported organizations

Section D - Distributions

3

41

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

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

2018 AMOUNT: \$	89,238.		
2019 AMOUNT: \$	81,937.		
2020 AMOUNT: \$	64,699.		
2021 AMOUNT: \$	49,991.	 	

Department of the Treasury

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Internal Revenue Service
Name of the organization

GIRL SCOUTS OF NORTH EAST OHIO

Employer identification number 34 - 0726094

Par			or Acc	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	-		
	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			·
Par				
	·		Part IV, II	ne /.
1	Purpose(s) of conservation easements held by the organization		f a biatari	ically important land area
	Preservation of land for public use (for example, recrea Protection of natural habitat			ically important land area ed historic structure
	Preservation of open space		a certine	
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a cons	servation easement on the last
-	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		- E	2a
b				2b
c	Number of conservation easements on a certified historic stru			2c
	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel			ation during the tax
	year ►		U U	
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation	easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion ease	ements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) abov			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that	describes the
Par	organization's accounting for conservation easements. T III Organizations Maintaining Collections of	Art. Historical Treasures, or Ot	her Sir	nilar Assets
	Complete if the organization answered "Yes" on Form			
12	If the organization elected, as permitted under FASB ASC 95		nd halan	nce sheet works
14	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			sheet works of
	art, historical treasures, or other similar assets held for public	· ·		
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
				► \$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	l gain, pr	ovide
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			► \$
b	Assets included in Form 990, Part X			► \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2021
132051	10-28-21	2.2		

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Sche		OUTS OF NOP							726094		'age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Histo	rical Tre	asures, o	r Other	Similar	' Asset	ts _{(contin}	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check a	any of the f	ollowing that	t make sic	nificant u	use of its	;		
	collection items (check all that apply):	,		,	0	, c					
а	Public exhibition	d		oan or exc	hange progra	am					
b	Scholarly research	e									
c	Preservation for future generations	-									
4	Provide a description of the organization's co	lections and explain	how the	w further th	e organizatio	n's exem	nt nurnos	se in Par	+ XIII		
5	During the year, did the organization solicit o								. ,		
Ũ	to be sold to raise funds rather than to be ma							Г	Yes		No
Par	t IV Escrow and Custodial Arrang							∟ Part IV			
	reported an amount on Form 990, Par			organizatio		103 011	1 0111 000	, i aitiv	, 1110 0, 01		
10	Is the organization an agent, trustee, custodi		ion for c	ontributions	or other as	ote not ir	acluded				
Id			•					Г	Vee		No
	on Form 990, Part X?							∟	Yes		
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	DIE:					Amount		
									Amount		
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance						1f				
	Did the organization include an amount on Fe						ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	-									
		(a) Current year		ior year	(c) Two yea				(e) Four		
1 a	Beginning of year balance	8,329,004.	7,	184,143.		6,426.	6,9	99,583			,229.
b	Contributions	1,500.		2,500.		2,125.		2,025			,000.
С	Net investment earnings, gains, and losses	-1,591,809.	1,	395,343.	564	4,143.	2	00,119	•	443,	,902.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	258,730.		252,982.	32	8,551.	2	55,301	•	323,	,548.
f	Administrative expenses										
g	End of year balance	6,479,965.	8,	329,004.	7,184	4,143.	6,9	46,426	. 6,	999,	,583.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g,	column (a)) held as:						
а	Board designated or quasi-endowment	69.8900	%								
b	Permanent endowment > 17.9300	%	_								
с	Term endowment 12.1800	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		tion that	are held ar	nd administer	ed for the	e organiza	ation			
	by:	5					5		ſ	Yes	No
	(i) Unrelated organizations								3a(i)		x
	(ii) Related organizations										x
h	If "Yes" on line 3a(ii), are the related organiza										<u> </u>
4	Describe in Part XIII the intended uses of the								00		<u> </u>
<u> </u>	t VI Land, Buildings, and Equipm			nus.							
	Complete if the organization answere		Part IV	line 11a S	ee Form 990	Part X I	ine 10				
	Description of property					, ,	cumulate				
	Description of property	(a) Cost or o basis (investn		• •	or other (other)	.,	reciation		(d) Bool	(valu	le.
	Land		iony		7,573.	uep	, colation		761	7 5	73.
	Land				7,573.	0 4	96 70	21	14,110		
	Buildings						96,78				
	Leasehold improvements				9,906.		86,14		1,263		
	Equipment				9,007.		863,18				27.
	Other			-	9,163.	1,1	.69,65		3,899		
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	X, columi	<u>n (B), line 1</u>	0c.)	<u></u>		· · ·	20,873	-	
							:	Schedu	le D (Form	990) 2021

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
1) Financial derivatives			,
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	nd of year market value
			id orycai 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"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		•
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED REVENUE, DEPOSITS	AND		
(3) CUSTODIAL ACCOUNTS			156,800
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		156,800

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... 🗴

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Schedule D (Form 990) 2021

	edule D (Form 990) 2021 GIRL SCOUTS OF NORTH EAST OF	-	_			0/200	134	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statement	s With	Revenue	per Ret	urn.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements				1	12,9	918,	943.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a	<u>-1,921,</u>	197.				
b	Donated services and use of facilities	2b						
с	Recoveries of prior year grants	2c						
d		2d	-214,	587.				
е	Add lines 2a through 2d				2e			784.
3	Subtract line 2e from line 1				3	15,0)54,	727.
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						
	Add lines 4a and 4b				4c			0.
с	Add lines 4a and 4b			····				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part 1, line 12.)				5	15,0)54,	727.
5					5	15,(n.)54,	727.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part 1, line 12.)				5	n.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ts Wit	h Expense	s per Re	5	n.		727. 423.
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ts Wit	h Expense	s per Re	5 eturi	n.		
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ts Wit	h Expense	s per Re	5 eturi	n.		
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ts Wit	h Expense	s per Re	5 eturi	n.		
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ts Wit	h Expense	s per Re	5 eturi	n.		
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 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	ts With	h Expense	s per Re	5 eturi	n.		
5 Par 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 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	h Expense	s per Re	5 eturi	n.	125,	<u>423.</u> 0.
5 Par 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 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	h Expense	s per Re	5 eturi 1	n.	125,	
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 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	h Expense	s per Re	5 eturi 1 2e	n.	125,	<u>423.</u> 0.
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 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	h Expense	s per Re	5 eturi 1 2e	n.	125,	<u>423.</u> 0.
5 Par 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 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	h Expense	s per Re	5 eturi 1 2e	n.	125,	<u>423.</u> 0.
5 Par 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 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 losses Other losses Other statements 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 4a 4b	h Expense	s per Re	5 eturi 1 2e	n.	125,	<u>423.</u> 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 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.)	ts With 2a 2b 2c 2d 2d 4a 4b	h Expense	s per Re	5 eturn 1 2e 3	n. 12,1 12,1	L25, L25,	<u>423.</u> 0. <u>423.</u>

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

36

A PRIVATE FOUNDATION.

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Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 GIRL SCOUTS OF NORTH EAST OHIO	34-0726094 Page 5
Schedule D (Form 990) 2021 GIRL SCOUTS OF NORTH EAST OHIO Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
	-214 587
CHANGE IN BENEFICIAL INTEREST	-214,587.
	Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	CHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities											
(Form 990)	Complete if the	or if the	2021									
Department of the Treasury		organization entered more than \$15 Attach to Form 990			-			Open to Public				
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		Inspection				
Name of the organization	Employer id	entification number										
Part I Fundrais												
· · · · · · · · · · · · · · · · · · ·	complete this part											
a Mail solicitat		ed funds through any of the followin \mathbf{e} Solicitat			overnment grants							
b Internet and email solicitations f Solicitation of government grants												
c Phone solici d In-person so		g 🔄 Special	fundra	aising	events							
•		or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or					
• • •		art VII) or entity in connection with p			-	_	Ye					
b If "Yes," list the 10 compensated at le		viduals or entities (fundraisers) pursua organization.	ant to	agreei	ments under which the	ne fur	ndraiser is to b	e				
	···· ,··· ,··· , ··· , ···		(;;;)	Did		60	Amount paid					
(i) Name and addres		(ii) Activity	(iii) fundr have c	ustody	(iv) Gross receipts	tò (c	fundraiser	to (or retained by)				
or entity (func	laiser)		or control of tr contributions?		from activity		ted in col. (i)	organization				
			Yes	No	-							
		n is registered or licensed to solicit c	ontrib	 utions	or has been notified	it is e	exempt from r	eqistration				
or licensing.												
	oduction Act Not	on can the Instructions for Forme	00 ~~	000 5	7		Sahad	e G (Form 990) 2021				
	Culturi Act NOL	ce, see the Instructions for Form 9	30 U	330-E			Schedu	e a (Fuini 390) 202 i				

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	(c) Other events NONE	(d) Total events (add col. (a) through	
			DISTINCTION (event type)	FIRST (event type)	(total number)	col. (c))	
ani ianau	1	Gross receipts	87,205.			133,405	
D L		Less: Contributions	30,380.			32,330	
	2						
_	3	Gross income (line 1 minus line 2)	56,825.	44,250.		101,075	
	4	Cash prizes					
•	5	Noncash prizes					
	6	Rent/facility costs					
nirect Expenses	7	Food and beverages	19,512.	27,828.		47,340	
3	8	Entertainment					
	9	Other direct expenses		2,522.		3,744	
	10	Direct expense summary. Add lines 4 through	.	· · · ·	•	51,084	
		Net income summary. Subtract line 10 from li			•	49,991	
200			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d	
Hevenue	1	Gross revenue					
SD	2	Cash prizes					
subdus	3	Noncash prizes					
Ulrect Expenses	4	Rent/facility costs					
_	5	Other direct expenses					
	6	Volunteer labor	│	└── Yes % └── No	Yes %		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•		
	8	Net gaming income summary. Subtract line 7				1	
		er the state(s) in which the organization condu he organization licensed to conduct gaming ac		states?		Yes	
		No," explain:					
		ve any of the eventiation's coming licenses up	wakad avanandad arta	minated during the tax w	201	Yes N	
		re any of the organization's gaming licenses re Yes," explain:	woneu, suspendeu, or te	anninateu uuning the tax y	cai (Yes N	
						dule G (Form 9	

Sche	edule G (Form 990) 2021	GIRL SCOUTS OF NORTH EAST OHIO	34-0726094 Pag	e 3
11	Does the organization conduct ga	ming activities with nonmembers?	Yes	No
12		ficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?		Yes	No
	Indicate the percentage of gaming	activity conducted in:		
				%
				%
14	Enter the name and address of the	e person who prepares the organization's gaming/special events books and rec	cords:	
	Name ►			
	Address 🕨			
15a	Does the organization have a con	ract with a third party from whom the organization receives gaming revenue?	Yes	No
b	If "Yes." enter the amount of gam	ng revenue received by the organization > \$ and the a	amount	
		third party ▶\$		
с	If "Yes," enter name and address			
	Name 🕨			
	Address 🕨			
16	Gaming manager information:			
	Name			
	Gaming manager compensation	► \$		
	Description of services provided			
	Director/officer	Employee Independent contractor		
		Employee Independent contractor		
17	Mandatory distributions:			
		state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions	required under state law to be distributed to other exempt organizations or spe		
	organization's own exempt activit			
Pa		mation. Provide the explanations required by Part I, line 2b, columns (iii) and	(v); and Part III, lines 9, 9b, 10	b,
	15b, 15c, 16, and 17b, as	applicable. Also provide any additional information. See instructions.		
13208	33 10-21-21		Schedule G (Form 990) 2	.021
		40		

Schedule G	(Form 990)
Devit IV	A

Part IV	Supplemental Information (continued)	
132084 11-18-		Schedule G (Form 990)

16370214 765826 7031464.000

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.									
Name of the organizati				`				Employer identification number		
GIRL SCOUTS OF NORTH EAST OHIO 34-072609 Part I General Information on Grants and Assistance										
Construction on Grants and Assistance General information information on Grants and Assistance General information information definition General information information information information information information General information information information information information information information information General information infor										
1 (a) Name and ac	hat received more than Idress of organization vernment	65,000. Part II can (b) EIN	be duplicated if addition (c) IRC section (if applicable)	onal space is need (d) Amount of cash grant	ed. (e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
3 Enter total numb	er of section 501(c)(3) and er of other organizations Reduction Act Notice	s listed in the line 1	table	e line 1 table				Schedule I (Form 990) 2021		

Schedule I (Form 990) 2021

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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	2607	141,644.	0.		
CHOLARSHIPS	14	31,560.	0.		
RANTS TO TROOPS	19	10,321.	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	I	OMB No. 1	545-004	17	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	71	I	
		Compensated Employees		20		1	
Dono	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to Put			
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction		
Nam	e of the organizatio			identificatio		nber	
_		GIRL SCOUTS OF NORTH EAST OHIO	34-0	072609	4		
Pa	rt I Question	s Regarding Compensation				·	
					Yes	No	
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	·	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for con						
		cation 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					
~	-			1b		<u> </u>	
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rrs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indianta which if a	ny, of the following the organization used to establish the compensation of the organization's					
5		ector. Check all that apply. Do not check any boxes for methods used by a related organization s					
		ation of the CEO/Executive Director, but explain in Part III.	51110				
	Compensatio						
		compensation consultant X Compensation survey or study					
		ther organizations X Approval by the board or compensation of	ommittee				
			ommittee				
4	During the year, di	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re						
а	-	e payment or change-of-control payment?		4a		X	
b	Participate in or re	ceive payment from a supplemental nonqualified retirement plan?		4b		X	
с		ceive payment from an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n				
	contingent on the						
						X	
b		ation?		5b	_	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	-		6a		x	
	v						
b		ration?		<u>6b</u>		X	
-		or 6b, describe in Part III.					
1	7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III					x	
0				7			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the point described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		0		x	
٥				8			
9		id the organization also follow the rebuttable presumption procedure described in		9			
	Regulations section	n 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	000	2024	
∟ПА			Sched	une o (rom	1 990)	2021	

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Schedule J (Form 990) 2021

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

Part III Supplemental Information

Schedule J (Form 990) 2021

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) 2021

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



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GIRL SCOUTS OF NORTH EAST OHIO

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

HAS MORE THAN 7,000 BACKGROUND-CHECKED AND FULLY-TRAINED VOLUNTEERS WHO

MANAGE OVER 1,800 GIRL-LED TROOPS SERVING OVER 18,000 GIRLS IN OUR

18-COUNTY FOOTPRINT. TROOP PROGRAMS AND BADGES FOCUS ON

ENTREPRENEURSHIP, LIFE SKILLS, THE OUTDOORS AND STEM. THE COST OF THIS

PROGRAM COVERS THE GROUP THAT RECRUITS, INTERVIEWS, PROVIDES BACKGROUND

CHECKS, TRAINS, ASSISTS, AND MENTORS VOLUNTEERS AS WELL AS RECRUITS AND

PLACES GIRLS INTO TROOPS. PARTICIPATION WAS REDUCED BECAUSE GOVERNMENT

ORDERS FORCED THE SUSPENSION OR SHARP REDUCTION OF TROOP-LED 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) 2021

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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 132212 11-11-21 Schedule O (Form 990) 2021 48

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Page 2

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) 2021 132212 11-11-21

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

CHANGE IN BENEFICIAL INTEREST IN TRUSTS

-214,587.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION

PROCESS DURING THE CURRENT TAX YEAR.

132212 11-11-21