Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

A F	or th	e 2018 calendar year, or tax year beginnin	g 10/01, 2018	s, and ending			09/30,20	19		
_		C Name of organization			D E	mployer ide	entification num	ber		
Вс	heck if ap	plicable: GIRL SCOUTS OF THE UNITE	ED STATES OF AMERICA							
	Addre		_ 1	13-1624016						
	7	change Number and street (or P.O. box if mail is not or	delivered to street address)	Room/suite	ΕT	E Telephone number				
	+	return 420 FIFTH AVENUE			(2:	(212) 852-8000				
	Termi	City on town atota or province country and 3	ZIP or foreign postal code			-				
	Amen	NEW YORK, NY 10018			G	Fross receipt	s \$ 183,	,789,662.		
	return Applio	ation F Name and address of principal officer:	SYLVIA ACEVEDO		_	Is this a grou	p return for	Yes X No		
	pendi	420 FIFTH AVENUE, NEW YO	ORK, NY 10018		H(b)	Subordinates? Are all subordi	I .	Yes No		
$\overline{}$	Tax-ex	<u> </u>		or 527			h a list. (see instruc			
		te: WWW.GIRLSCOUTS.ORG	(IIISERT 110.) 4947 (a)(1)	01 321	П(с)		otion number	,		
_		T T	ociation Other	I Vear of for			State of legal do	micile: DC		
$\overline{}$	art I	Summary	Other -	L real of for	mation	LJIJ IVI	State of Tegal do	illicile. DC		
		Briefly describe the organization's mission or mo	ant algoritisant pativities. CTRI.	SCOUTTING R	פת.דדוו	CTRIC	OF COLLEY			
•		CONFIDENCE, AND CHARACTER, WH								
ž				DETTER FUA						
Governance										
ove	2	Check this box I if the organization disco	•				1	25.		
		Number of voting members of the governing bod	ly (Part VI, line 1a)				3	25.		
ctivities &		Number of independent voting members of the g					4			
Ţ.		Total number of individuals employed in calenda					5	432.		
Ę	6	Total number of volunteers (estimate if necessary)	")					736,000.		
ď		Total unrelated business revenue from Part VIII, o						,985,960		
	b	Net unrelated business taxable income from Forn	n 990-T, line 34				7b	0		
						or Year		rent Year		
<u>e</u>		Contributions and grants (Part VIII, line 1h)		Y FOR		983,79		,611,118		
enr	9	Program service revenue (Part VIII, line 2g)		NSPECTION		805,59		,909,812.		
Revenue		Investment income (Part VIII, column (A), lines 3,	, 4, and 7d)			744,99		<u>,954,613</u> .		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d,	8c, 9c, 10c, and 11e)			937,93		,577,441.		
	12	Total revenue - add lines 8 through 11 (must equ	ual Part VIII, column (A), line 12) .			472,31		,052,984.		
	13	Grants and similar amounts paid (Part IX, column	(A), lines 1-3)		9,	073,54		,658,742		
	14	Benefits paid to or for members (Part IX, column	(A), line 4)			330,86		329,072		
S	15	Salaries, other compensation, employee benefits	(Part IX, column (A), lines 5-10)		49,	243,49	9. 54	,929,608.		
Expenses	16a	Professional fundraising fees (Part IX, column (A)	, line 11e)			228,83	0.	477,775		
xbe	b	Total fundraising expenses (Part IX, column (D), li	ine 25) ▶ 5,089,463							
Ш	17	Other expenses (Part IX, column (A), lines 11a-11			65,	932,49	5. 68	,645,416.		
		Total expenses. Add lines 13-17 (must equal Par			124,	809,23	7. 130	,040,613.		
	19	Revenue less expenses. Subtract line 18 from line	e 12		7,	663,07	57	,987,629.		
or		·		Be	ginning	of Current Y	ear End	l of Year		
sets	20	Total assets (Part X, line 16)			272,	718,66	4. 271	,397,447.		
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)			73,	890,44	5. 83	,678,948.		
Net L	22	Net assets or fund balances. Subtract line 21 from			198,	828,21	9. 187	,718,499.		
	rt II	Signature Block					'			
Un	der per	alties of perjury, I declare that I have examined this re	turn, including accompanying sched	ules and statement	ts, and to	the best of	my knowledge	and belief, it is		
true	e, corre	ct, and co brodestig Medis gration of preparer (other than office	cer) is based on all information of whi	ich preparer has ar	y knowled	Ť				
		anala P. Olden				5/18	3/2020			
Sig	ın	Signatute 997 effice				Date				
He	re	Angela Olden	Chie	f Financia	l offi	cer				
		Type or print name and title								
		***	eparer's signature	Date		Chock	if PTIN			
Paid	t		Seth Shompett	05/12/20		Check self-employe	"	1490		
Pre	parer	CDANIE EUODNEON LLD	Jan Vi	00/12/20			36-605555			
Use	Only	- minoritante p				·	212-599-0			
N4~:	, the !!	Firm's address > 757 THIRD AVENUE, 3RD FLOOF			Phor	ne no.				
<u> </u>		RS discuss this return with the preparer shown ab	, , , , , , , , , , , , , , , , , , , ,					es No m 990 (2018)		
LOL	rapei	work Reduction Act Notice, see the separate in	SU OCHOUS.				⊢orr	.n. a a u (2018)		

For	990 (2018)	Page 2
P	rt III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: ATTACHMENT 1	
	ATTACHMENT T	
	Did the organization undertake any significant program services during the year which were not listed on the	
_	orior Form 990 or 990-EZ? Yes	X No
	f "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	X No
	f "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o others,
	the total expenses, and revenue, if any, for each program service reported.	
_		`
4a	(Code:) (Expenses \$38,702,746. including grants of \$1,743,217.) (Revenue \$25,317,263.	_)
	ATTACHMENT 2	
4b	Code:) (Expenses \$49,729,111. including grants of \$3,915,525) (Revenue \$53,283,563.)
	ATTACHMENT 3	
4c	Code:) (Expenses \$27,051,626. including grants of \$0.) (Revenue \$13,062,069.)
	ATTACHMENT 4	- ′
<i>1</i> al	Other program convices (Describe in Schedule O.)	
40	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses ► 115,483,483.	
. •		

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Part IV **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III , 5 Χ 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 Χ "Yes," complete Schedule D, Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 8 complete Schedule D, Part III 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 Χ 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Х b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII........... Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ 13 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... Χ **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Х for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Х assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)........... 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 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .

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Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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	Х	
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	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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	Х	
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 in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	 ,		
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		37	
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Part	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 432			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	Х	
	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		Х
	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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand	1.4-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х
	excess parachute payment(s) during the year?	15		21
	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		
	ii res, complete i unii 4720, schedule O.			

DocuSign Envelope ID: 7BD02759-F077-4C06-8B7A-752C2C18971C GIRL SCOUTS OF THE UNITED STATES OF AMERICA 13-1624016 Page 6 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Х	
b		7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Χ
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	_	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			

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

Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 5 17

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records ► ANGELA OLDEN 420 FIFTH AVENUE NEW YORK, NY 10018 20

GIRL SCOUTS OF THE UNITED STATES OF AMERICA

13-1624016

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe d a d	erson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1)KATHY HOPINKAH HANNAN	10.00										
NATIONAL PRESIDENT	0.	Х		Х				0.	0.	0.	
(2)SHARON HOSKIN MATTHEWS	10.00										
FIRST VICE PRESIDENT	0.	Х		Х				0.	0.	0.	
(3)JEANNE KWONG BICKFORD	10.00										
SECOND VICE PRESIDENT	0.	Х		Х				0.	0.	0.	
(4)CHARLES MCLANE JR	10.00										
TREASURER (THRU 09/26/19)	0.	Х		Х				0.	0.	0.	
(5)NOORAIN KHAN	10.00										
SECRETARY	0.	Х		Х				0.	0.	0.	
(6)JENNY ALONZO	5.00										
BOARD MEMBER	0.	Х						0.	0.	0.	
(7)MARY ANN ALTERGOTT	5.00										
BOARD MEMBER	0.	Х						0.	0.	0 .	
(8)MARY STENGEL AUSTEN	5.00										
BOARD MEMBER	0.	Х						0.	0.	0.	
(9)JUDITH N. BATTY	5.00										
BOARD MEMBER	0.	Х						0.	0.	0	
(10)CYNTHIA BRINKLEY	5.00										
BOARD MEMBER (THRU 09/27/19)	0.	Х						0.	0.	0 .	
(11)ANNE CHOW	5.00										
BOARD MEMBER	0.	Х						0.	0.	0 .	
(12)WENDY DRUMMOND	5.00										
BOARD MEMBER	0.	Х						0.	0.	0 .	
(13)CHARLES GARCIA JR	5.00										
BOARD MEMBER	0.	Х						0.	0.	0	
(14)VICKI GARDNER	5.00										
BOARD MEMBER	0.	Х						0.	0.	0	

Form **990** (2018)

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Form 990 (2018)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and F	ligl	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for related	box,	unles er and	Pos heck ss pe	erson	e than or is both a cor/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
15) VALARIE A. GELB	5.00									
BOARD MEMBER	0.	X						0.	0.	0.
16) STEVEN GILLILAND	5.00									
BOARD MEMBER (THRU 06/05/19)	0.	X						0.	0.	0.
17) JEANMARIE C GRISI	5.00									
TREASURER(AS OF 09/26/19)	0.	X		Х				0.	0.	0.
18) HEATHER HIGGINBOTTOM	5.00									
BOARD MEMBER (AS OF 12/05/18)	0.	X						0.	0.	0.
19) KAREN P. LAYNG	5.00									
BOARD MEMBER	0.	X						0.	0.	0.
20) ROSE LITTLEJOHN	5.00									
BOARD MEMBER	0.	X						0.	0.	0.
21) SUSAN MAJOR	5.00									
BOARD MEMBER	0.	X						0.	0.	0.
22) CINDY MILLER	5.00									
BOARD MEMBER (THRU 04/16/19)	0.	X						0.	0.	0.
23) MINA NGUYEN	5.00									
BOARD MEMBER	0.	X						0.	0.	0.
24) DEBRA NIELSON	5.00									
BOARD MEMBER	0.	X						0.	0.	0.
25) NORMA PROVENCIO PICHARDO	5.00									
BOARD MEMBER (THRU 08/19/19)	0.	X						0.	0.	0.
1b Sub-total							\blacktriangleright	0.	0.	0.
c Total from continuation sheets to Part VII, S	ection A						\blacktriangleright	5,792,221.	0.	761,754.
d Total (add lines 1b and 1c)							>	5,792,221.	0.	761,754.
Total number of individuals (including but not reportable compensation from the organization)		hose 142		d a	bov	e) who	re	eceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	0,0	00?) If	"Yes	,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You Section B. Independent Contractors	accrue co es," comple	mpen te Scl	sati	on i	fron	n any	un	related organizati	on or individual	5 X

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

(B) Description of services	(C) Compensation
	(B) Description of services

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 67

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Form 990 (2018)												age 8
Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (c	ontinued	1)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	more	e than of is both tor/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estir amo ot compe fron organ and r	(F) mated ount of ther ensation it the nization related ization	1
26) ERIKA ROTTENBERG	5.00	_										_
BOARD MEMBER 27) TROOPER SANDERS	5.00	X						0.	0.			0.
27) TROOPER SANDERS BOARD MEMBER	15.00	X						0.	0.			0.
28) BECKY SCHMITT	5.00							0.	0.			
BOARD MEMBER	- 0.	X						0.	0.			0.
29) SUZANNE WADE	5.00											
BOARD MEMBER	0.	Х						0.	0.			0.
30) LORIA YEADON	5.00											
BOARD MEMBER	0.	Х						0.	0.			0.
31) SYLVIA ACEVEDO (NON-VOTING)	35.00											
CEO & EX. OFFICIO OF THE BOARD	0.			Х				625,980.	0.	4	16,3	01.
32) ANGELA OLDEN	35.00							252 522		_		0.0
CHIEF FINANCIAL OFFICER	0.			X				373,723.	0.	5	54,2	83.
33) ANTHONY DOYE CHIEF OPERATING OFFICER	35.00	-			X			517,771.	0.	5	54,5	12
34) JENNIFER ROCHON	35.00				Δ.			317,771.	0.		74,5	14.
GENERAL COUNSEL	 0.	-			X			402,507.	0.	4	18,5	22.
35) FLORENCE GODFREY	35.00							, , , , ,				
CHIEF BRAND MKTG & COMM. OFF.	0.				Х			258,442.	0.	5	52,0	81.
36) JOANNE RENCHER (THRU 06/2018)	35.00											
CHIEF BUSINESS & TALENT OFF.	0.				Х			253,498.	0.	9	3,5	78.
total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				> o re	eceived more than	\$100,000 of			
										\\	Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	50,0	00?	l If	"Yes	5,"	complete Schedu	le J for such			
individual										4	Х	_
5 Did any person listed on line 1a receive or												v
for services rendered to the organization? If "Y Section B. Independent Contractors	es," comple	te Scl	nedu	iie J	tor	such	per	rson		5		X
Section B. independent Contractors												

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

(B) Description of services	(C) Compensation
	Description of services

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

Form 990 (2018)

Pa	rt VII Section A. Officers, Directors, Tru	stees, Ke	y En	plc	yee	es,	and I	Hig	hest Compensat	ed Employees (c	ontinue	ed)	
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average hours per week (list any hours for related	box,	unles	ss pe d a d	more rson irect	e than of is both or/trust	an tee)	Reportable compensation from the	Reportable compensation from related organizations (W-2/1099-MISC)	am com	stimated nount of other pensation om the	f on
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org: and	anizatio d related anization	on d
37		35.00											
	CHIEF REVENUE OFFICER	0.				X			349,416.	0.		25,5	506.
38	ANNETTE FREYTAG	35.00											
	CHIEF OF STAFF	0.				X			326,182.	0.		29,0)76.
39	LISA MARGOSIAN (THRU 06/18)	35.00											
	CHIEF CUSTOMER OFFICER	0.				Х			180,757.	0.		9,4	166.
40	AMY BERKOWITZ	35.00											
	CHIEF INFORMATION OFFICER	0.				Х			385,829.	0.		33,5	558.
41	SARAH ANGEL-JOHNSON	35.00											
	CHIEF ENTERPRISE INTEG. OFF.	0.				Х			268,087.	0.		51,5	552.
42	ANDREA BASTIANI ARCHIBALD	35.00											
	CHIEF FAMILY ENGAGEMENT OFF.	0.				X			237,058.	0.		52,2	246.
43	LYNELLE MCKAY (AS OF 07/18)	35.00											
	CHIEF CUSTOMER OFFICER	0.				X			192,902.	0.		24,4	173.
44	SAPREET KAUR SALUJA	35.00											
	CHIEF STRATEGIC PARTNERSHIP	0.				X			290,196.	0.		37,0)54.
45	CLAIRE FERRARIN SR. HR BUSINESS PARTNER	35.00					X		223,735.	0.		19,1	LO1.
46	SOFINA QURESHI	35.00											
	VP, GS COOKIE PROGRAM	0.					Х		238,517.	0.		28,3	321.
47	BRIAN CRAWFORD	35.00											
	VP, LICENSING & INVENTORY MGMT	0.	1				Х		219,797.	0.		44,0)31.
1b	Sub-total												
	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	=						>					
2	Total number of individuals (including but not reportable compensation from the organization		hose 142		d al	OOV	e) who	o re	eceived more than	\$100,000 of			
												Yes	No
3	Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schedu</i>										3		Х
4	For any individual listed on line 1a, is the sorganization and related organizations gre	sum of repeater than	oortab \$15	ole o	com 00?	per <i>If</i>	satio	n aı	nd other compens	sation from the			
	individual										4	X	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	ron	n any	un	related organization	on or individual	5		Х

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (A) (B) (D) (E) Name and title Position Reportable Reportable Estimated Average (do not check more than one hours per compensation compensation from amount of week (list any box, unless person is both an other from related officer and a director/trustee) hours for compensation the organizations Individual trustee or director Institutional trustee Highest compensated employee related from the organization (W-2/1099-MISC) organizations organization employee (W-2/1099-MISC) below dotted and related organizations 48) BERNICE JOHNSON 35.00 VP PROCUREMENT/SUSTAINABILITY 0. Χ 225,775. 0. 44,410. 49) DIANE REIGER 35.00 VP, IT BUSINESS OPERATIONS 0. Χ 222,049. 0 13,653. 1b Sub-total c Total from continuation sheets to Part VII, Section A Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 142 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated Χ 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 X Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual Χ for services rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation

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

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Part VIII Statement of Revenue

Form 990 (2018)

(D) Total revenue Related or Unrelated Revenue exempt business excluded from tax revenue under sections function revenue 512-514 Contributions, Gifts, Grants and Other Similar Amounts 18,471 1b Membership dues Fundraising events 1d 747.796 1e Government grants (contributions) . . All other contributions, gifts, grants, 14,844,851 and similar amounts not included above . | 1f 1,600,379 g Noncash contributions included in lines 1a-1f: \$ 15,611,118 Total. Add lines 1a-1f Program Service Revenue **Business Code** MEMBERSHIP DUES 624100 55,762,015 55,762,015 2a 721000 5,156,061 2,150,488 3,005,573 MEETING AND LEARNING EVENTS h 518210 SOFTWARE MAINTENANCE 5,819,654. 5,819,654 900099 OTHER MISC. INCOME 76,311 76,311 900099 USAGSO COUNCIL SERVICE FEE 66,875 66,875 28,896 3,996 24,900 All other program service revenue 66,909,812 Total. Add lines 2a-2f (including dividends, interest, Investment income 2,459,408 12,601. 2,446,807. 0 4 Income from investment of tax-exempt bond proceeds . 5 9,663,951 9,663,951. (i) Real (ii) Personal 6a Gross rents **b** Less: rental expenses c Rental income or (loss) . . d Net rental income or (loss) . . (ii) Other (i) Securities Gross amount from sales of 44,712,098. assets other than inventory **b** Less: cost or other basis 42,216,893. and sales expenses . . . 2,495,205. c Gain or (loss) 2,495,205 -57,114. 2,552,319 Gross income from fundraising Other Revenue events (not including \$ _ of contributions reported on line 1c). Ω See Part IV, line 18 a 0. **b** Less: direct expenses 0. c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 a 0. **b** Less: direct expenses c Net income or (loss) from gaming activities _____ > Gross sales of inventory, 10a returns and allowances 44,272,868. 19,519,785 **b** Less: cost of goods sold Net income or (loss) from sales of inventory. 24,753,083. 24,753,083 Miscellaneous Revenue **Business Code** INSURANCE RECOVERY 900099 74,368 74,368. 11a EMCC SERVICE CHARGES 900099 38,991 38,991. h REBATES 900099 31,654. 31,654. С 15,394 15,394. All other revenue 160,407 e Total. Add lines 11a-11d Total revenue. See instructions. 122,052,984 88,632,422. 2,985,960. 14,823,484.

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Part IX Statement of Functional Expenses

Form 990 (2018)

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							
_							
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,413,242.	5,413,242.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	240,000.	240,000.				
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16	5,500.	5,500.				
4	Benefits paid to or for members	329,072.	329,072.				
5	Compensation of current officers, directors, trustees, and key employees	4,682,128.	3,462,957.	699,608.	519,563.		
6	Compensation not included above, to disqualified						
	persons (as defined under section 4958(f)(1)) and	_					
	persons described in section 4958(c)(3)(B)	0.		2 221 222			
7	Other salaries and wages	39,327,862.	34,491,102.	2,891,899.	1,944,861.		
8	Pension plan accruals and contributions (include	2 055 500	0 012 544	206 510	155 066		
	section 401(k) and 403(b) employer contributions)	3,275,520.	2,813,744.	306,710.	155,066.		
9	Other employee benefits	4,656,147.	4,060,093.	395,591.	200,463.		
10	Payroll taxes	2,987,951.	2,566,716.	279,783.	141,452.		
	Fees for services (non-employees):	221,812.	221,812.				
	Management	3,350,504.	3,134,994.	180,750.	34,760.		
	Legal	541,826.	417,780.	78,378.	45,668.		
	Accounting	128,556.	128,556.	70,370.	13,000.		
	Lobbying	477,775.	120,330.		477,775.		
	Professional fundraising services. See Part IV, line 17. Investment management fees	512,452.		512,452.			
		, -		, - ,			
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule (O.) $ \frac{ATCH}{7} $	18,609,057.	17,774,962.	770,096.	63,999.		
12	Advertising and promotion	3,127,362.	3,042,751.	60,704.	23,907.		
13		1,348,971.	1,190,195.	90,471.	68,305.		
	Information technology	17,287,283.	14,695,237.	1,963,004.	629,042.		
15	Royalties	0.					
16	Occupancy	4,428,877.	4,132,726.	107,950.	188,201.		
17	Travel	3,692,936.	3,235,058.	250,617.	207,261.		
	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials	0.					
19	Conferences, conventions, and meetings	0.					
20	Interest	6,632.	5,528.	455.	649.		
21	Payments to affiliates	1,203,334.	1,203,334.	225 115	0.66 1.51		
22	Depreciation, depletion, and amortization	10,098,971.	9,606,374.	226,446.	266,151.		
23	Insurance	796,980.	629,398.	146,573.	21,009.		
24	Other expenses. Itemize expenses not covered						
	above (List miscellaneous expenses in line 24e. If						
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
_	CREDIT CARD PROCESSING FEES	1,030,889.	1,030,889.				
u	FOOD SERVICES	1,034,032.	937,411.	89,829.	6,792.		
-	COMMISSION EXPENSE	277,763.	277,763.	05,025.	0,152.		
_	PAYROLL FEES	240,424.	2777001	240,424.			
_	All other expenses	706,755.	436,289.	175,927.	94,539.		
	Total functional expenses. Add lines 1 through 24e	130,040,613.	115,483,483.	9,467,667.	5,089,463.		
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and						
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) if	0.					

GIRL SCOUTS OF THE UNITED STATES OF AMERICA

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Balance Sheet Part X Beginning of year End of year 41,988. 17,042. Cash - non-interest-bearing 1 34,015,071. 25,164,336. 2 2 Savings and temporary cash investments 6,726,883. 6,856,343. 3 Pledges and grants receivable, net 3 5,929,797. 5,053,430. 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 0. 0. 5 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 0 0. organizations (see instructions). Complete Part II of Schedule L 6 0 . 0. Notes and loans receivable, net 7 6,625,321. 5,861,481. Inventories for sale or use 8 1,669,882. 1,521,051. a 10a Land, buildings, and equipment: cost or 125,463,696. 10a other basis. Complete Part VI of Schedule D 75,846,333. 49,617,363. 43,958,490. 10c 43,666,418. Investments - publicly traded securities 45,516,941. 11 11 132,733,879. Investments - other securities. See Part IV, line 11 127,161,071. 12 12 Investments - program-related. See Part IV, line 11 Ω 13 13 0. 0. 14 Intangible assets _______ 14 943,760. 1,035,564. Other assets. See Part IV, line 11 15 15 272,718,664. 271,397,447. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 16,343,573. 22,390,706. 17 17 18 0. 18 33,315,007. 35,092,158. 19 19 0. 0. 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 0. 0. 21 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0. 0. 22 0. Secured mortgages and notes payable to unrelated third parties 0. 23 23 0. 0. 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 24,231,865. 25 26,196,084. Total liabilities. Add lines 17 through 25..... 73,890,445. 83,678,948. 26 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔀 and complete lines 27 through 29, and lines 33 and 34. **Fund Balances** Unrestricted net assets 27 132,902,522. 27 120,081,138. Temporarily restricted net assets 37,961,849. 39,677,838. 28 28 29 27,963,848. 27,959,523. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ō complete lines 30 through 34. Capital stock or trust principal, or current funds Assets 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Net Total net assets or fund balances 198,828,219. 187,718,499. 33 33 Total liabilities and net assets/fund balances 272,718,664. 271,397,447. 34 34

GIRL SCOUTS OF THE UNITED STATES OF AMERICA

13-1624016

Page **12** Form 990 (2018) Part XI **Reconciliation of Net Assets** X Check if Schedule O contains a response or note to any line in this Part XI...... 122,052,984. 130,040,613. 2 Total expenses (must equal Part IX, column (A), line 25) -7,987,629. 3 3 198,828,219. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4,038,792. 5 5 Net unrealized gains (losses) on investments 6 6 0. 7 7 Ο. 8 8 -7,160,883. 9 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 187,718,499. 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Χ 2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... 2a 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 Χ 2b **b** Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight X 2c of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 3a Χ b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 13-1624016

GIF	RL SCOUTS OF THE UNITED	STATES OF A	MERICA			13-16240	16
Pai	rt I Reason for Public Char	rity Status (All o	rganizations must o	omplet	e this pa	art.) See instructions	
The	organization is not a private four	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1	A church, convention of chu	rches, or associat	tion of churches descr	ibed in s	ection 1	70(b)(1)(A)(i).	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3	A hospital or a cooperative		The state of the s				
4	A medical research organiz						(iii). Enter the
	hospital's name, city, and sta	=	•	•		(// // /	` ,
5	An organization operated for		a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
	section 170(b)(1)(A)(iv). (C		J	•		, 0	
6	A federal, state, or local gov		rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
	described in section 170(b)	(1)(A)(vi). (Comple	ete Part II.)				
8	A community trust describe			Part II.)			
9	An agricultural research org					I in conjunction with a	land-grant college
	or university or a non-land-g	grant college of ag	riculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
	university:						
10	An organization that normal receipts from activities relat support from gross investm acquired by the organization	ent income and uin after June 30, 19	nrelated business tax 1975. See section 509	able inco (a)(2). (0	ome (less Complete	s section 511 tax) from Part III.)	nip fees, and gross n 331/3 %of its businesses
11	An organization organized a	•	•	-			
12	An organization organized a of one or more publicly sup	•	•			•	
	Check the box in lines 12a th						. , , ,
_		•	• •			·	
а	Type I. A supporting organization	•	•	-		• , ,	
	the supported organization supporting organization. Y				ajority of	the directors of truste	es of the
b	Type II. A supporting organization.	•	•		with ite	supported organization	on(e) by baying
D	control or management of	•					
	organization(s). You must		-	tile saili	c persor	is that control of man	age the supported
С	Type III functionally integ			ited in co	onnectio	n with and functional	lly integrated with
	its supported organization						,eg.a.ea,
d	Type III non-functionally i		-				ted organization(s)
	that is not functionally inte			-			
	requirement (see instruction	-		-		· · · · · · · · · · · · · · · · · · ·	
е	Check this box if the orga	nization received	a written determinatio	n from t	he IRS tl	hat it is a Type I, Type I	I, Type III
	functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion.	
f	Enter the number of supported	organizations					
g	Provide the following information	n about the suppo	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				Yes	No	,	,
(A)							
(B)							
(C)							
(D)							
(E)							
Tota	al						

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

Schedule A (Form 990 or 990-EZ) 2018 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.) Part II

Sec	tion A. Public Support	, ,			· · · · · ·	,		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,860,736.	10,409,970.	14,382,286.	15,983,792.	15,611,118.	66,247,902.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	9,860,736.	10,409,970.	14,382,286.	15,983,792.	15,611,118.	66,247,902.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount							
_	shown on line 11, column (f)						6,495,234.	
6	Public support. Subtract line 5 from line 4						59,752,668.	
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
	, , , , , , , , , , , , , , , , , , , ,	9,860,736.	10,409,970.	14,382,286.	15,983,792.	15,611,118.	66,247,902.	
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,671,396.	12,109,783.	10,777,779.	11,181,631.	12,123,359.	57,863,948.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	67,671.	229,699.	128,739.	127,271.	160,407.	713,787.	
11	Total support. Add lines 7 through 10						124,825,637.	
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	384,106,346.	
13	First five years. If the Form 990 is forganization, check this box and stop here tion C. Computation of Public Sup	<u> </u>		d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶	
				4.4 1 (0)		44	47.87 %	
14	Public support percentage for 2018 (li	. ,	•			14 15	44.87%	
15	Public support percentage from 2017 331/3% support test - 2018. If the organization of the control of the contr					·		
ıva	box and stop here. The organization q	•				•		
h	331/3% support test - 2017. If the org	-		-				
	this box and stop here . The organization							
17a	10%-facts-and-circumstances test - 2	•		•				
		_						
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported							
	organization			-	· ·			
b	10%-facts-and-circumstances test - 2							
	15 is 10% or more, and if the orga	_						
	Explain in Part VI how the organizati						-	
	supported organization						▶ □	
18	Private foundation. If the organization							
	instructions						▶ □	

Schedule A (Form 990 or 990-EZ) 2018

Page 2

Schedule A (Form 990 or 990-EZ) 2018 Page **3**

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

0	tion A Dublic Support	any under the	e tests listed be	now, piease co	omplete i arti	··· <i>)</i>	
	tion A. Public Support	(2) 2014	(b) 2015	(a) 2016	(d) 2017	(a) 2019	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5		-				
<i>r</i> a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons 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		+				
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
800	tion P. Total Support						
	tion B. Total Support	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	(6) 2013	(6) 2010	(u) 2017	(e) 2010	(i) i otai
9 10 a	Amounts from line 6. Gross income from interest, dividends,						
···	payments received on securities loans,						
	rents, royalties, and income from similar						
h	Unrelated business taxable income (less						
D	,						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in 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						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,		+				
13	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first soc	nd third fourth	or fifth toy	lear as a soction	501(2)(2)
14	organization, check this box and stop here .	ŭ	•		•		` ` ` ` _
Sac	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,		_	mn (f))		. 15	%
16	Public support percentage from 2017 Schee		•			16	
	tion D. Computation of Investment					10	70
17	Investment income percentage for 2018 (lin			13 column (f))		17	%
18	Investment income percentage for 2017 Sinvestment income percentage from 2017 Sinvestment income percentage from 2017 Sinvestment income percentage from 2018 Sinvestment income percentage from 2018 Sinvestment income percentage for 2018 Sinvestment income percentage for 2018 Sinvestment income percentage from 2018 Sinvestmen						<u> </u>
	331/3% support tests - 2018. If the org						
. J a	17 is not more than 331/3%, check this						
h	331/3% support tests - 2017. If the orga			•			•
D	line 18 is not more than 331/3 %, check						
20				-			

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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.**
- 10 a 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 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	3b		
(B)	3с		
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ion	4b		
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(B)	4c		
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Schedule A (Form 990 or 990-EZ) 2018 Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a 11b **b** A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c **Section B. Type I Supporting Organizations** Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 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 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 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 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 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 а The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) C Yes No 2 Activities Test. Answer (a) and (b) below. 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. 2a Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a 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. 3b

Page 6 Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	•
instructions. All other Type III non-functionally integrated supporting organizes Section A - Adjusted Net Income	nust complete Section (A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting	g organization (see
instructions).	-		,

Part V

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

13-1624016

Schedule A (Form 990 or 990-EZ) 2018 Page **7**

Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			

Schedule A (Form 990 or 990-EZ) 2018

JSA

a Excess from 2014...
b Excess from 2015...
c Excess from 2016...
d Excess from 2017...
e Excess from 2018...

 Schedule A (Form 990 or 990-EZ) 2018
 Page 8

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.)

					ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOM	Ε				
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
INSURANCE RECOVERY	5,896.	50,414.			74,368.	130,678.
EMCC SERVICE CHARGES			89,707.	35,278.	38,991.	163,976.
					24 554	22.654
REBATES					31,654.	31,654.
MISCELLANEOUS REVENUES	61,775.	179,285.	39,032.	91,992.	15,394.	387,478.
	01,773.	1.5,205.	33,032.	21,332.	13,331.	33.,170.
TOTALS	67,671.	229,699.	128,739.	127,270.	160,407.	713,786.

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

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA 13-1624016 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 2

GIRL SCOUTS OF THE UNITED STATES OF AMERICA Name of organization Employer identification number 13-1624016

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$, 1,502,844.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 2

GIRL SCOUTS OF THE UNITED STATES OF AMERICA Name of organization Employer identification number 13-1624016

Parti	Contributors (see instructions). Use duplicate copie	as of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$ 527,419.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA

Employer identification number

13-1624016

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) COMPUTERS 2 750,000. 09/30/2019 (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) PHOTO SHOOT AND PAID MEDIA CAMPAIGN 3 340,000. 09/30/2019 (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) PUBLICLY TRADED SECURITIES 7 1,502,844. 08/12/2019 \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) PUBLICLY TRADED SECURITIES 8 988,130. 08/15/2019 \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) \$ (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.)

DocuSign Envelope ID: 7BD02759-F077-4C06-8B7A-752C2C18971C Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA **Employer identification number** 13-1624016 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(c) Use of gift

(e) Transfer of gift

Relationship of transferor to transferee

(d) Description of how gift is held

(a) No.

from Part I

Transferee's name, address, and ZIP + 4

(b) Purpose of gift

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (election	on under section 501(h)): Complete Part II-B. Do no	t complete Part II-A.
		on Form 990, Part IV, line 5 (Proxy	Tax) (see separate in	structions) or Form 990-E	EZ, Part V, line 35c (Proxy
-	(see separate instructions), ther Section 501(c)(4), (5), or (6) orga				
	e of organization	anizations. Complete Fart III.		Employer ide	ntification number
	· ·	TED STATES OF AMERICA		13-1624	
		organization is exempt under	section 501(c) or		
1	-	organization's direct and indirect p			
-	definition of "political campa	•	omioa. oampaigir ac		
2		xpenditures (see instructions)		▶ \$	
		campaign activities (see instruction			
		organization is exempt under			
1		cise tax incurred by the organizatio		5 ▶ \$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under section	on 4955 ► \$	
3		a section 4955 tax, did it file Form			
4a					Yes No
	If "Yes," describe in Part IV.				
Par	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3).
1	Enter the amount directly e	expended by the filing organization	n for section 527 ex	kempt function	
2	Enter the amount of the filir	ng organization's funds contributed	to other organizati	ons for section	
		es			
3	Total exempt function expe	enditures. Add lines 1 and 2. En	ter here and on Fo	orm 1120-POL,	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5		and employer identification numb			
		 s. For each organization listed, en cributions received that were prom 			
		nd or a political action committee (l			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(6) 2.11	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If none, enter -0
					Hone, enter o .
(1)					
(2)					
(0)					
(3)			-		
(4)					
(4)			-		
(5)					
(5)			-		
(6)					
(0)			-		

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

Part II-A Complete if the organisection 501(h)).		npt under section			ction under
A Check ► if the filing organizatio address, EIN, expense				ch affiliated group mem	ber's name,
B Check ► if the filing organizatio	n checked box A	A and "limited contro	l" provisions app	y.	
Limits on L	obbying Expen- " means amour)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce public opin	ion (grass roots lobb	ying)	11,067.	
b Total lobbying expenditures to influe	nce a legislative	e body (direct lobbyi	ng)	150,468.	
c Total lobbying expenditures (add lin				161,535.	
d Other exempt purpose expenditures				128,048,852.	
e Total exempt purpose expenditures				128,210,387.	
f Lobbying nontaxable amount. Enter	•	•		1 000 000	
columns.				1,000,000.	
If the amount on line 1e, column (a) or (·	•	s:		
Not over \$500,000		amount on line 1e.			
Over \$500,000 but not over \$1,000,000	<u> </u>	lus 15% of the excess			
Over \$1,000,000 but not over \$1,500,00	00 \$175,000 pl	lus 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,	000 \$225,000 pl	lus 5% of the excess o	ver \$1,500,000.		
Over \$17,000,000	\$1,000,000				
g Grassroots nontaxable amount (ent			_	250,000.	
h Subtract line 1g from line 1a. If zero				0.	0.
i Subtract line 1f from line 1c. If zero	or less, enter -0-		L	0.	0.
j If there is an amount other than a	zero on either I	ine 1h or line 1i, o	lid the organizat	ion file Form 4720	
reporting section 4911 tax for this y	ear?				Yes No
	4-Year Aver	aging Period Under	Section 501(h)		
(Some organizations that ma		• •	•		ns below.
	See the separa	te instructions for I	ines 2a through :	2f.)	
	obbying Expe	nditures During 4-Ye	ear Averaging Per	iod	
Calendar year (or fiscal year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total		
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.		
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.		
c Total lobbying expenditures	229,727.	169,919.	208,673.	161,535.	769,854.		
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.		
e Grassroots ceiling amount (150% of line 2d, column (e))				_	1,500,000.		
f Grassroots lobbying expenditures		9,007.	16,403.	11,067.	36,477.		

Page 3 Schedule C (Form 990 or 990-EZ) 2018

		(election under section 501(h)).	(:	a)		(b)	
		Yes," response on lines 1a through 1i below, provide in Part IV a detailed f the lobbying activity.	Yes	No		Amo		
1	legislat	the year, did the filing organization attempt to influence foreign, national, state, or local on, including any attempt to influence public opinion on a legislative matter or dum, through the use of:						
а		ers?			-			
b		aff or management (include compensation in expenses reported on lines 1c through 1i)?.			_			
С		advertisements?						
d		s to members, legislators, or the public?						
е		tions, or published or broadcast statements?			-			
f		to other organizations for lobbying purposes?						
g		contact with legislators, their staffs, government officials, or a legislative body?						
h :		demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i :		ctivities?						
j 2a		activities in line 1 cause the organization to be not described in section 501(c)(3)?						
		enter the amount of any tax incurred under section 4912						
		enter the amount of any tax incurred by organization managers under section 4912						
		ing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Par	t III-A	Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	section	n		
		501(c)(6).					T	ı
							Yes	No
		ubstantially all (90% or more) dues received nondeductible by members?						
2		organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political campaign activity expenditures fro				3		
	t III-B	Complete if the organization is exempt under section 501(c)(4), section 501				_		
· ai		501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"					3. is	
		answered "Yes."	•					
1	Dues, a	ssessments and similar amounts from members			1			
2	Section	162(e) nondeductible lobbying and political expenditures (do not include amou	ınts	of				
	politica	expenses for which the section 527(f) tax was paid).						
		year			2a			
b	Carryov	er from last year			2b			
					2c			
3	Aggreg	ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es		3			
		es were sent and the amount on line 2c exceeds the amount on line 3, what portion						
		does the organization agree to carryover to the reasonable estimate of nondeductible le	obbyii	ng				
5	and pol	itical expenditure next year?			5			
Par		Supplemental Information			<u> </u>			
		descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d aro	un list	t): Part	II-A. I	nes 1	and
		ctions); and Part II-B, line 1. Also, complete this part for any additional information.	a g.o	ap lio	.,, . a	, .,		ana
•								

Schedule C (Form 990 or 990-EZ) 2018

GIRL SCOUTS OF THE UNITED STATES OF AMERICA

Part IV Supplemental Information (continued)

Schedule C (Form 990 or 990-EZ) 2018

13-1624016

Page 4

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

► 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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

IVAIII	e of the organization	Employer identification number
GII	RL SCOUTS OF THE UNITED STATES OF AMERICA	13-1624016
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
		(a) a sac and a sac a sa
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes 📖 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	nds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	ny other purpose
	conferring impermissible private benefit?	Yes No
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		of a historically important land area
		of a certified historic structure
	Preservation of open space	or a certified flistoric structure
2		the form of a concentration
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	Held at the End of the Tax Year
	easement on the last day of the tax year.	
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	ated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspecti	on. handling of
	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing con-	
·	• • • • • • • • • • • • • • • • • • •	servation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
•	S	moervation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170(h)(4)(P)(i)
0		
_	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	•
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	al statements that describes the
	organization's accounting for conservation easements.	Cimilar Assats
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its r works of art, historical treasures, or other similar assets held for public exhibition, educ	evenue statement and balance sheet
	public service, provide, in Part XIII, the text of the footnote to its financial statements that desi	cribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re	
b	works of art, historical treasures, or other similar assets held for public exhibition, educ	
	public service, provide the following amounts relating to these items:	, 11 1222111 14
	(i) Revenue included on Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	
a b	Assets included in Form 990, Part X.	
_~		

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

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): а Public exhibition Loan or exchange programs Other Scholarly research b Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 4 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar X No assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (a) Current year (b) Prior year (e) Four years back 162,607,000. 130,538,000. 171,261,000. 128,583,000. 138,518,000. 1a Beginning of year balance 1,259,090. 3,935,000. 17,962,000. 1,635,000. 1,353,000. c Net investment earnings, gains, 7,929,000. 11,520,000. 18,815,000. 11,033,000. -2,487,000. 1,859,000. 1,031,000. 1,257,000. 555,000. 690,000. d Grants or scholarships Other expenditures for facilities 6,327,090. 5,770,000. 3,451,000. 10,023,000. 8,246,000. f Administrative expenses 172,263,000. 171,261,000. 162,607,000. 130,538,000. 128,583,000. g End of year balance..... Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ **b** Permanent endowment ▶ 16.0900 % Temporarily restricted endowment ▶ 14.1700 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: 3a(i) Χ 3a(ii) Χ b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?......... Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Part VI Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (d) Book value (b) Cost or other basis (c) Accumulated depreciation (investment) (other) 377,059 377,059. 37,849,123. 34,348,049 3,501,074. **b** Buildings 20,233,269. 2,889,345 17,343,924. c Leasehold improvements 8,115,857 4,549,420. 12,665,277. d Equipment 54,338,968. 30,493,082 23,845,886. 49,617,363. **Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2018

GIRL SCOUTS OF THE UNITED STATES OF AMERICA 13-1624016

Schedule D (Form 990) 2018			Page 3
Part VII Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, lin	e 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) PRIVATE EQUITY FUND	13,653,878.	FMV	
(B) PRIVATE BOND FUND	8,622,779.	FMV	
(C) COMMON COLLECTIVE TRUST	86,399,369.	FMV	
(D) HEDGE FUND	19,238,140.	FMV	
(E) REAL ESTATE	4,819,713.	FMV	
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	132,733,879.		
Part VIII Investments - Program Related.			
	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line	e 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
	"Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, lin	e 15
	scription	(b) Book	
(1)	50111111111	(3) 2001	· vaido
(1)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)	ino 1E \		
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Par	t X,
1. (a) Description of liability	(b) Book valu	0	
(1) Federal income taxes	(b) Book valu		
(2) FUNDS HELD IN TRUST	537,	787	
(3) ACCRUED PENSION LIABILITY	25,658,2		
	25,050,2		
<u>(4)</u> (5)			
<u>(6)</u>			
(7)			
(8)			
(9) Tetal (Column (b) must equal Form 900, Part Y, col. (R) line 25.)	26 196 (184	

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

	le D (Form 990) 2018		Page 4
Part		ղ.	
	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	120,080,678.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		1 100 001
е	Add lines 2a through 2d	2e	-1,182,091. 121,262,769.
3	Subtract line 2e from line 1	3	121,262,769.
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 512, 452. Other (Describe in Part VIII) 277, 763.		
b	Other (Describe in Fait Ain.)		700 215
	Add lines 4a and 4b	4c	790,215.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	122,052,984.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		131,190,398.
1	Total expenses and losses per audited financial statements	1	131,190,396.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Denoted services and use of facilities 2a 1,940,000.		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		1 040 000
е	Add lines 2a through 2d	2e	1,940,000.
3	Subtract line 2e from line 1	3	129,250,398.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 512, 452.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	790,215.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	130,040,613.
	XIII Supplemental Information.		ing 4. Dort V line
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
	PAGE 5	i i atioi i	
SEE	PAGE 5		

JSA 8E1271 1.000

Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued)

FORM 990 SCHEDULE D, PART III, LINE 4

ORGANIZATION IS MAINTAINING COLLECTIONS OF ART, HISTORICAL TREASURES, OR OTHER SIMILAR ASSETS.

GIRL SCOUTS OF THE USA OWNS UNIQUE COLLECTIONS AND PLACES - JULIETTE

GORDON LOW BIRTHPLACE, HEADQUARTERS, AND THE EDITH MACY CONFERENCE CENTER

-THAT SERVE AS A BRIDGE BETWEEN ITS RICH HISTORY AND THE 21ST CENTURY,

ALL TO SUPPORT THE ORGANIZATION'S MISSION TO "GROW GIRLS OF COURAGE,

CONFIDENCE, AND CHARACTER TO MAKE THE WORLD A BETTER PLACE." THEY OFFER

ENGAGING, RELEVANT, AND INNOVATIVE EXPERIENCES FOR GIRLS AND ADULTS,

WELCOMING MORE THAN 100,000 VISITORS ANNUALLY FROM AROUND THE NATION AND

WORLD, AND INCLUDE OVER 400 ACRES AND 40+ ROOFED STRUCTURES, AND

ENCOMPASSING A SIGNIFICANT CURATORIAL AND ARCHIVAL COLLECTION DOCUMENTING

AND ILLUSTRATING THE HISTORY OF THE WORLD'S LARGEST EXTANT FEMALE-LED

ORGANIZATION FOR GIRLS.

THE JULIETTE GORDON LOW BIRTHPLACE ("BIRTHPLACE"), LISTED ON THE NATIONAL REGISTER AND A CONTRIBUTING SITE TO A NATIONAL HISTORIC LANDMARK

DISTRICT, IS LOCATED IN SAVANNAH, GA. PERHAPS THE ONLY HOUSE MUSEUM IN THE NATION CREATED SPECIFICALLY FOR GIRLS TO ENJOY, GROW, AND LEARN, IT ATTRACTS ANNUALLY APPROXIMATELY 40,000 VISITORS - MEN, WOMEN, AND YOUTH ALIKE. JULIETTE GORDON LOW WAS BORN IN THE HOUSE IN 1860, AND SHE LIVED IN AND VISITED IT THROUGHOUT HER LIFE, INCLUDING WHEN SHE FOUNDED GIRL SCOUTS THERE IN 1912. THE BIRTHPLACE IS OPEN 6 DAYS/WEEK TO THE PUBLIC, OFFERS EXTENSIVE GIRL SCOUT PROGRAMMING, COLLABORATES WITH THE LOCAL HISTORIC GEORGIA COUNCIL, AND IS A LEADING CULTURAL INSTITUTION IN SAVANNAH. FOR MORE INFORMATION, PLEASE SEE

HTTP://WWW.JULIETTEGORDONLOWBIRTHPLACE.ORG/CONTENT/JULIETTEGORDONLOWBIRTHP

Part XIII Supplemental Information (continued)

LACE/EN.HTML.

THE EDITH MACY CONFERENCE CENTER ("EMCC"), LOCATED IN BRIARCLIFF MANOR, WESTCHESTER COUNTY, NEW YORK, IS A 400+ ACRE CULTURAL ASSET OF GSUSA THAT SERVES AS A CONVENING PLACE FOR GIRL SCOUT MEETINGS AND TRAININGS, AND ALSO AS A CONFERENCE CENTER FOR OTHER CLIENTELE. V. EVERIT MACY DONATED THE ORIGINAL 200-ACRE CORE OF EMCC IN 1925 IN MEMORY OF HIS WIFE, EDITH CARPENTER MACY, THE CHAIRWOMAN OF THE GIRL SCOUTS OF THE USA NATIONAL BOARD FROM 1919 TO 1925. COMBINED WITH 1920 CAMP ANDREE -DONATED TO GIRL SCOUTS BY SENATOR AND MRS. WILLIAM A. CLARK IN MEMORY OF THEIR DAUGHTER, ANDREE, WHO DIED AT THE AGE OF 16 - EMCC ENCOMPASSES A LAKE (AND DAM SYSTEM), WALKING TRAILS, WOODLANDS, WETLANDS, AND OTHER TOPOGRAPHIES THAT STRADDLE VARIOUS TOWNSHIP AND SCHOOL DISTRICT BOUNDARIES, AND MORE THAN 40 ROOFED STRUCTURES, SOME OF WHICH EMBODY SIGNIFICANT HISTORICAL ATTRIBUTES, SUCH AS THE MAGNIFICENT GREAT HALL, DESIGNED BY JAMES YARDLEY RIPPEN, ARCHITECT OF THE FIRST PRESIDENTIAL RETREAT, RAPIDAN, BUILT FOR PRESIDENT AND MRS. HENRY HOOVER. THE EMCC CONFERENCE FACILITIES, BUILT IN 1982, INCLUDE 54 SLEEPING ROOMS, VARIOUS MEETING SPACES, A 200-SEAT AUDITORIUM, AND A SMALL RESTAURANT. SINCE 1999, GSUSA HAS OUTSOURCED THE MANAGEMENT OF EMCC TO BENCHMARK HOSPITALITY INTERNATIONAL, A GLOBAL HOTEL, RESORT, AND CONFERENCE CENTER MANAGING AND MARKETING FIRM.

THE COLLECTION OF THE GIRL SCOUTS OF THE USA ("COLLECTION") REFLECTS THE HISTORY OF THE OLDEST AND LARGEST EXTANT WOMEN-LED ORGANIZATION IN THE UNITED STATES, AND THUS IS A WINDOW INTO THE ROLE AND AGENCY OF WOMEN FROM SOME OF THE EARLIEST DAYS IN OUR COUNTRY'S HISTORY TO THE PRESENT.

IT SPANS CENTURIES, GENRES, AND STYLES, AND INCLUDES CORPORATE RECORDS,

Schedule D (Form 990) 2018

PERSONAL WRITINGS, EPHEMERA, MEDIA, SCRAPBOOKS, FINE AND DECORATIVE ARTS,
FARM AND CAMP EQUIPMENT, FURNISHINGS, TEXTILES, SCULPTURE, JEWELRY,
SILVER, INTERNATIONAL GIFTS, PRODUCT AND MEMORABILIA, AWARDS AND
RECOGNITIONS, AND GIRL SCOUT UNIFORMS, BADGES, AND INSIGNIA, AS WELL AS
PERSONAL LETTERS AND WRITINGS OF JULIETTE GORDON LOW, GSUSA FOUNDER, AND
LOU HENRY HOOVER, WIFE OF PRESIDENT HERBERT HOOVER AND TWICE NATIONAL
PRESIDENT OF GIRL SCOUTS. A WIDE VARIETY OF ARTISTS, CRAFTSPEOPLE, AND
MANUFACTURERS ARE REPRESENTED, INCLUDING SAUL BELLOWS, CARTIER, LYDIA
FIELDING EMMET, ROY HALSTON, FRIDA HANSEN, GEORGE PETER ALEXANDER HEALY.
ALFRED JONNIAUX, JAMES YARDLEY RIPPIN, W. & J. SLOANE, AND LOUIS COMFORT
TIFFANY. THE COLLECTION IS LOCATED AT NATIONAL HEADQUARTERS, THE EDITH
MACY CONFERENCE CENTER, AND THE JULIETTE GORDON LOW BIRTHPLACE, AND IS
AVAILABLE FOR RESEARCH BY APPOINTMENT IN BOTH NEW YORK AND GEORGIA.

FORM 990 SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS

THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO DEVELOP, SUPPORT, AND EXTEND THE GIRL SCOUT MOVEMENT.

SCHEDULE D, PART VI, LINE 1E:

THE AMOUNTS SHOWN AS "OTHER" REPRESENT SOFTWARE DEVELOPMENT COSTS.

FORM 990, SCHEDULE D, PART X, LINE 2

FIN 48 FOOTNOTE

THE ORGANIZATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR

UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX

RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND

Part XIII Supplemental Information (continued)

MEASUREMENT. THIS STANDARD PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE STANDARD ALSO PROVIDES GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE AND HAD NO MATERIAL IMPACT ON THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS.

FORM 990, SCHEDULE D, PART XI, LINE 2D

RECONCILIATION OF OTHER

PENSION RELATED LOSS (\$5,831,409)

PENSION COSTS OTHER THAN

NET PERIODIC PENSION COST (\$1,327,696)

CHANGE IN VALUE OF CHARITABLE GIFT ANNUITY \$14,251

CHANGE IN VALUE OF DEFERRED GIFTS (\$16,029)

TOTAL OTHER CHANGES TO LINE 2D (\$7,160,883)

=========

FORM 990, SCHEDULE D, PART XI AND XII, LINE 4B

COMMISSION EXPENSE ON ROYALTIES \$277,763

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Employer identification number

GIR	L SCOUTS OF THE UNITED	STATES OF	AMERICA		13-16240	16
Par		n Activities		United States. Comple	ete if the organization a	answered "Yes" or
1	For grantmakers. Does the orga assistance, the grantees' eligibili grants or assistance?	ty for the gran	ts or assistance	e, and the selection criteri	a used to award the	X Yes No
2	For grantmakers. Describe in loutside the United States.	Part V the org	anization's pro	ocedures for monitoring t	the use of its grants an	d other assistance
3	Activities per Region. (The follow	ving Part I, line	3 table can be	duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	EUROPE	0.	8.	PROGRAM SERVICES	SEE PART V	673,961.
(2)	EAST ASIA AND THE PACIFIC	0.	5.	PROGRAM SERVICES	SEE PART V	567,529.
(3)	CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	SEE PART V	1,489.
(4)	CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		25,280,293.
(5)	CENTRAL AMERICA/CARIBBEAN	0.	0.	GRANTMAKING	SEE PART V	5,500.
(6)						
(7)						
(8)						
(9)						
<u>(10)</u>						
<u>(11)</u>						
<u>(12)</u>						
<u>(13)</u>						
<u>(14)</u>						
<u>(15)</u>						
<u>(16)</u>						
<u>(17)</u>						
3a b			13.			26,528,772.

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

Totals (add lines 3a and 3b)

Schedule F (Form 990) 2018

26,528,772.

Par	Grants and Other Assis Part IV, line 15, for any							red "Yes" on	Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	FOREVER GREE	5,500.				
					2,000				
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2	Enter total number of recipient org	ganizations listed abo	ove that are recognized as	charities by the	foreign country, re-	cognized as tax	x-exempt		
3	by the IRS, or for which the grante Enter total number of other organi	e or counsel has prov	vided a section 501(c)(3) e	quivalency lette	r		.		1.
<u> </u>	The state of the s			· · · · · · · · · · · ·				Oakadula E	(5 000) 0040

Schedule F (Form 990) 2018

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Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of (f) Amount of (h) Method of (g) Description valuation (book, FMV, recipients cash grant cash noncash of noncash disbursement assistance assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)(13) (14)(15)(16)(17) (18)

13-1624016

Schedule F (Form 990) 2018 Page 4 Part IV **Foreign Forms** 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520. Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," 3 the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Χ No Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) Yes

Schedule F (Form 990) 2018

JSA

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Schedule F (Form 990) 2018

Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

FORM 990, SCHEDULE F, PART I, LINE 2

GRANTS PAID

GIRL SCOUTS OF THE USA MONITORS GRANTS AND SCHOLARSHIPS AWARDED BY
REVIEWING PROGRESS REPORTS FOR GRANTS AND SCHOLARSHIPS. ADDITIONALLY,
FINANCIAL STAFF REVIEWS ALL EXPENSES SUBMITTED FOR REIMBURSEMENT FOR ALL
GRANTS AND SCHOLARSHIPS TO ENSURE COMPLIANCE WITH GSUSA POLICIES AND
PROCEDURES.

OFFICERS, EMPLOYEES, OR AGENTS OUTSIDE THE U.S.

GIRL SCOUTS OF THE UNITED STATES OF AMERICA HAS 13 EMPLOYEES LOCATED

OUTSIDE THE UNITED STATES SERVING DEPENDENT MILITARY FAMILIES AND OTHERS

ON US MILITARY BASES, AS WELL AS FAMILIES SERVING AT US EMBASSIES AND

CONSULATES.

FORM 990, SCHEDULE F, PART I, LINE 3, COLUMN E

FORM 990, SCHEDULE F, PART I, LINE 3, COLUMN C

PROGRAM SERVICE DESCRIPTION

TO ASSURE THE DELIVERY OF SERVICES TO GIRLS AND ADULTS IN ACCORDANCE WITH THE MISSION, POLICIES AND GOALS OF THE ORGANIZATION. SERVICES INCLUDE LEADERSHIP DEVELOPMENT EXPERIENCES FOR GIRLS AND LEARNING OPPORTUNITIES FOR ADULTS.

Schedule F (Form 990) 2018 Page **5**

Part V Supplemental Information

INSTITUTE'S FORM 990-T.

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

FORM 990, SCHEDULE F, PART IV FOREIGN FORMS

GIRL SCOUTS OF THE UNITED STATES OF AMERICA INVESTS IN DOMESTIC AND

FOREIGN INVESTMENT VEHICLES THAT MAY OWN AN INTEREST IN A FOREIGN

CORPORATION, PASSIVE FOREIGN INVESTMENT COMPANY, OR FOREIGN PARTNERSHIP.

NEVERTHELESS, GIRL SCOUTS OF THE UNITED STATES OF AMERICA ACTIVITIES MAY

NOT REACH THE THRESHOLDS REQUIRED FOR FILING THE FORMS 926, 5471, 8621 OR

8865. TO THE EXTENT SUCH A FORM WAS COMPLETED, IT HAS BEEN FILED WITH THE

Schedule F (Form 990) 2018

13-1624016

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

Employer identification number

GIRL SCOUTS OF THE	HE UNITED STAT	TES OF AMERIC	CA			13-1624016	
	g Activities. Com EZ filers are not r				"Yes" on Form	990, Part IV, line	17.
1 Indicate whether to a X Mail solicitation b X Internet and company and x In-person solicitation and x	ne organization raisons email solicitations ations citations on have a written or listed in Form 990,	ed funds through e f g oral agreement w Part VII) or entity viduals or entities	any of the X Solid X Solid Special with any inconnection	following a citation of recitation of good citation of good cital fundral dividual (in cition with p	non-government g government grant ising events cluding officers, d professional fundra	rants s irectors, trustees, ising services?	X Yes No fundraiser is to be
(i) Name and addres		(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		,	
1 ATTACHMENT 1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶		477,775.	
3 List all states in w registration or lice AL, AK, AZ, AR, CO, CT	J	_	or licensed	d to solicit	contributions or	has been notified	it is exempt from
KS, LA, ME, MD, MA, M			NC,ND,	OH,			
OK,OR,PA,RI,SC,T	,UT,VT,VA,WA	,WV,WI,					

13-1624016

Schedule G (Form 990 or 990-EZ) 2018 Fundraising Events Complete if the organization answered "Yes" on Form 990 Part IV line 18 or reported

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
,		(event type)	(event type)	(total number)	col. (c))
פאפוומפ	1 Gross receipts				
2					
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
	= /				
	4 Cash prizes				
	5 Noncash prizes				
2	6 Rent/facility costs				
בווכמו באלפווסוום	7 Food and beverages				
<u>ة</u> 2	8 Entertainment				
	9 Other direct expenses				
	I NEUTOTTE SUITINALY, SUSTIACUTI	C 10 110111 1111C 3. 66			
art	1 Net income summary. Subtract lin Gaming. Complete if the orga \$15,000 on Form 990-EZ, line	nization answered			
art	Gaming. Complete if the orga	nization answered			reported more tha (d) Total gaming (add col. (a) through col. (c)
art	Gaming. Complete if the orga	nization answered 6a.	"Yes" on Form 990, I	Part IV, line 19, or	(d) Total gaming (add
Part	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line 1 Gross revenue	nization answered 6a.	"Yes" on Form 990, I	Part IV, line 19, or	(d) Total gaming (add
Part	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line 1 Gross revenue	nization answered e 6a. (a) Bingo	"Yes" on Form 990, I	Part IV, line 19, or	(d) Total gaming (add
Part Specific Control of the Control	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line 1 Gross revenue	nization answered e 6a. (a) Bingo	"Yes" on Form 990, I	Part IV, line 19, or	(d) Total gaming (add
Part Spendy Spen	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line 1 Gross revenue	nization answered e 6a. (a) Bingo	"Yes" on Form 990, I (b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or (c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Part	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line 1 Gross revenue	nization answered e 6a. (a) Bingo	"Yes" on Form 990, I	Part IV, line 19, or (c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Part	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line 1 Gross revenue	nization answered e 6a. (a) Bingo Yes No	"Yes" on Form 990, I (b) Pull tabs/instant bingo/progressive bingo % Yes% No	Part IV, line 19, or (c) Other gaming Yes%	(d) Total gaming (add col. (a) through col. (c)
Part	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line 1 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	YesNo	"Yes" on Form 990, I (b) Pull tabs/instant bingo/progressive bingo "Yes% No lumn (d)	Part IV, line 19, or (c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c)
Part	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add line 8 Net gaming income summary. Sub	Yes No s 2 through 5 in co	"Yes" on Form 990, I (b) Pull tabs/instant bingo/progressive bingo "Yes% No lumn (d)	Part IV, line 19, or (c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c)
Part Control C	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line 1 Gross revenue Cash prizes Noncash prizes Volunteer labor Direct expense summary. Add line Net gaming income summary. Sul	Yes No s 2 through 5 in contract line 7 from line	"Yes" on Form 990, I (b) Pull tabs/instant bingo/progressive bingo "Yes	Part IV, line 19, or (c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c)
Part Springly Springl	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line 1 Gross revenue Cash prizes Noncash prizes Volunteer labor Direct expense summary. Add line Net gaming income summary. Sul	YesNo s 2 through 5 in colucts gluct gaming activities	"Yes" on Form 990, I (b) Pull tabs/instant bingo/progressive bingo "Yes	Part IV, line 19, or (c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c)

13-1624016

Sched	ule G (Form 990 or 990-EZ) 2018
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue? Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
С	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:
·	in res, enter name and address of the tillid party.
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ►\$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2018

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ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF	NAME AND ADDRESS OF		DID FU	NDRAISER HAVE	GROSS RECEIPTS	AMOUNT PAID TO	AMOUNT PAID TO
	FUNDRAISER	ACTIVITY	CUSTODY	Y OR CONTROL	FROM ACTIVITY	(OR RETAINED BY	(OR RETAINED BY
			OF CONT	TRIBUTIONS?		FUNDRAISER	ORGANIZATION
			YES	NO			
	MARTHA HOWE	STEM PLEDGE					
		STRATEGY		X		199,992.	
	1035 N. EDGEFIELD AVENUE						
	DALLAS						
	TX 75208						
	SOCIAL CAPITAL, INC.	FUNDRAISING					
		STRATEGY		X		277,783.	
	165M NEW BOSTON ST., STE. 233						
	WOBURN						

PAGE 50

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization						Employer Identificat	ion number
GIRL SCOUTS OF THE UNITED STATES O	OF AMERICA	A				13-162401	L6
Part I General Information on Grants and	d Assistanc	е				•	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's process 	s or assistand	e?					X Yes No
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GS OF TROPICAL FLORIDA							
11347 SW 160 ST MIAMI, FL 33157-2703	59-0651087	501(C)(3)	6,386.				PROGRAM FULFILLMENT
(2) GS OF ALASKA							
3911 TURNAGAIN BLVD E ANCHORAGE, AK 99517	92-6000179	501(C)(3)	31,486.				PROGRAM FULFILLMENT
(3) GS OF BLACK DIAMOND COUNCIL							
321 VIRGINIA ST. W, CHARLESTON, WV 25302	55-0420373	501(C)(3)	25,166.				PROGRAM FULFILLMENT
(4) CARIBE G.S.C.							
500 CALLE ELISA COLBERG SAN JUAN, PR 00907	66-0200470	501(C)(3)	62,565.				PROGRAM FULFILLMENT
(5) GS OF CENTRAL INDIANA							
7201 GIRL SCOUT LANE INDIANAPOLIS, IN 46214	35-0876381	501(C)(3)	42,104.				PROGRAM FULFILLMENT
(6) GS CENTRAL ILLINOIS							
3020 BAKER DRIVE SPRINGFIELD, IL 62703-5918	37-0681529	501(C)(3)	32,781.				PROGRAM FULFILLMENT
(7) GS OF CENTRAL & SOUTHERN NEW JERSEY							
40 BRACE RD CHERRY HILL, NJ 08034-2621	22-1928958	501(C)(3)	39,612.				PROGRAM FULFILLMENT
(8) GS OF CHESAPEAKE BAY							
225 S. OLD BALTIMORE PIKE NEWARK, DE 19702	51-0064337	501(C)(3)	8,238.				PROGRAM FULFILLMENT
(9) GS OF CITRUS							
341 NORTH MILLS AVE ORLANDO, FL 32803-5753	59-0696293	501(C)(3)	10,186.				PROGRAM FULFILLMENT
(10) GS OF GREATER MISSISSIPPI							
1471 W COUNTY LINE RD JACKSON, MS 39213	64-0384222	501(C)(3)	9,593.				PROGRAM FULFILLMENT
(11) GS OF DESERT SOUTHWEST - S. NM \$ W. TX							
9700 GIRL SCOUT WAY EL PASO, TX 79924-3828	74-1189693	501(C)(3)	52,829.				PROGRAM FULFILLMENT
(12) GS OF EASTERN OKLAHOMA							
4810 S. 129TH E. AVE. TULSA, OK 74134		501(C)(3)	39,318.				PROGRAM FULFILLMENT
2 Enter total number of section 501(c)(3) and	-	-					
3 Enter total number of other organizations list	ted in the line	1 table		<u>.</u>		<u></u> .▶	

JSA 8E1288 1 000

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

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2018

OMB No. 1545-0047

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Open to Public Inspection

Name of the organization						Employer identificati	on number
GIRL SCOUTS OF THE UNITED STATES O	F AMERICA	A				13-162401	.6
Part I General Information on Grants and	d Assistanc	e				•	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced Part II Grants and Other Assistance to D 	s or assistand lures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No
Part IV, line 21, for any recipient the		_					es on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GS OF EASTERN WASHINGTON AND NORTHERN IDAHO							
1404 NORTH ASH ST. SPOKANE, WA 99201-2806	91-0570844	501(C)(3)	30,075.				PROGRAM FULFILLMENT
(2) GS OF EASTERN SOUTH CAROLINA							
7257 CROSS COUNTY RD N.CHARLESTON, SC 29418	57-0341216	501(C)(3)	16,058.				PROGRAM FULFILLMENT
(3) GS OF GATEWAY							
1000 SHEARER AVE. JACKSONVILLE, FL 32205	59-0637857	501(C)(3)	445,052.				PROGRAM FULFILLMENT
(4) GS OF GREATER IOWA							
10715 HICKMAN RD DES MOINES, IA 50322-3733	42-0698218	501(C)(3)	14,190.				PROGRAM FULFILLMENT
(5) GS OF GULFCOAST							
4780 CATTLEMEN RD SARASOTA, FL 34233	59-0760212	501(C)(3)	8,439.				PROGRAM FULFILLMENT
(6) GS OF HAWAII							
410 ATK DRIVE, 2E1, B3 HONOLULU, HI 96814	99-0073488	501(C)(3)	31,205.				PROGRAM FULFILLMENT
(7) GS HEART OF MICHIGAN							
601 WEST MAPLE ST KALAMAZOO, MI 49008-1923	38-1581300	501(C)(3)	18,090.				PROGRAM FULFILLMENT
(8) GS HEART OF THE SOUTH							
717 S WHITE STATION RD MEMPHIS, TN 38117	62-0502197	501(C)(3)	12,806.				PROGRAM FULFILLMENT
(9) GS OF HISTORIC GEORGIA							
508 SHARTOM DR AUGUSTA, GA 30907	58-0566191	501(C)(3)	29,059.				PROGRAM FULFILLMENT
(10) GS OF THE JERSEY SHORE							
242 ADELPHIA RD FARMINGDALE, NJ 07727-3525	21-0731966	501(C)(3)	8,695.				PROGRAM FULFILLMENT
(11) GS OF KANSAS HEARTLAND							
360 S LEXINGTON RD WICHITA, KS 67218-1700	48-0556718	501(C)(3)	26,721.				PROGRAM FULFILLMENT
(12) GS OF KENTUCKIANA							
2115 LEXINGTON RD LOUISVILLE, KY 40206-2816	61-0444698	501(C)(3)	21,475.				PROGRAM FULFILLMENT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole			
3 Enter total number of other organizations list	ed in the line	1 table					

JSA 8E1288 1 000

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Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2018

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Open to Public Inspection

Name of the organization						Employer identificat	ion number	
GIRL SCOUTS OF THE UNITED STATES C	F AMERICA	A				13-1624016		
Part I General Information on Grants and	d Assistanc	е						
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand lures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No	
Part IV, line 21, for any recipient the		~					es on Form 990,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) GS OF KENTUCKY'S WILDERNESS ROAD								
2277 EXECUTIVE DR LEXINGTON, KY 40505	61-0608104	501(C)(3)	8,149.				PROGRAM FULFILLMENT	
(2) GS OF MONTANA AND WYOMING								
2303 GRAND AVE BILLINGS, MT 59102	81-6001486	501(C)(3)	39,772.				PROGRAM FULFILLMENT	
(3) GS OF MANITOU								
5212 WINDWARD CRT SHEBOYGAN, WI 53083-1857	39-0920672	501(C)(3)	6,378.				PROGRAM FULFILLMENT	
(4) GS OF NASSAU COUNTY								
110 RING RD WEST GARDEN CITY, NY 11530-3296	11-2041443	501(C)(3)	12,405.				PROGRAM FULFILLMENT	
(5) GS OF NORTHEASTERN NEW YORK								
8 MOUNTAIN VIEW AVE ALBANY, NY 12205-2804	14-1438466	501(C)(3)	8,124.				PROGRAM FULFILLMENT	
(6) GS OF NORTHERN ILLINOIS								
353 RANDALL RAOD SOUTH ELGIN, IL 60177	36-2358083	501(C)(3)	15,264.				PROGRAM FULFILLMENT	
(7) GS OF NORTHERN INDIANA-MICHIANA								
10008 DUPONT CIRCLE DR FORT WAYNE, IN 46825	35-1054339	501(C)(3)	16,157.				PROGRAM FULFILLMENT	
(8) GS OF NYPENN PATHWAYS								
8170 THOMPSON RD CICERO, NY 13039	16-0844808	501(C)(3)	16,208.				PROGRAM FULFILLMENT	
(9) GS OF SILVER SAGE								
8948 W BARNES ST, BOISE, ID 83709	82-0259644	501(C)(3)	11,485.				PROGRAM FULFILLMENT	
(10) GS OF SOUTHERN ALABAMA								
145 COLISEUM BLVD, MONTGOMERY, AL 36109	63-0421430	501(C)(3)	6,331.				PROGRAM FULFILLMENT	
(11) GS OF SOUTHERN APPALACHIANS								
1567 DOWNTOWN WEST BLVD KNOXVILLE, TN 37919	62-0505206	501(C)(3)	14,135.				PROGRAM FULFILLMENT	
(12) GS OF SOUTHEAST FLORIDA								
6944 LAKE WORTH RD. LAKE WORTH, FL 33467	59-0657327	501(C)(3)	10,714.				PROGRAM FULFILLMENT	
2 Enter total number of section 501(c)(3) and	government (organizations lis	ted in the line 1 tal	ole				
3 Enter total number of other organizations list	ed in the line	1 table	<u></u>		<u> </u>	. . >		

JSA 8E1288 1 000

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

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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Open to Public Inspection

Name of the organization						Employer identificat	ion number
GIRL SCOUTS OF THE UNITED STATES	OF AMERICA	A				13-162401	L6
Part I General Information on Grants an	d Assistanc	e				1	
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce 	ts or assistand	e?					X Yes No
Part II Grants and Other Assistance to D	Omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can b	oe duplicated if a	additional space is r	needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GS SUFFOLK COUNTY							
442 MORELAND RD COMMACK, NY 11725-5708	11-2164434	501(C)(3)	13,200.				PROGRAM FULFILLMENT
(2) GS OF SOUTHWEST INDIANA							
5000 E. VIRGINIA ST EVANSVILLE, IN 47715	35-0876380	501(C)(3)	20,114.				PROGRAM FULFILLMENT
(3) GS OF TEXAS OKLAHOMA PLAINS							
4901 BRIARHAVEN RD FORT WORTH, TX 76109	75-0818162	501(C)(3)	39,225.				PROGRAM FULFILLMENT
(4) GS OF VIRGINIA SKYLINE							
3663 PETERS CREEK RD NW ROANOKE, VA 24019	54-0737207	501(C)(3)	8,933.				PROGRAM FULFILLMENT
(5) GS OF WESTERN NEW YORK							
3332 WALDEN AVE. SUITE 106 DEPEW, NY 14043	16-0743096	501(C)(3)	14,974.				PROGRAM FULFILLMENT
(6) GS DAKOTA HORIZONS							
1101 SOUTH MARION RD SIOUX FALLS, SD 57106	46-0250744	501(C)(3)	21,259.				PROGRAM FULFILLMENT
(7) GS HEART OF CENTRAL CALIFORNIA							
6601 ELVAS AVE SACRAMENTO, CA 95819-4339	94-1582429	501(C)(3)	47,457.				PROGRAM FULFILLMENT
(8) GS OF COLORADO							
3801 S FLORIDA AVE, #720 DENVER, CO 80210	84-0410630	501(C)(3)	73,388.				PROGRAM FULFILLMENT
(9) GS IN THE HEART OF PENNSYLVANIA							
350 HALE AVE HARRISBURG, PA 17104-1518	24-0795960	501(C)(3)	17,668.				PROGRAM FULFILLMENT
(10) GS OF THE GREEN & WHITE MOUNTAINS							
1 COMMERCE DR BEDFORD, NH 03110-6835	02-0243160	501(C)(3)	39,626.				PROGRAM FULFILLMENT
(11) GS OF EASTERN MASSACHUSETTS							
420 BOYLSTON ST SUITE 505 BOSTON, MA 02116	04-2703281	501(C)(3)	139,614.				PROGRAM FULFILLMENT
(12) GS OF EASTERN MISSOURI							
2300 BALL DR ST. LOUIS, MO 63146		501(C)(3)	16,482.				PROGRAM FULFILLMENT
2 Enter total number of section 501(c)(3) and	-	-					
3 Enter total number of other organizations lis	ted in the line	1 table				<u></u>	

JSA 8E1288 1 000

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

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2018

OMB No. 1545-0047

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Open to Public Inspection

Name of the organization						Employer identificat	ion number	
GIRL SCOUTS OF THE UNITED STATES (OF AMERICA	A				13-1624016		
Part I General Information on Grants and	d Assistanc	е				•		
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's proced 	ts or assistand	e?					X Yes No	
Part Grants and Other Assistance to D	omestic Or	ganizations aı	nd Domestic Gov	vernments. Con	nplete if the organiz	ation answered "\	es" on Form 990,	
Part IV, line 21, for any recipient the	hat received	more than \$5	,000. Part II can I	be duplicated if	additional space is r	needed.		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) GS OF MAINE								
138 GANNETT DR SOUTH PORTLAND, ME 04106	01-0269802	501(C)(3)	41,653.				PROGRAM FULFILLMENT	
(2) GS OF SOUTHEASTERN NEW ENGLAND								
500 GREENWICH AVE WARWICK, RI 02886	05-0300724	501(C)(3)	7,869.				PROGRAM FULFILLMENT	
(3) GS OF CONNECTICUT								
340 WASHINGTON ST HARTFORD, CT 06106-3317	06-0646756	501(C)(3)	47,991.				PROGRAM FULFILLMENT	
(4) GS OF COLONIAL COAST								
912 CEDAR RD CHESAPEAKE, VA 23322-7002	54-1158412	501(C)(3)	49,148.				PROGRAM FULFILLMENT	
(5) GS COMMONWEALTH COUNCIL OF VIRGINIA								
4900 AUGUSTA AVENUE RICHMOND, VA 23230	54-0534506	501(C)(3)	11,438.				PROGRAM FULFILLMENT	
(6) GS COUNCIL OF GREATER NEW YORK								
40 WALL ST NEW YORK, NY 10005	13-1624014	501(C)(3)	165,329.				PROGRAM FULFILLMENT	
(7) GS OF GREATER SOUTH TEXAS								
202 E MADISON AVE HARLINGEN, TX 78550-4904	74-1256499	501(C)(3)	9,582.				PROGRAM FULFILLMENT	
(8) GS OF NEW MEXICO TRAILS								
4000 JEFFERSON PLAZA ALBUQUERQUE, NM 87109	85-6011246	501(C)(3)	48,077.				PROGRAM FULFILLMENT	
(9) GS HEART OF THE HUDSON								
2 GREAT OAK LN PLEASANTVILLE, NY 10570-2110	13-2985898	501(C)(3)	74,153.				PROGRAM FULFILLMENT	
(10) GS OF OHIO'S HEARTLAND COUNCIL								
1700 WATERMARK DR COLUMBUS, OH 43215-1097	31-4379475	501(C)(3)	12,117.				PROGRAM FULFILLMENT	
(11) GS HEART OF NEW JERSEY								
120 VALLEY RD MONTCLAIR, NJ 07042-2399	22-1638950	501(C)(3)	35,385.				PROGRAM FULFILLMENT	
(12) GS OF NORTHERN NEW JERSEY								
95 NEWARK POMPTON TPKE RIVERDALE, NJ 07457	22-1928958	501(C)(3)	35,210.				PROGRAM FULFILLMENT	
2 Enter total number of section 501(c)(3) and	•	•						
3 Enter total number of other organizations lis								
For Paperwork Reduction Act Notice, see the Instruct	ions for Form 9	90.				Scl	nedule I (Form 990) (2018)	

JSA 8E1288 1 000

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2018

OMB No. 1545-0047

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Open to Public Inspection

Name of the organization						Employer identificati	ion number
GIRL SCOUTS OF THE UNITED STATES OF AMERICA							-6
Part I General Information on Grants and	d Assistanc	e					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?					X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		_			additional space is n		es" on Form 990,
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GS OF EASTERN PENNSYLVANIA							
330 MANOR RD MIQUON, PA 19444-1741	23-1352309	501(C)(3)	92,425.				PROGRAM FULFILLMENT
(2) GS OF ORANGE COUNTY							
9500 TOLEDO WAY IRVINE, CA 92618	23-7395094	501(C)(3)	25,832.				PROGRAM FULFILLMENT
(3) GS WESTERN PENNSYLVANIA							
30 ISABELLA ST STE 207 PITTSBURGH, PA 15212	25-1126094	501(C)(3)	16,427.				PROGRAM FULFILLMENT
(4) GS OF WESTERN OHIO							
4930 CORNELL RD CINCINNATI, OH 45242-1804	31-0679091	501(C)(3)	107,874.				PROGRAM FULFILLMENT
(5) GS OF NORTH EAST OHIO							
ONE GIRL SCOUT WAY MACEDONIA, OH 44056-2156	34-0726094	501(C)(3)	41,713.				PROGRAM FULFILLMENT
(6) GS OF GREATER CHICAGO AND NORTHWEST INDIANA							
20 SOUTH CLARK ST, SUITE 200	36-3871241	501(C)(3)	150,380.				PROGRAM FULFILLMENT
(7) GS OF EASTERN IOWA & WESTERN ILLINOIS							
940 GOLDEN VALLEY DR BETTENDORF, IA 52722	42-1008848	501(C)(3)	86,138.				PROGRAM FULFILLMENT
(8) GS OF SOUTHERN ILLINOIS							
#4 GINGER CREEK PKY GLEN CARBON, IL 62034	37-0811488	501(C)(3)	16,943.				PROGRAM FULFILLMENT
(9) GS OF MICHIGAN SHORE TO SHORE							
3275 WALKER AVE NW GRAND RAPIDS, MI 49544	38-1366924	501(C)(3)	14,597.				PROGRAM FULFILLMENT
(10) GS OF THE WISCONSIN SOUTHEAST							
131 SOUTH 69 ST MILWAUKEE, WI 53214-1663	39-0892833	501(C)(3)	25,483.				PROGRAM FULFILLMENT
(11) GS OF THE MINNESOTA AND WISCONSIN RIVER VAL							
400 SOUTH ROBERT ST ST. PAUL, MN 55107-2214	41-0877820	501(C)(3)	35,349.				PROGRAM FULFILLMENT
(12) GS OF NE KANSAS & NW MISSOURI							
8383 BLUE PKY DR KANSAS CITY, MO 64133-4750	43-0892926	501(C)(3)	25,731.				PROGRAM FULFILLMENT
2 Enter total number of section 501(c)(3) and	government o	organizations lis	sted in the line 1 tal	ole		 •	
3 Enter total number of other organizations list	ted in the line	1 table			<u> </u>	<u></u> >	
For Paperwork Reduction Act Notice, see the Instructi							nedule I (Form 990) (2018)

JSA 8E1288 1 000

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2018

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number GIRL SCOUTS OF THE UNITED STATES OF AMERICA 13-1624016 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-(g) Description of (c) IRC section (d) Amount of cash 1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) cash assistance noncash assistance or assistance or government (1) GIRL SCOUTS OF CENTRAL MARYLAND 4806 SETON DR BALTIMORE, MD 21215-3247 52-0780207 501(C)(3) 102,206. PROGRAM FULFILLMENT (2) GS OF THE NATIONS CAPITAL 4301 CONNECTICUT AVE WASHINGTON, DC 20008 54-0732966 501(C)(3) 124,302. PROGRAM FULFILLMENT (3) GS HORNETS NEST COUNCIL 7007 IDLEWILD RD CHARLOTTE, NC 28212-5751 6,875. 56-0563842 501(C)(3) PROGRAM FULFILLMENT (4) GS OF NORTH CENTRAL ALABAMA 105 HEATHERBROOKE DR BIRMINGHAM, AL 35242 63-0288834 501(C)(3) 16,450. PROGRAM FULFILLMENT (5) GS CAROLINAS PEAKS TO PIEDMONT, INC. 8818 W MARKET ST COLFAX, NC 27235 56-0577629 501(C)(3) 20,992. PROGRAM FILLFILLMENT (6) GS OF THE NORTHWESTERN GREAT LAKES 39-1016314 4693 NORTH LYNNDALE DR APPLETON, WI 54913 501(C)(3) 13,260 PROGRAM FULFILLMENT (7) GS NORTH CAROLINA COASTAL PINES 6901 PINECREST RD RALEIGH, NC 27613-4538 56-0791500 501(C)(3) 26,803 PROGRAM FULFILLMENT (8) GS OF SOUTHEASTERN MICHIGAN 1333 BREWERY PK BLVD 500 DETROIT, MI 48202 38-1359207 501(C)(3) 89,101 PROGRAM FULFILLMENT (9) GS OF SOUTH CAROLINA-MOUNTAINS TO MIDLANDS 5 INDEP. POINTE #120 GREENVILLE, SC 29615 501(C)(3) 9,432 PROGRAM FULFILLMENT (10) GS OF GREATER ATLANTA 5601 NORTH ALLEN RD MABLETON, GA 30126 58-0566190 501(C)(3) 125,500. PROGRAM FULFILLMENT (11) GS OF WEST CENTRAL FLORIDA 59-0624454 501(C)(3) 56,315. 4610 EISENHOWER BLVD TAMPA, FL 33634 PROGRAM FULFILLMENT (12) GS DIAMONDS OF ARKANS, OKLAH & TEXAS 11311 ARCADE DR LITTLE ROCK, AR 72212 71-0309373 501(C)(3) 26,268 PROGRAM FILLFILLMENT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047
2018

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization	Employer identification number						
GIRL SCOUTS OF THE UNITED STATES (13-1624016						
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand dures for mor	e?	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		_					es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GS WESTERN OKLAHOMA, INC.							
6100 N ROBINSON AVE OKLAHOMA CITY, OK 73118	73-0677849	501(C)(3)	22,763.				PROGRAM FULFILLMENT
(2) GS OF CENTRAL TEXAS							
12012 PARK 35 CIR AUSTIN, TX 78753	74-1109644	501(C)(3)	37,257.				PROGRAM FULFILLMENT
(3) GS OF MINNESOTA & WISCO LAKES & PINES							
400 2ND AVE SOUTH WAITE PARK, MN 56387-1470	41-0877820	501(C)(3)	13,013.				PROGRAM FULFILLMENT
(4) GS OF THE MISSOURI HEARTLAND							
210 S INGRAM MILL RD SPRINGFIELD, MO 65802	44-0594943	501(C)(3)	18,211.				PROGRAM FULFILLMENT
(5) GS OF LOUISIANA PINES TO THE GULF							
1720 KALISTE SALOOM RD LAFAYETTE, LA 70508	72-0488660	501(C)(3)	17,702.				PROGRAM FULFILLMENT
(6) GS OF SAN JACINTO COUNCIL							
3110 SOUTHWEST FREEWAY HOUSTON, TX 77098	74-6001254	501(C)(3)	19,893.				PROGRAM FULFILLMENT
(7) GS OF SOUTHERN ARIZONA							
4300 EAST BROADWAY BLVD TUCSON, AZ 85711	86-0008917	501(C)(3)	18,107.				PROGRAM FULFILLMENT
(8) GS OF SOUTHWEST TEXAS							
811 N COKER LOOP RD SAN ANTONIO, TX 78216	74-1109759	501(C)(3)	8,604.				PROGRAM FULFILLMENT
(9) GS OF NORTHEAST TEXAS							
6001 SUMMERSIDE DR DALLAS, TX 75252	75-1101571	501(C)(3)	142,444.				PROGRAM FULFILLMENT
(10) THE TETON SCIENCE SCHOOL							
700 COYOTE CANYON RD JACKSON, WY 83001	83-0219163	501(C)(3)	11,000.				PROGRAM FULFILLMENT
(11) GS ARIZONA CACTUS PINE							
119 E CORONADO RD PHOENIX, AZ 85004-1512	86-0133397	501(C)(3)	22,329.				PROGRAM FULFILLMENT
(12) GS OF SOUTHERN NEVADA, INC							
2941 HARRIS AVE LAS VEGAS, NV 89101-2309	88-0060273	501(C)(3)	59,236.				PROGRAM FULFILLMENT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tab	ole		. •	
3 Enter total number of other organizations list	ted in the line	1 table	<u> </u>			.	

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

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

GIRL SCOUTS OF THE UNITED STATES OF AMERICA	13-162401	L6
Part I General Information on Grants and Assistance		
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grant the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 		X Yes No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organizations are IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is recommendation.		es" on Form 990,
1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GS OF WESTERN WASHINGTON		
5601 6TH AVE S, STE 150 SEATTLE, WA 98108 91-6060940 501(C)(3) 59,293.		PROGRAM FULFILLMENT
(2) GS OF CENTRAL & WESTERN MASSACHUSETTS		
301 KELLY WAY HOLYOKE, MA 01040-9685 04-2317694 501(C)(3) 17,998.		PROGRAM FULFILLMENT
(3) GS OF OREGON & SW WASHINGTON INC.		
9620 SW BARBUR BLVD PORTLAND, OR 97219 93-0399051 501(C)(3) 16,918.		PROGRAM FULFILLMENT
(4) GS OF NORTHERN CALIFORNIA		
1650 HARBOR BAY PKY ALAMEDA, CA 94502 94-1551410 501(C)(3) 140,821.		PROGRAM FULFILLMENT
(5) GS OF CALIFORNIA'S CENTRAL COAST		
1500 PALMA DR SUITE 110 VENTURA, CA 93003 94-1567162 501(C)(3) 17,221.		PROGRAM FULFILLMENT
(6) GS OF GREATER LOS ANGELES		
1150 S OLIVE ST LOS ANGELES, CA 90015 95-1644033 501(C)(3) 145,891.		PROGRAM FULFILLMENT
(7) GS SAN DIEGO		
1231 UPAS ST SAN DIEGO, CA 92103-5199 95-1644585 501(C)(3) 25,586.		PROGRAM FULFILLMENT
(8) GS OF THE SIERRA NEVADA		
605 WASHINGTON ST RENO, NV 89503-4328 88-0060580 501(C)(3) 15,650.		PROGRAM FULFILLMENT
(9) GS SPIRIT OF NEBRASKA		
2121 SOUTH 44TH ST OMAHA, NE 68105-2809 47-0432299 501(C)(3) 14,543.		PROGRAM FULFILLMENT
(10) GS OF CENTRAL CALIFORNIA SOUTH		
1377 W SHAW AVE FRESNO, CA 93711-3604 95-1766795 501(C)(3) 24,747.		PROGRAM FULFILLMENT
(11) GS OF SAN GORGONIO		
1751 PLUM LN REDLANDS, CA 92374-4533 95-1967727 501(C)(3) 11,917.		PROGRAM FULFILLMENT
(12) GS OF UTAH		
445 EAST 4500 S, STE #125 MURRAY, UT 84107 87-0221612 501(C)(3) 42,043.		PROGRAM FULFILLMENT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		
3 Enter total number of other organizations listed in the line 1 table	<u> </u>	

JSA 8E1288 1 000

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

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization	Employer identificat	ion number					
GIRL SCOUTS OF THE UNITED STATES	13-162401	L6					
Part I General Information on Grants a	nd Assistanc	е					
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's proc 	ints or assistand	e?					X Yes No
Part IV, line 21, for any recipient		•					es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GS OF WISCONSIN-BADGERLAND							
2710 SKI LANE MADISON, WI 53214-3267	39-0806331	501(C)(3)	14,645.				PROGRAM FULFILLMENT
_(2)							
_(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) an							109.
3 Enter total number of other organizations I For Paperwork Reduction Act Notice, see the Instru							nedule I (Form 990) (2018)

JSA 8E1288 1 000

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 2019 ALCOA CHUCK MCLANE SCHOLARSHIP	12.	60,000.			
2 2019 KAPPA DELTA FOUNDATION	10.	80,000.			
3 2019 SUSAN BUTLER SCHOLARSHIP	10.	100,000.			
4					
5					
6					
7					

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

FORM 990, SCHEDULE I, PART 1, LINE 2

THE ORGANIZATION MONITORS GRANTS AND SCHOLARSHIPS BY REVIEWING PROGRESS

REPORTS FOR GRANTS AND SCHOLARSHIPS. ADDITIONALLY, FINANCIAL STAFF

REVIEWS ALL EXPENSES SUBMITTED FOR REIMBURSEMENT FOR ALL GRANTS AND

SCHOLARSHIPS TO ENSURE COMPLIANCE WITH GSUSA POLICIES AND PROCEDURES.

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

13-1624016

Part	Questions Regarding Compensation							
			Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	X First-class or charter travel X Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	X Tax indemnification and gross-up payments Health or social club dues or initiation fees							
	Discretionary spending account Personal services (such as maid, chauffeur, chef)							
	If any of the house on line 40 are cheeked did the consciention follows a written mality assembling assument.							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		Х				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all							
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line							
	1a?	2	Х					
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the							
J	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.							
	X Compensation committee Written employment contract							
	X Independent compensation consultant X Compensation survey or study							
	Form 990 of other organizations X Approval by the board or compensation committee							
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:							
а	Receive a severance payment or change-of-control payment?	4a	Х					
b								
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any							
	compensation contingent on the revenues of:							
а	The organization?	5a	X					
b	Any related organization?	5b		X				
	If "Yes" on line 5a or 5b, describe in Part III.							
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any							
	compensation contingent on the net earnings of:							
а	The organization?	6a	X					
b	Any related organization?	6b		X				
	If "Yes" on line 6a or 6b, describe in Part III.							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	_		Х				
c	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7						
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe							
		8		Х				
9	in Part III	O		21				
3	Regulations section 53.4958-6(c)?	9						
				ı				

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

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	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
SYLVIA ACEVEDO (NON-VOT	(i)	500,111.	121,625.	4,244.	26,152.	20,149.	672,281.	0.	
1 CEO & EX. OFFICIO OF THE BOARD	(ii)	0.	0.	0.	0.	0.	0.	0.	
ANGELA OLDEN	(i)	338,718.	33,535.	1,470.	14,815.	39,468.	428,006.	0.	
2CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
ANTHONY DOYE	(i)	340,704.	79,358.	97,709.	15,125.	39,417.	572,313.	0.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
JENNIFER ROCHON	(i)	300,868.	81,124.	20,515.	8,706.	39,816.	451,029.	0.	
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
FLORENCE GODFREY	(i)	232,085.	25,369.	988.	13,410.	38,671.	310,523.	0.	
5 ^{CHIEF} BRAND MKTG & COMM. OFF.	(ii)	0.	0.	0.	0.	0.	0.	0.	
JOANNE RENCHER (THRU 06	(i)	130,287.	27,460.	95,751.	78,984.	14,594.	347,076.	0.	
6CHIEF BUSINESS & TALENT OFF.	(ii)	0.	0.	0.	0.	0.	0.	0.	
BARRY HOROWITZ	(i)	305,291.	35,092.	9,033.	-5,789.	31,295.	374,922.	0.	
7 ^{CHIEF} REVENUE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
ANNETTE FREYTAG	(i)	265,808.	60,374.	0.	14,195.	14,881.	355,258.	0.	
8 ^{CHIEF} OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.	
LISA MARGOSIAN (THRU 06	(i)	131,696.	31,931.	17,130.	7,300.	2,166.	190,223.	0.	
9 ^{CHIEF} CUSTOMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
AMY BERKOWITZ	(i)	309,810.	69,718.	6,301.	15,062.	18,496.	419,387.	0.	
10 ^{CHIEF} INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
SARAH ANGEL-JOHNSON	(i)	229,044.	33,812.	5,231.	13,219.	38,333.	319,639.	0.	
11 ^{CHIEF} ENTERPRISE INTEG. OFF.	(ii)	0.	0.	0.	0.	0.	0.	0.	
ANDREA BASTIANI ARCHIBA	(i)	204,727.	32,033.	298.	11,985.	40,261.	289,304.	0.	
12 ^{CHIEF} FAMILY ENGAGEMENT OFF.	(ii)	0.	0.	0.	0.	0.	0.	0.	
CLAIRE FERRARIN	(i)	221,548.	0.	2,187.	-10,195.	29,296.	242,836.	0.	
13 ^{SR.} HR BUSINESS PARTNER	(ii)	0.	0.	0.	0.	0.	0.	0.	
SOFINA QURESHI	(i)	227,482.	5,000.	6,035.	12,100.	16,221.	266,838.	0.	
14 ^{VP} , GS COOKIE PROGRAM	(ii)	0.	0.	0.	0.	0.	0.	0.	
BRIAN CRAWFORD	(i)	213,496.	0.	6,301.	2,684.	41,347.	263,828.	0.	
15 ^{VP} , LICENSING & INVENTORY MGMT	(ii)	0.	0.	0.	0.	0.	0.	0.	
LYNELLE MCKAY (AS OF 07	(i)	126,281.	5,042.	61,579.	6,737.	17,736.	217,375.	0.	
16 ^{CHIEF CUSTOMER OFFICER}	(ii)	0.	0.	0.	0.	0.	0.	0.	

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-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
SAPREET KAUR SALUJA	(i)	257,487.	31,460.	1,249.	14,348.	22,706.	327,250.	0.
1 ^{CHIEF} STRATEGIC PARTNERSHIP	(ii)	0.	0.	0.	0.	0.	0.	0.
BERNICE JOHNSON	(i)	186,097.	0.	39,678.	8,719.	35,691.	270,185.	0.
2 PROCUREMENT/SUSTAINABILITY	(ii)	0.	0.	0.	0.	0.	0.	0.
DIANE REIGER	(i)	213,423.	7,000.	1,626.	11,481.	2,172.	235,702.	0.
3 ^{VP,} IT BUSINESS OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part | Supplemental Information

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

FORM 990, SCHEDULE J, PART I, LINE 1A

TO FACILITATE THE COMMUTE FROM THEIR RESPECTIVE HOME STATES AND THE NEED THAT EACH WORK FROM GSUSA'S NEW YORK BASED HEADQUARTERS, THE CHIEF OPERATING OFFICER AND CHIEF CUSTOMER OFFICER RECEIVE AN ANNUAL TRAVEL AND LIVING ALLOWANCE GROSSED UP FOR APPLICABLE TAXES. THE ALLOWANCE AND TAX GROSS UP PAYMENTS ARE REPORTED AS TAXABLE INCOME IN PART II, COLUMN B(III). IN ADDITION, HOUSING WAS PROVIDED TO THE VP PROCUREMENT/ SUSTAINABILITY & PROPERTIES FOR GSUSA. THIS AMOUNT IS REPORTED AS TAXABLE INCOME IN PART II, COLUMN B(III).

FORM 990, SCHEDULE J, PART I, LINE 1B

THE TRAVEL AND LIVING ALLOWANCE FOR THE CHIEF OPERATING OFFICER AND CHIEF CUSTOMER OFFICER WERE DETERMINED BY THE CEO IN CONSULTATION WITH THE CFO AND THE CHIEF PEOPLE OFFICER DUE TO THE DISTANCE OF THEIR OUT OF STATE HOMES FROM THE NYC OFFICE AND THE NEED FOR THEM TO BE ON SITE A MAJORITY OF THE TIME TO BE EFFECTIVE IN THEIR ROLES. THE AMOUNT WAS BASED ON A REASONABLE AVERAGE NYC COST TO LEASE AN APARTMENT PLUS COMMUTING EXPENSES TO AND FROM THEIR PRIMARY RESIDENCES. THESE AMOUNTS WERE AGGREGATED TO ARRIVE AT A FIXED SUM WHICH WAS THEN GROSSED UP AND INCLUDED IN TAXABLE

Schedule J (Form 990) 2018

Part | Supplemental Information

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

INCOME. PURSUANT TO THEIR OFFER LETTERS, THE ALLOWANCE WAS APPROVED FOR AN INITIAL THREE YEAR PERIOD AND THEN IS TO BE REVIEWED ANNUALLY.

THE HOUSING FOR THE VP PROCUREMENT, SUSTAINABILITY & PROPERTIES WAS

DETERMINED BY THE CFO IN CONSULTATION WITH THE CEO AND THE CHIEF PEOPLE

OFFICER AS PART OF HER EMPLOYMENT OFFER TO FACILITATE HER RELOCATION TO

NYC AND TEMPORARY HOUSING ARRANGEMENTS. THE AGREEMENT FOR TEMPORARY

HOUSING WAS FOR AN INITIAL PERIOD OF SIX MONTHS AND EXTENDED FOR AN

ADDITIONAL SIX MONTHS THRU OCTOBER 2018, AFTER WHICH THE AGREEMENT

ENDED.

FORM 990, SCHEDULE J, PART I, LINE 4A

CHIEF BUSINESS AND TALENT OFFICE, JOANNE RENCHER, RECEIVED A SEVERANCE PAYMENT OF \$71,726 IN CALENDAR YEAR 2018. THIS SEVERANCE PAYMENT IS DISCLOSED IN FORM 990, SCHEDULE J, PART II, COLUMN (B)(III).

FORM 990, SCHEDULE J, PART I, LINE 5(A) AND 6(A)

EXECUTIVE TEAM INCENTIVE COMPENSATION IS BASED ON STRATEGIC, FINANCIAL

Part | Supplemental Information

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

AND PROGRAM TARGETS, WHICH INCLUDE REVENUE AND OTHER METRICS AS APPROVED BY THE EXECUTIVE DEVELOPMENT AND COMPENSATION COMMITTEE (EDCC).

CERTAIN NON-EXECUTIVE TEAM MEMBERS RECEIVED DISCRETIONARY BONUSES. THE DISCRETIONARY BONUS AWARDS ARE ISSUED AS SPECIAL RECOGNITION AND REWARD FOR EXCEPTIONAL PERFORMANCE, SIGNIFICANT CONTRIBUTIONS, SUBSTANTIAL ACCOMPLISHMENTS, ALL DEMONSTRATED BY G.I.R.L BEHAVIORS. THE EXECUTIVE TEAM MEMBERS SUBMIT THEIR RECOMMENDATIONS, BASED ON ESTABLISHED CRITERIA IN THE PLAN, TO THE CHIEF BUSINESS AND TALENT OFFICER WHO PRESENTS TO THE CEO FOR FINAL APPROVAL.

FORM 990, SCHEDULE J, PART II, COLUMN B(II)

MANAGERIAL BONUSES FOR ANTHONY DOYE, COO, JENNIFER ROCHON, GENERAL COUNSEL, ANNETTE FREYTAG, CHIEF OF STAFF AND AMY BERKOWITZ, CHIEF INFORMATION OFFICER REPRESENT AMOUNTS FOR FY 2017 AND 2018, WHICH WERE PAID OUT WITHIN THE SAME CALENDAR YEAR.

FORM 990, SCHEDULE J, PART II, COLUMN B(III)

13-1624016

Schedule J (Form 990) 2018

Part | Supplemental Information

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

TONY DOYE - TRAVEL & LIVING ALLOWANCE - \$50,000 (GROSSED UP FOR

APPLICABLE TAXES), THE GROSSED UP AMOUNT BEING \$75,338

LYNELLE MCKAY - TRAVEL & LIVING ALLOWANCE \$35,000 (GROSSED UP FOR

APPLICABLE TAXES), THE GROSSED UP AMOUNT BEING \$61,556

BERNICE JOHNSON - HOUSING AND RELOCATION \$38,972

TOBY DOYE - RETENSION BONUS \$15,000

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Employer identification number

	L SCOUTS OF THE UNITED ST	TATES OF	AMERICA		13-1	624016		
Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributio amounts reported or Form 990, Part VIII, line	n	(d) Method of detencesh contribut		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		2.	760,37	79. FA	IR MARKET	VALU	E
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		201	0.40	20			
25	Other ►(ATCH 1)		301.	840,00	00.			
26	Other ►()							
27	Other ►()							
28	Other ►()				,	1		
29	Number of Forms 8283 received		•		I			
	which the organization completed F	-orm 8283,	Part IV, Donee Acknowledg	gement	[23		Yes	No
302	During the year, did the organizat	ion rocoivo	by contribution any propo	rty reported in Part I	lines 1	through	163	140
Jua	28, that it must hold for at least the		• • • • •	•				
	to be used for exempt purposes for	-				· .		Х
h	If "Yes," describe the arrangement i		olding period:				•	
31	Does the organization have a		tance nolicy that require	as the review of a	inv none	standard		
J 1	contributions?						Х	
322	Does the organization hire or use							
JŁa	contributions?	-		•				Х
h	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in o	column (c) for a type of pro	perty for which colum	ın (a) is d	checked		
	describe in Part II.	a.mount in t	orallin (o) for a type of pro	porty for willon column	(4) 13 (J. IJOROU,		

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

13-1624016

Schedule M (Form 990) (2018) Page **2**

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
COMPUTERS	X	300.	750,000.	FAIR MARKET VALUE
PHOTOSHOOTS AND PAID ME	DI X	1.	90,000.	FAIR MARKET VALUE
TOTALS	-	301.	840,000.	

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization

Employer identification number

13-1624016

GIRL SCOUTS OF THE UNITED STATES OF AMERICA

FORM 990, PART I, LINE 6

TOTAL NUMBER OF VOLUNTEERS: ALL ADULT MEMBERS, WHO ARE NOT EMPLOYEES OF GIRL SCOUTS OF THE UNITED STATES OF AMERICA OR GIRL SCOUT COUNCILS, ARE CONSIDERED VOLUNTEERS OF THE ORGANIZATION.

FORM 990, PART III, LINE 4D

GLOBAL GIRL SCOUTING

- PROVIDE OPPORTUNITIES FOR GIRL SCOUTS TO ENJOY VALUABLE CROSS-CULTURAL EXPERIENCES THAT HELP THEM BETTER UNDERSTAND AND RESPECT OTHER CULTURES AND GLOBAL ISSUES, AS WELL AS HOW THEY CAN HELP WHERE THEY FEEL INSPIRED TO.
- DEVELOP AND MANAGE GSUSA'S RELATIONSHIP AND PROGRAMMING WITH THE WORLD ASSOCIATION OF GIRL GUIDES AND GIRL SCOUTS (WAGGGS) AND OTHER GLOBAL ORGANIZATIONS.

FORM 990, PART VI, SECTION A, LINE 6, 7A, 7B

MEMBERSHIP

THE MEMBERSHIP OF THE CORPORATION CONSISTS OF THE MEMBERS OF THE NATIONAL COUNCIL OF GIRL SCOUTS OF THE USA. THE MEMBERSHIP OF THE NATIONAL COUNCIL INCLUDES: A. DELEGATES ELECTED BY GIRL SCOUT COUNCILS WHO ARE REGISTERED THROUGH SUCH LOCAL COUNCILS; B. DELEGATES FROM USA GIRL SCOUTS OVERSEAS; C. MEMBERS OF THE NATIONAL BOARD OF DIRECTORS; D. NATIONAL BOARD DEVELOPMENT COMMITTEE MEMBERS; E. PAST PRESIDENTS OF GSUSA; F. SUCH OTHER PERSONS AS MAY BE ELECTED BY THE NATIONAL COUNCIL. A REGULAR SESSION OF

THE NATIONAL COUNCIL IS HELD TRIENNIALLY TO ELECT A NATIONAL BOARD OF DIRECTORS AND DETERMINE GENERAL LINES OF POLICY BY ACTING UPON PROPOSALS.

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

THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCE DEPARTMENT. THE DRAFT WAS THEN REVIEWED BY THE AUDIT COMMITTEE. A COPY OF THE DRAFT FORM 990 WAS CIRCULATED TO THE FULL BOARD OF DIRECTORS IN EITHER PAPER OR ELECTRONIC FORM FOR DISCUSSION AND COMMENT. EACH BOARD MEMBER WAS PROVIDED AMPLE OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990 PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C CONFLICT OF INTEREST POLICY

EACH EMPLOYEE AND BOARD MEMBER IS REQUIRED TO ANNUALLY COMPLETE A

DISCLOSURE FORM THAT REQUIRES DISCLOSURE OF ANY CONFLICTS OF INTEREST.

THE ORGANIZATION ENSURES EACH EMPLOYEE AND BOARD MEMBER HAS COMPLETED THE

FORM AND MAINTAINS THE DOCUMENTATION. POTENTIAL BOARD CONFLICTS ARE

DISCLOSED TO THE BOARD CHAIR, WHO REFERS THE MATTER TO THE FULL BOARD,

THE EXECUTIVE COMMITTEE, AUDIT COMMITTEE, OR OTHER BOARD COMMITTEE HAVING

AUTHORITY OVER THE SUBSTANTIVE MATTER IN QUESTION. FOR EACH CONFLICT

DISCLOSED, THE BOARD OR BOARD COMMITTEE WILL DETERMINE WHETHER THE

ARRANGEMENT IS IN GSUSA'S BEST INTEREST AND WHETHER IT IS FAIR AND REASONABLE TO GSUSA AND DETERMINE WHETHER TO ENTER INTO SUCH ARRANGEMENT. THE BOARD MEMBER MAY NOT BE PRESENT FOR DISCUSSION OF OR VOTE ON THE ARRANGEMENT AND IS NOT COUNTED IN A QUORUM FOR SUCH MEETING. DISCLOSED EMPLOYEE POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY THE GENERAL COUNSEL, CFO OR, IN THE CASE OF KEY EMPLOYEES, THE AUDIT COMMITTEE OF THE BOARD, WHO MAY APPROVE THE MATTER ONLY IF IT IS FAIR, REASONABLE AND IN THE BEST INTEREST OF GSUSA.

FORM 990, PART VI, SECTION B, LINES 15A & 15B COMPENSATION REVIEW

THE ORGANIZATION FOLLOWS A CONSISTENT PROCESS TO DETERMINE SALARIES OF
THE CEO AND TOP MANGEMENT WHICH INCLUDES: 1. USING WILLIS TOWERS WATSON,
AN INDEPENDENT COMPENSATION CONSULTING FIRM WHO COMPILES BENCHMARKS,
MARKET ASSESSMENTS, SALARY AND TOTAL COMPENSATION DATA FOR THE CEO AND
EXECUTIVE TEAM. 2. THE CHAIR OF THE NATIONAL BOARD AND THE CHAIR OF THE
EXECUTIVE DEVELOPMENT AND COMPENSATION COMMITTEE REVIEW THE CEO'S
PERFORMANCE BASED ON GSUSA'S PERFORMANCE AGAINST GOALS AND DETERMINE ANY
RECOMMENDED SALARY OR INCENTIVE PAYMENTS. 3. THE CEO REVIEWS THE
EXECUTIVE TEAM'S PERFORMANCE AND DISCUSSES INDIVIDUAL PERFORMANCE AND ANY
RECOMMENDED SALARY OR INCENTIVE PAYMENTS WITH THE EXECUTIVE DEVELOPMENT
AND COMPENSATION COMMITTEE. 4. BASED ON THIS INFORMATION, THE EDCC
REVIEWS AND RECOMMENDS COMPENSATION; THE RECOMMENDATIONS ARE REVIEWED AND
APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19

Name of the organization

GIRL SCOUTS OF THE UNITED STATES OF AMERICA

13-1624016

DISCLOSURES

THE ORGANIZATION MAKES ITS AUDITED FINANCIAL STATEMENTS AND FORM 990

AVAILABLE TO THE GENERAL PUBLIC VIA ITS WEBSITE. OUR GOVERNING DOCUMENTS

ARE ADDITIONALLY PUBLISHED IN A "BLUE BOOK OF BASIC DOCUMENTS" WHICH IS

ALSO AVAILABLE TO THE GENERAL PUBLIC VIA OUR WEBSITE.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PENSION RELATED LOSS (\$5,831,409)

PENSION COSTS OTHER THAN

NET PERIODIC PENSION COST (\$1,327,696)

CHANGE IN VALUE OF CHARITABLE GIFT ANNUITY \$14,251

CHANGE IN VALUE OF DEFERRED GIFTS (\$16,029)

TOTAL OTHER CHANGES IN NET ASSETS (\$7,160,883)

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

GIRL SCOUTS OF THE UNITED STATES OF AMERICA (GSUSA), HEADQUARTERED IN NEW YORK CITY, IS A NATIONAL NONPROFIT ORGANIZATION WITH THE MISSION TO BUILD GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER WHO MAKE THE WORLD A BETTER PLACE. FORMED IN 1912 IN SAVANNAH, GEORGIA, GSUSA IS NOW IN ITS SECOND CENTURY OF SERVING GIRLS, WITH MORE THAN 2.5 MILLION ADULT AND GIRL MEMBERS SPREAD ACROSS 111 INDEPENDENT GIRL SCOUT COUNCILS. THE GOVERNANCE OF THE ORGANIZATION RELIES ON AN EFFICIENT DEMOCRATIC PROCESS THAT IS RESPONSIVE TO OUR FAST-CHANGING WORLD.

Name of the organization

GIRL SCOUTS OF THE UNITED STATES OF AMERICA

13-1624016

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

AS THE WORLD'S FOREMOST GIRL LEADERSHIP ORGANIZATION, GSUSA PUTS

GIRLS FRONT AND CENTER, UNDERSTANDING THAT WHEN GIRLS SUCCEED, SO

DOES SOCIETY. THE GIRL-ONLY, GIRL-LED, AND ALL-AROUND GIRL-DEFINED

ASPECTS OF GIRL SCOUTING ARE CRUCIAL TO WHAT THE ORGANIZATION OFFERS,

AND THE FOUNDATION OF THE GIRL SCOUT PROGRAM IS THE GIRL SCOUT

LEADERSHIP EXPERIENCE, WHICH HELPS GIRLS TAKE THE LEAD IN THEIR OWN

LIVES AND THE WORLD.

WITH THE SUPPORT OF CARING ADULT VOLUNTEERS AND MENTORS, EVERYTHING A GIRL SCOUT DOES INVOLVES SOME COMBINATION OF STEM (SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH), THE OUTDOORS, DEVELOPMENT OF LIFE SKILLS, AND ENTREPRENEURSHIP. IN A GIRL SCOUT TROOP, GIRLS FIND A SAFE SPACE WHERE THEY CAN LEARN NEW SKILLS, TRY NEW THINGS, AND FEEL FREE TO FAIL, DUST THEMSELVES OFF, AND TRY AGAIN, ALL IN A NURTURING ENVIRONMENT THAT PRIORITIZES THEIR SAFETY AND ALLEVIATES THE PRESSURES OF THE CO-ED WORLD.

GSUSA WELCOMES GIRLS OF ALL BACKGROUNDS AND INTERESTS, AND THE GIRL SCOUT PROGRAM IS DESIGNED FOR EVERY GIRL, EQUIPPING HER WITH SKILLS TO SERVE HER FOR LIFE. IT'S PROVEN TO HELP HER THRIVE IN FIVE KEY WAYS AS SHE DEVELOPS A STRONG SENSE OF SELF, SEEKS CHALLENGES AND LEARNS FROM SETBACKS, DISPLAYS POSITIVE VALUES, FORMS AND MAINTAINS HEALTHY RELATIONSHIPS, AND IDENTIFIES AND SOLVES PROBLEMS. DIVERSITY AND INCLUSIVITY HAVE BEEN IMPORTANT TO GSUSA FROM DAY ONE; TODAY, APPROXIMATELY 30 PERCENT OF GIRL MEMBERS COME FROM UNDERSERVED AND UNDERREPRESENTED COMMUNITIES, ALLOWING GSUSA TO SERVE AS A PATHWAY TO

Name of the organization Employer identification number

GIRL SCOUTS OF THE UNITED STATES OF AMERICA 13-1624016

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

A BRIGHTER FUTURE.

THE PURPOSE OF THE ORGANIZATION IS TO PROMOTE THE GIRL SCOUT MOVEMENT IN THE USA AND ITS TERRITORIES AND POSSESSIONS, BY DIRECTING AND COORDINATING THE MOVEMENT AND PROVIDING AND ADMINISTERING THE GIRL SCOUT PROGRAM IN ACCORDANCE WITH ITS CONGRESSIONAL CHARTER. GSUSA RECEIVED A CONGRESSIONAL CHARTER BY A SPECIAL ACT OF THE UNITED STATES CONGRESS ON MARCH 16, 1950, AND GIRL SCOUTS' 111 COUNCILS ARE GRANTED CHARTERS BY THE GSUSA BOARD OF DIRECTORS. EACH GIRL SCOUT COUNCIL IS SEPARATELY INCORPORATED BUT CHARTERED BY GSUSA WITH TWO PRIMARY RESPONSIBILITIES: TO DELIVER THE GIRL SCOUT LEADERSHIP EXPERIENCE TO ANY GIRL IN GRADE K-12 WHO MEETS THE MEMBERSHIP REQUIREMENTS, AND TO FURTHER THE DEVELOPMENT OF THE GIRL SCOUT MOVEMENT IN THE UNITED STATES.

GSUSA PROVIDES SERVICES TO ITS CHARTERED COUNCILS. IN PROVIDING THESE SERVICES, GSUSA IS EXEMPT FROM FEDERAL INCOME TAX IN ACCORDANCE WITH SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

COMPREHENSIVE COUNCIL SUPPORT:

-PROVIDE DIRECT CONSULTING AND ASSISTANCE TO ALL 111 GIRL SCOUT

Schedule O (Form 990 or 990-EZ) 2018

Name of the organization

GIRL SCOUTS OF THE UNITED STATES OF AMERICA

Employer identification number

13-1624016

ATTACHMENT 2 (CONT'D)

COUNCILS AND USA GIRL SCOUTS OVERSEAS TO ENSURE THAT GIRL SCOUT PROGRAMS AND SERVICES ARE DELIVERED EFFECTIVELY AND CONSISTENTLY NATIONWIDE AND OVERSEAS IN ACCORDANCE WITH THE MISSION, POLICIES, AND GOALS OF THE ORGANIZATION.

-DRIVE SUSTAINABLE MEMBERSHIP GROWTH AND MOVEMENT HEALTH BY
ENGAGING OUR GIRLS, VOLUNTEERS, PARENTS, COUNCILS, AND SUPPORTERS
TO FULFILL THE GIRL SCOUT MISSION. THE TEAMS IN THIS COMMUNITY ARE
INVOLVED WITH NETWORK ALIGNMENT AND ADVANCEMENT OF MISSION
DELIVERY STRATEGIES; COUNCIL LEADERSHIP SUPPORT AND TRAINING;
CULTIVATION OF NATIONAL PARTNERSHIPS THAT DRIVE MEMBERSHIP GROWTH;
AND MOVEMENT PROPERTY STRATEGY AND SUPPORT. THE TEAMS WORK CLOSELY
WITH ALL OTHER GSUSA COMMUNITIES TO BRING AN EXCEPTIONAL
EXPERIENCE TO OUR MEMBERS AND TO ENSURE A VIBRANT, SUSTAINABLY
GROWING MOVEMENT.

-ENHANCE THE CUSTOMER EXPERIENCE WITH A FOCUS ON ENGAGEMENT OF VOLUNTEERS, AND THE RETENTION AND RECRUITMENT OF MEMBERS, SUPPORTED BY DEVELOPMENT, IMPLEMENTATION AND OPERATIONS OF THE MOVEMENT-WIDE COMMON TECHNOLOGY PLATFORM AND PRODUCTS.

-PROVIDE DIRECT GRANTS TO COUNCILS TO ENHANCE THEIR FINANCIAL STABILITY AND BUILD PROGRAMMATIC CAPACITY.

ATTACHMENT 3

Schedule O (Form 990 or 990-EZ) 2018

Name of the organization

Employer identification number

GIRL SCOUTS OF THE UNITED STATES OF AMERICA 13-1624016

ATTACHMENT 3 (CONT'D)

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

GIRL PROGRAM DEVELOPMENT AND ADULT LEARNING OPPORTUNITIES:

-DEVELOP AND EVALUATE TIMELY, GIRL-ENDORSED PROGRAMMING FOR GIRL MEMBERS OF GSUSA, UPHOLDING GSUSA'S REPUTATION AS THE PREMIER LEADERSHIP DEVELOPMENT EXPERIENCE FOR GIRLS.

-DRIVE THE FULL LIFECYCLE MANAGEMENT OF GIRL SCOUT PROGRAMS,
ENSURING RELEVANT AND ENGAGING IN-PERSON AND ONLINE EXPERIENCES
FOR GIRLS.

-PROVIDE OPPORTUNITIES FOR GIRL SCOUTS TO ENJOY VALUABLE

CROSS-CULTURAL EXPERIENCES THAT HELP THEM BETTER UNDERSTAND AND

RESPECT OTHER CULTURES AND GLOBAL ISSUES, AS WELL AS HOW THEY CAN

HELP WHERE THEY FEEL INSPIRED TO.

-LEAD COOKIE PROGRAM STRATEGY, GOVERNANCE AND NATIONAL EXECUTION
IN SUPPORT OF THE GIRL SCOUT COOKIE PROGRAM.

-DEVELOP AND ENHANCE DIGITAL COOKIE TECHNOLOGY PROVIDING GIRLS THE OPPORTUNITY TO BUILD THEIR OWN E-COMMERCE WEBSITE TO LEARN 21ST CENTURY SKILLS AS PART OF THE GIRL SCOUT COOKIE PROGRAM.

- -DIVERSIFY AND GROW NATIONAL LICENSING RELATIONSHIPS.
- -EFFECTIVELY UTILIZE GIRL SCOUT PROPERTIES TO PROVIDE UNIQUE

Name of the organization

GIRL SCOUTS OF THE UNITED STATES OF AMERICA

13-1624016

ATTACHMENT 3 (CONT'D)

CUSTOMER EXPERIENCES AND GROW MEMBERSHIP INCLUDING THE JULIETTE

GORDON LOW BIRTHPLACE IN SAVANNAH, GA AND THE EDITH MACY CENTER IN

WESTCHESTER COUNTY, NY.

-DEVELOP AND MANAGE GSUSA'S RELATIONSHIP AND PROGRAMMING WITH THE WORLD ASSOCIATION OF GIRL GUIDES AND GIRL SCOUTS (WAGGGS) AND OTHER GLOBAL ORGANIZATIONS.

-DEVELOP AND EVALUATE LEARNING OPPORTUNITIES FOR ADULT MEMBERS OF GSUSA, SO THAT GIRL SCOUT VOLUNTEERS FEEL SUPPORTED AND ABLE TO CONFIDENTLY AND EFFECTIVELY GUIDE AND DELIVER PROGRAMMING TO GIRLS.

ATTACHMENT 4

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

BRAND PROMOTION AND EXTERNAL ENGAGEMENT:

-PROMOTE THE GIRL SCOUT BRAND, PROGRAM, AND MISSION FAR AND WIDE, EMPHASIZING THAT GIRL SCOUTS OF THE USA IS THE PLACE WHERE GIRLS AND YOUNG WOMEN LEARN TO TAKE THE LEAD IN THEIR OWN LIVES AND THE WORLD.

-MAINTAIN GSUSA'S POSITION IN THE MARKETPLACE AS THE SINGLE BEST LEADERSHIP DEVELOPMENT ORGANIZATION FOR GIRLS IN THE WORLD.

Schedule O (Form 990 or 990-EZ) 2018

Name of the organization

GIRL SCOUTS OF THE UNITED STATES OF AMERICA

Employer identification number

13-1624016

ATTACHMENT 4 (CONT'D)

-RESEARCH AND ADVOCATE ON ISSUES THAT AFFECT GIRLS AND WOMEN LOCALLY, NATIONALLY, AND/OR GLOBALLY.

-DEVELOP AND PROMOTE THE GIRL SCOUT COOKIE PROGRAM, THE LARGEST GIRL-LED ENTREPRENEURIAL PROGRAM IN THE WORLD.

-DEVELOP, MARKET, AND SELL GIRL SCOUT-BRANDED ITEMS AND PROGRAM MATERIALS TO GIRL SCOUT MEMBERS AND THE GENERAL PUBLIC.

-PROVIDE GIRL SCOUT COUNCILS WITH MARKETING AND COMMUNICATIONS
TOOLS AND RESOURCES TO HELP THEM REACH EXTERNAL AUDIENCES IN WAYS
THAT ARE CONSISTENT WITH NATIONAL EFFORTS, TO DRIVE THE PUBLIC'S
RECOGNITION OF GIRL SCOUTS OF THE USA AS A SINGLE COHESIVE
MOVEMENT FOR GIRLS.

ATTACHMENT 5

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,

DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI,

 \mathtt{MN} , \mathtt{MS} , \mathtt{MO} , \mathtt{NV} , \mathtt{NH} , \mathtt{NJ} , \mathtt{NM} , \mathtt{NY} , \mathtt{NC} , \mathtt{ND} , \mathtt{OH} , \mathtt{OK} , \mathtt{OR} , \mathtt{PA} ,

RI, SC, TN, UT, VT, VA, WA, WV, WI,

Name of the organization	Employer identification number
GIRL SCOUTS OF THE UNITED STATES OF AMERICA	13-1624016
	ATTACHMENT 6

990, PART VII	 COMPENSATION 	OF THE	FIVE H	IGHEST PAID	IND.	CONTRACTORS
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NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ERNST & YOUNG U.S. LLP P.O. BOX 640382 PITTSBURGH, PA 15264-0382	IT DEVELOPMENT	6,574,954.
SALESFORCE.ORG FDN P.O. BOX 39000 SAN FRANCISCO, CA 94139-0001	TECHNICAL SERVICES	3,854,000.
R-GA MEDIA GROUP, INC 13801 FNB PARKWAY OMAHA, NE 68154	IT DEVELOPMENT	2,936,775.
ACCENTURE, LLC 800 N. GELEBE ROAD ARLINGTON, VA 22203	IT DEVELOPMENT	2,296,311.
ADOBE SYSTEMS, INC. 29322 NETWORK PLACE CHICAGO, IL 60673	IT DEVELOPMENT	1,509,177.

ATTACHMENT 7

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
TEMPORARY STAFFING	4,439,919.	4,439,919.	0.	0.
RESEARCH	190,366.	190,366.	0.	0.
MARKETNG CONSULTANTS	1,551,512.	1,551,512.	0.	0.
DIGITAL COOKIE CONSULTANTS	118,464.	118,464.	0.	0.
STRATEGY CONSULTANTS	81,741.	81,741.	0.	0.
COUNCIL ADVISORS	253,058.	253,058.	0.	0.
GIRL EXPERIENCE	157,221.	157,221.	0.	0.
SCIENCE BADGE EVALUATION	40,197.	40,197.	0.	0.
OTHER	11,776,579.	10,942,484.	770,096.	63,999.

Schedule O (Form 990 or 990-EZ) 2018

Schedule O (Form 990 or 990-EZ) 2018 Page 2 Employer identification number Name of the organization GIRL SCOUTS OF THE UNITED STATES OF AMERICA 13-1624016 ATTACHMENT 7 (CONT'D) FORM 990, PART IX - OTHER FEES (A) (B) (C) (D) TOTAL PROGRAM MANAGEMENT FUNDRAISING FEES EXPENSES DESCRIPTION SERVICE EXP. AND GENERAL 18,609,057. 17,774,962. 770,096. 63,999. TOTALS

13-1624016

GIRL SCOUTS OF THE UNITED STATES OF AMERICA

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Internal Revenue Service

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

GIRL SCOUTS OF THE UNITED STATES OF AMERICA

13-1624016

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NEW YORK GIRL SCOUTS,	INC.(NOMINEE)					
420 FIFTH AVENUE	NEW YORK, NY 10018	REAL PROP HOL	NY	0.	20,906,000.	GSUSA
(2) ONE GS MEDIA, LLC						
420 FIFTH AVENUE	NEW YORK, NY 10018	MEDIA	DE	0.	0.	GSUSA
(3)						
(4)						
(5)						
	<u> </u>					
(6)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	_	contr	(g) 512(b)(13) trolled ntity?	
						Yes	No	
WORLD FOUNDATION FOR GIRL GUIDES AND GIR 23-7147834 420 FIFTH AVENUE NEW YORK, NY 10018	GIRL SCOUTING	NY	501(C)(3)	07	GSUSA	Х		
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2018

JSA 8E1307 1.000 Schedule R (Form 990) 2018

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (b) Primary activity (g) Share of end-of-(i) Code V - UBI (j) (c) (d) (e) Predominant (h) (k) Name, address, and EIN of Lègal Direct controlling Share of total Percentage General or Disproportionate income (related, domicile related organization amount in box 20 entity income year assets managing ownership unrelated. (state or of Schedule K-1 partner? excluded from foreign (Form 1065) tax under sections 512 - 514) country) Yes No Yes No (1) (2) (3) (4) (5)

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b	(i) ction b)(13) rolled tity?
									Yes	No
(1) GIRL SCOUTS OF THE USA TRUST	30-6349021									
400 HOWARD STREET SAN FRANCISCO, CA 94105		GRANTOR TRUST	NY	GSUSA	TRUST	725,094.	26,638,952.	100.0000	Х	
(2)										
(3)										
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(4)										
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(7)									\vdash	
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Schedule R (Form 990) 2018

(6)

(7)

Schedule R (F	-om 990) 2018	Page 🕻
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		Х
С	Gift, grant, or capital contribution from related organization(s)	1c		Х
d	Loans or loan guarantees to or for related organization(s)	1d		Х
е	Loans or loan guarantees by related organization(s)	1e		Х
	, , , , , , , , , , , , , , , , , , , ,			
f	Dividends from related organization(s)	1f		X
	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		X
	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
•	3			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
	Sharing of paid employees with related organization(s)	10		Х
n	Reimbursement paid to related organization(s) for expenses	1p		Х
	Reimbursement paid by related organization(s) for expenses	1q		
7				
r	Other transfer of cash or property to related organization(s)	1r		Χ
s	Other transfer of cash or property from related organization(s).			Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three	shold	s.	
	(a) (b) (c)	(d)		
	Name of related organization Transaction Amount involved Method of	of det،	erminir	na

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity		or foreign income (related, intry) income (related, excluded from tax under organization)		partners tion (c)(3) rations?	(f) Share of total income	f) (g) Ire of Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managi partner		(k) Percentage ownership
(4)			sections 512-514)	Yes	No			Yes	No		Yes	No	
_(1)													
(2)													
(3)													
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(10)													

Schedule R (Form 990) 2018

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GIRL SCOUTS OF THE UNITED STATES OF AMERICA

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Part VII

Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2018

13-1624016