			EXTENDED TO AUGUST	15, 20	19	_			
	Ω	00	Return of Organization Exemp	t From	Income Tax	OMB No. 1545-0047			
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Reve			ns) 2017			
Depa	rtment	of the Treasury	Do not enter social security numbers on this for a security numbers on the security numbers on	orm as it ma	ay be made public.	Open to Public			
_		enue Service	Go to www.irs.gov/Form990 for instructions			Inspection			
AF	or th			and ending					
Bc	heck if				D Employer identific	ation number			
	⊐Addr	GIRL	SCOUTS OF THE CHESAPEAKE BAY						
	_]chan		CIL, INC.			064337			
	_ chan]Initial	<u>~</u>	siness as	Room/su					
	_returr Final	225	and street (or P.O. box if mail is not delivered to street address) DLD BALTIMORE PIKE	nuuiii/si		456-7150			
	→returr termi ated	n-	wn, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,846,420.			
	Amer	nded NTETATA	RK, DE 19702		H(a) Is this a group re				
			d address of principal officer:KATYA NIEBURG-WH	EELER	for subordinates				
	pend	ing SAME	AS C ABOVE		H(b) Are all subordinates in				
ΙT	ax-e>	empt status:	☑ 501(c)(3))(1) or 📃 !		list. (see instructions)			
J۷	Vebs	ite: 🕨 WWW .	SCB.ORG	. ,	H(c) Group exemption				
κF	orm o	f organization:	Corporation Trust Association Other ►	LY	ear of formation: 1962 M	I State of legal domicile: ${ m DE}$			
Pa	art I	Summary							
é	1	Briefly describ	the organization's mission or most significant activities: GII	RL SCO	UTING BUILDS (GIRLS OF			
Governance			, CONFIDENCE & CHARACTER, WHO MA						
ern	2		▶ ☐ if the organization discontinued its operations or dis	sposed of m					
<u>Sov</u>	3					17 17			
	4								
ties	5								
Activities &	6	Total number	f volunteers (estimate if necessary)			<u>3463</u> 0.			
Ac			business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, line 34			0.			
		Net unrelated		1	Prior Year	Current Year			
	8	Contributions	nd grants (Part VIII, line 1h)	-	583,607.	512,959.			
Revenue	9		e revenue (Part VIII, line 2g)	ſ	277,838.	319,073.			
eve	10	J. J	ome (Part VIII, column (A), lines 3, 4, and 7d)		218,085.	236,616.			
£	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,578,789.	2,595,823.			
	12	Total revenue	add lines 8 through 11 (must equal Part VIII, column (A), line 1	2)	3,658,319.	3,664,471.			
	13	Grants and sir	ilar amounts paid (Part IX, column (A), lines 1-3)		106,039.	148,988.			
	14		o or for members (Part IX, column (A), line 4)		0.	0.			
ses	15	Salaries, othe	compensation, employee benefits (Part IX, column (A), lines 5-	10)	1,976,996.	2,453,166.			
Expenses	16a	Professional f	compensation, employee benefits (Part IX, column (A), lines 5- ndraising fees (Part IX, column (A), line 11e) Ig expenses (Part IX, column (D), line 25)	200	12,423.	0.			
ц.	b	Total fundrais	ig expenses (Part IX, column (D), line 25)	, 396.	1 525 067	2 066 124			
_			s (Part IX, column (A), lines 11a-11d, 11f-24e)	r	1,535,967. 3,631,425.	2,066,124. 4,668,278.			
	18	-	. Add lines 13-17 (must equal Part IX, column (A), line 25)		26,894.	-1,003,807.			
SS	19	Revenue less	xpenses. Subtract line 18 from line 12		Beginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (I	art X line 16)	-	18,037,743.	16,956,429.			
Asse	20	-	art X, line 16) Part X, line 26)		2,437,090.	2,250,113.			
Net.	22		und balances. Subtract line 21 from line 20		15,600,653.	14,706,316.			
	art II				-,,	, , • •			
		-	declare that I have examined this return, including accompanying sche	dules and sta	tements, and to the best of my	v knowledge and belief, it is			
			Declaration of preparer (other than officer) is based on all information of			·			
Sig	n	Signature			Date				
Her	е	MICH	AEL TROLIO, TREASURER						

TICIC										
	Type or print name and title									
	Print/Type preparer's name		Date Check PTIN							
Paid	RENEE A VILLANO, CPA	RENEE À VILLANO, CPA								
Preparer	Firm's name 🕨 ALBERO, KUPFERMA	N & ASSOCIATES, LLC	Firm's EIN 26-0645306							
Use Only	Firm's address 1701 SHALLCROSS	AVE, STE D								
	WILMINGTON, DE 19806 Phone no. (302) 230-7171									
May the IF	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes No							
			- 000 (*** ***							

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

_	990 (2017) COUNCIL, INC. 51-0064337 Pa
r ai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	THE GIRL SCOUTS OF THE CHESAPEAKE BAY COUNCIL, INC. (THE "COUNCIL") IS
	A PARTICIPATING COUNCIL IN THE WORLDWIDE ORGANIZATION, GIRL SCOUTS OF
	THE UNITED STATES OF AMERICA (GSUSA), DEDICATED TO THE DEVELOPMENT OF
	GIRLS' CHARACTER, SKILLS, AND QUALITIES THAT WILL SERVE THEM ALL OF
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
	(Code:) (Expenses \$ 1,491,216 · including grants of \$ 139,312 ·) (Revenue \$
	MEMBERSHIP - WHERE GIRLS DISCOVER THE FUN, FRIENDSHIP, AND POWER OF
	GIRLS TOGETHER. GIRL SCOUTING HELPS GIRLS DEVELOP THEIR FULL INDIVIDU
	POTENTIAL; RELATE TO OTHERS WITH INCREASING UNDERSTANDING, SKILL, AND
	RESPECT; DEVELOP VALUES TO GUIDE THEIR ACTIONS AND PROVIDE THE
	FOUNDATION FOR SOUND DECISION-MAKING; AND CONTRIBUTE TO THE IMPROVEME
	OF SOCIETY THROUGH THEIR ABILITIES, LEADERSHIP SKILLS, AND COOPERATIO
	WITH OTHERS.
	AND BUSINESS ETHICS.
	AND BUSINESS ETHICS.
	AND BUSINESS ETHICS.
4c	(Code:) (Expenses \$ 586,834. including grants of \$) (Revenue \$) (R
4c	(Code:) (Expenses \$586,834. including grants of \$) (Revenue \$119,68 GIRL PROGRAMS - PROVIDING A MYRIAD OF ENRICHING PROGRAMS, SUCH AS STE PROGRAMMING, EXTRAORDINARY FIELD TRIPS, SPORTS SKILL-BUILDING CLINICS COMMUNITY SERVICE PROJECTS, CULTURAL EXCHANGES, AND ENVIRONMENTAL
4c 4d	(Code:)(Expenses \$ 586,834. including grants of \$)(Revenue \$ 119,68 GIRL PROGRAMS - PROVIDING A MYRIAD OF ENRICHING PROGRAMS, SUCH AS STE PROGRAMMING, EXTRAORDINARY FIELD TRIPS, SPORTS SKILL-BUILDING CLINICS COMMUNITY SERVICE PROJECTS, CULTURAL EXCHANGES, AND ENVIRONMENTAL STEWARDSHIPS THROUGHOUT THE DELMARVA PENINSULA.
4c 4d	(code:) (Expenses \$586,834. including grants of \$) (Revenue \$119,68 GIRL PROGRAMS - PROVIDING A MYRIAD OF ENRICHING PROGRAMS, SUCH AS STER PROGRAMMING, EXTRAORDINARY FIELD TRIPS, SPORTS SKILL-BUILDING CLINICS COMMUNITY SERVICE PROJECTS, CULTURAL EXCHANGES, AND ENVIRONMENTAL STEWARDSHIPS THROUGHOUT THE DELMARVA PENINSULA.
4c 4d 4e	(Code:)(Expenses \$ 586,834. including grants of \$)(Revenue \$ 119,68 GIRL PROGRAMS - PROVIDING A MYRIAD OF ENRICHING PROGRAMS, SUCH AS STE PROGRAMMING, EXTRAORDINARY FIELD TRIPS, SPORTS SKILL-BUILDING CLINICS COMMUNITY SERVICE PROJECTS, CULTURAL EXCHANGES, AND ENVIRONMENTAL STEWARDSHIPS THROUGHOUT THE DELMARVA PENINSULA.

COUNCIL, INC.

Form 990 (2017)

Pa	t 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," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		37	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
_	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 of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Δ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		- 23
128		12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	Iza	21	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
2	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_		
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form **990** (2017)

732003 11-28-17

COUNCIL, INC.

Form 990 (2017)

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? 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		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? 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		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2017)

732004 11-28-17

	GIRL	SCOUTS	OF	\mathbf{THE}	CHESAPEAKE	BAY
--	------	--------	----	----------------	------------	-----

Form	990 (2017) COUNCIL, INC.	51-0064	337	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 7	/		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (5		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming	1		
	(gambling) winnings to prize winners?		1c	Х	
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 150			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
3a		,	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		x
b	If "Yes," enter the name of the foreign country:				
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	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 transa		5b		X
	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 th				
•••	any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the pavor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w				
-	to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		X
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
		, 	8		
9	Sponsoring organizations maintaining donor advised funds.				
а			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	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:		1		
а	Gross income from members or shareholders	11a			
b					
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		14b		

Form **990** (2017)

732005 11-28-17

GIRL	SCOUTS	OF	THE	CHESAPEAKE	BAY
COUNC	IL, IN	C.			

Form 990 (2017)

51-0064337 Page 6

600	Check if Schedule O contains a response or note to any line in this Part VI					[
	tion A. Governing Body and Management				Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	17		103	t
Ĩ	If there are material differences in voting rights among members of the governing body, or if the governing					1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					1
h	Enter the number of voting members included in line 1a, above, who are independent	1b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					
2	officer, director, trustee, or key employee?			2		l
3	Did the organization delegate control over management duties customarily performed by or under t					1
0	of officers, directors, or trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form			4		-
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		-
6	Did the organization have members or stockholders?			6	Х	-
	Did the organization have members, stockholders, or other persons who had the power to elect or a					-
10	more members of the governing body?			7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			70		┥
D				7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			75		-
		•	•	8a	х	1
a h	The governing body?			8b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re			uo	- 23	-
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
	tion B. Policies (This Section B requests information about policies not required by the Internal F			9		-
	ION D. TONCIES (This Section B requests information about policies not required by the internal P	evenue			Yes	-
0-2	Did the organization have local chapters, branches, or affiliates?			10a	163	-
	If "Yes," did the organization have written policies and procedures governing the activities of such o			10a		-
D				10b		
10	and branches to ensure their operations are consistent with the organization's exempt purposes?			11a	х	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo Describe in Schedule O the process, if any, used by the organization to review this Form 990.	uy belo		11a		-
				12a	х	1
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		flicte?	12a	X	-
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			120	- 23	-
C				12c	х	
2	in Schedule O how this was done			13	X	-
	Did the organization have a written whistleblower policy?				X	-
4	Did the organization have a written document retention and destruction policy?			14	- 23	-
5	Did the process for determining compensation of the following persons include a review and approv		idependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			4=	х	1
	The organization's CEO, Executive Director, or top management official			15a	~	_
D	Other officers or key employees of the organization			15b		_
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			40		
	taxable entity during the year?			16a		_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					
	exempt status with respect to such arrangements?			16b		-
	tion C. Disclosure					_
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MD, VA	T (O)				_
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	I (Sect	ion 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website V Other (explain					
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict c	or interest policy, and	a tinan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks ar	nd records:			
	THE ORGANIZATION - 302-456-7150					_
	225 OLD BALTIMORE PIKE, NEWARK, DE 19702				990	-

|--|

Part VII	Compensati	on of Officers,	Directors,	Trustees,	Key Employees,	Highest Compensate	d
	Employees,	and Independe	ent Contra	ctors			

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

COUNCIL, INC.

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 (Ď), (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	(do	not c	(C Pos heck	C) itior	י than	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any	offic	, unle cer ar	iss pe nd a d	rson lirecto	is bot pr/trus	h an tee)	compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) KATYA NIEBURG-WHEELER CHAIR	1.00	x		x				0.	0.	0.
(2) DIANE SPARKS	1.00								-	
1ST VICE CHAIR		x		x				0.	0.	0.
(3) JENNY TEAL	1.00									
2ND VICE CHAIR		Х		Х				0.	0.	0.
(4) ELEANOR BENJAMIN TORRES, ESQ.	1.00									_
SECRETARY	1.00	X		х				0.	0.	0.
(5) MICHAEL TROLIO, CPA	1.00								0	0
TREASURER	1 00	X		X				0.	0.	0.
(6) CRIS BROOKMYER	1.00							0	0	0
DIRECTOR	1 00	X						0.	0.	0.
(7) PAMELA COLBERT	1.00							0	0	0
DIRECTOR (8) BARBARA DODGE	1.00	X					-	0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(9) DALE HOOPS	1.00							· ·	••	
DIRECTOR	100	x						0.	0.	0.
(10) MICHELE HUGHES	1.00								•••	
DIRECTOR		x						0.	0.	0.
(11) JESSICA JORDAN	1.00									
DIRECTOR		x						0.	Ο.	0.
(12) TAMMY ORDWAY	1.00									
DIRECTOR		X						0.	0.	0.
(13) VANESSA S. PHILLIPS, ESQ.	1.00									
DIRECTOR		X						0.	0.	0.
(14) SYLVIA QUINTON	1.00									
DIRECTOR		Х						0.	0.	0.
(15) KIMBERLEE ZIOLKOWSKI	1.00								_	-
DIRECTOR		X						0.	0.	0.
(16) MADELINE DAVID	1.00									
DIRECTOR		X					<u> </u>	0.	0.	0.
(17) NATALIE MATHENA	1.00								0	^
DIRECTOR		Х						0.	0.	0 . Form 990 (2017)

732007 11-28-17

13050518 793123 60605

2017.05050 GIRL SCOUTS OF THE CHESAPEA 60605__1

7

Form 990 (2017)

GIRL SCO		ГНI	ΕC	CHI	ESZ	API	ΞA	KE BAY	F1 0		225		•
Form 990 (2017) COUNCIL,									51-0	064	337	P	age 8
Part VII Section A. Officers, Directors, Trus		ploy I	ees			ghe	st ((F)	
(A) Name and title	(B) Average hours per week	box offi	not c , unle	Pos heck	more rson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatic from related	n	am	(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fro orga and	pensa om th anizat d relat anizati	e :ion :ed
(18) ANNE T. HOGAN	40.00									•			•
CHIEF EXECUTIVE OFFICER	40.00			X				57,146.		0.			0.
(19) MICHELE CAMPONELLI CHIEF FINANCIAL OFFICER	40.00			x				74,637.		0.			0.
		<u> </u>											
				4									
								131,783.		0.			0.
1b Sub-total c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)		_						131,783.		0.			0.
2 Total number of individuals (including but r compensation from the organization ►		· · · · ·		<u> </u>			וס r	received more than \$100),000 of reportab	le			0
										1		Yes	No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	uch individual										3		x
4 For any individual listed on line 1a, is the si and related organizations greater than \$15	•								•		4		Х
5 Did any person listed on line 1a receive or											-		
rendered to the organization? If "Yes," con					-			-			5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co the organization. Report compensation for										npens	ation f	rom	
(A) Name and business	address	N	ONI	Ξ				(B) Description of s	ervices	С	(C comper		n
2 Total number of independent contractors (\$100,000 of compensation from the organi	•	not li	mite	d to		se lis)	steo	d above) who received n	nore than				
						-			I		Form	990 (;	2017)

732008 11-28-17

		(2017) COUNCIL	INC.				51-0064	337 Page 9
Pa	rt VI	II Statement of Revenue						
		Check if Schedule O contains a	response	or note to any lir	ie in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
						revenue	revenue	sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns		120,953.				
Gra		Membership dues						
Å,		Fundraising events						
ilar	c	Related organizations	. 1d					
Sins,		Government grants (contributions)	1e	90,529.				
er (f	All other contributions, gifts, grants, and						
<u>erib</u>		similar amounts not included above		301,477.				
hon		Noncash contributions included in lines 1a-1f:			510.050			
<u>a O</u>	h	Total. Add lines 1a-1f			512,959.			
	-	CANDING AND DROGDAN REED		Business Code 713990	210 072	210 072		
vice	2 a			/13990	319,073.	319,073.		
Ser	b							
Program Service Revenue	C							
Be	d	·						<u> </u>
Pro	f	All other program service revenue						<u> </u>
		Total. Add lines 2a-2f		-	319,073.			
	3	Investment income (including divide						
	-	other similar amounts)			144,927.			144,927.
	4	Income from investment of tax-exer						
	5	Royalties						
			i) Real	(ii) Personal				
	6 a	Gross rents	72,578.					
	b	Less: rental expenses	0.					
	c	Rental income or (loss)	72,578.					
	c	Net rental income or (loss)		>	72,578.			72,578.
	7 a	Gross amount from sales of (i) S	Securities	(ii) Other				
		assets other than inventory	824,482.					
	b	Less: cost or other basis						
			732,793.					
		Gain or (loss)	91,689.					
		Net gain or (loss)		····· >	91,689.			91,689.
ani	8 a	Gross income from fundraising even						
ven		including \$						
Re		contributions reported on line 1c). S		88,817.				
Other Revenue	h	Part IV, line 18						
ō		Net income or (loss) from fundraisin		⊳	88,817.			88,817.
		Gross income from gaming activitie			,/			,
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gaming a						
		Gross sales of inventory, less return						
		and allowances	а	4,875,502.				
	b	Less: cost of goods sold						
		Net income or (loss) from sales of ir			2,426,346.	2,426,346.		
[Miscellaneous Revenue		Business Code				
		ADVERTISING		713990	5,810.			5,810.
	b	MEETINGS & CONVENTIONS		713990	2,272.			2,272.
	c			ļ				
		All other revenue		L				
		• Total. Add lines 11a-11d			8,082.			100 000
	12	Total revenue. See instructions.		►	3,664,471.	2,745,419.	0.	406,093.
73200	y 11-2	8-1/						Form 990 (2017)

13050518 793123 60605

9

GIRL SCOUTS OF THE CHESAPEAKE BAY Form 990 (2017) COUNCIL, INC.

51-0064337 Page 10

Pa	rt IX Statement of Functional Expens	es			
Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	mplete column (A).	
	Check if Schedule O contains a respor				<u></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	140 000	140 000		
	individuals. See Part IV, line 22	148,988.	148,988.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	131,783.	75,116.	47,442.	9,225.
6	Compensation not included above, to disqualified	10177001	/0/1100	1,,112,	5,2250
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,806,481.	1,539,374.	148,931.	118,176.
8	Pension plan accruals and contributions (include	_,,			
•	section 401(k) and 403(b) employer contributions)	225,870.	188,057.	37,813.	
9	Other employee benefits	104,509.	82,875.	17,809.	3,825.
10	Payroll taxes	184,523.	153,223.	21,489.	9,811.
11	Fees for services (non-employees):				
а	Management	5,387.	5,387.		
b	Legal	8,147.		8,147.	
с	• ···	23,000.	17,020.	5,980.	
d	Lobbying				
е					
f	Investment management fees	21,048.		21,048.	
g			100 500		
	column (A) amount, list line 11g expenses on Sch 0.)	108,144.	102,529.	5,615.	12 600
12	Advertising and promotion	81,349.	19,317.	48,333.	13,699.
13	Office expenses	506,462.	447,015.	28,508.	30,939.
14	Information technology				
15	Royalties	403,408.	344,985.	57,423.	1,000.
16		110,137.	99,382.	3,669.	7,086.
17	Travel	110,137.	55,502.	5,005.	7,000.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	32,611.	28,367.	2,739.	1,505.
20	Interest	87,151.	72,561.	14,590.	_,
21	Payments to affiliates	- , -	,	,	
22	Depreciation, depletion, and amortization	490,826.	408,719.	82,107.	
23	Insurance	97,151.	80,890.	16,261.	
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 0.)				
а	FEES	77,135.	70,768.	5,431.	936.
b	BAD DEBT	9,577.	9,146.		431.
с	MISCELLANEOUS	4,591.	3,299.	529.	763.
d					
е	All other expenses		2 007 010		100 200
25	Total functional expenses. Add lines 1 through 24e	4,668,278.	3,897,018.	573,864.	197,396.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

732010 11-28-17

13050518 793123 60605

10

2017.05050 GIRL SCOUTS OF THE CHESAPEA 60605_1

Form	990	(2017)
I UIIII	000	(2017)

Part X | Balance Sheet

GIRL SCOUTS OF THE CHESAPEAKE BAY

COUNCIL, INC.

Check if Schedule O contains a response or note to any line in this Part X ... (A) (B) Beginning of year End of year 1,439,858. 1,150,475. Cash - non-interest-bearing 1 1 2 2 Savings and temporary cash investments 575,708. 390,034. Pledges and grants receivable, net 3 3 67,772. 16,015. 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary Assets employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 115,679. 118,328. 8 8 Inventories for sale or use 16,635. 12,991. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 15,278,646. basis. Complete Part VI of Schedule D _____ 10a 4,238,420. 11,519,975. 11,040,226. b Less: accumulated depreciation 10b 10c 4,217,132. 4,289,643. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 11,228. 12,473. 15 Other assets. See Part IV, line 11 15 16,956,429. 18,037,743. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 325,781. 17 290,614. Accounts payable and accrued expenses 17 18 18 Grants payable 67,850. 64,580. Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 1,845,166. 1,767,204. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 198,293. 127,715. 2,250,113. 25 Schedule D 2,437,090. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and complete lines 27 through 29, and lines 33 and 34. Vet Assets or Fund Balances 14,352,380. 13,372,822. 781,369. 27 Unrestricted net assets 27 696,198. Temporarily restricted net assets 28 28 552,125. 552,075. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 15,600,653. 14,706,316. Total net assets or fund balances 33 33 18,037,743. 16,956,429. 34 Total liabilities and net assets/fund balances 34

Form 990 (2017)

732011 11-28-17

GIRL	SCOU	JTS	OF	\mathbf{THE}	CHESAPEAKE	BAY
COUNC	CIL.	INC	2.			

	990 (2017) COUNCIL, INC.	51-	00643	337	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,664</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,668		
3	Revenue less expenses. Subtract line 2 from line 1	3		,003		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15	,600		
5	Net unrealized gains (losses) on investments	5				15.
6	Donated services and use of facilities	6		56	5,9	55.
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	14	,706	5,3	16.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	it			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired aud	t			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		L

Form **990** (2017)

732012 11-28-17

SCHEDULE A	Dukli	Chari						OMB No. 1545-0047
(Form 990 or 990-EZ)			ty Status ar ation is a section 50					2017
	Completen		alion is a section 50 (a)(1) nonexempt cha			or a section		2017
Department of the Treasury Internal Revenue Service		► Att	ach to Form 990 or	Form 990-	EZ.			Open to Public
		-	orm990 for instruct			nformation.	Employee	Inspection
Name of the organization	COUNCIL,		THE CHESAPE	AKE B	Aĭ			identification number 1-0064337
Part I Reason 1	for Public Charity		organizations must c	omolete th	is nart) S	ee instruction		T-0004331
The organization is not a							3.	
	vention of churches, or							
, í	cribed in section 170(b)					•,,,•,,,•		
	a cooperative hospital s					ii).		
4 A medical res	earch organization oper	ated in conju	unction with a hospita	l described	d in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
city, and state								
5 An organization	on operated for the bene	efit of a colle	ge or university owne	d or opera	ted by a g	overnmental	unit describ	bed in
	b)(1)(A)(iv). (Complete F	-						
	te, or local government o							
5	on that normally receives		al part of its support	from a gov	ernmenta	l unit or from t	ine general	public described in
	b)(1)(A)(vi). (Complete Pa trust described in section		(A)(vi) (Complete Pa	+ 11)				
	al research organization				ed in conii	inction with a	land-grant	college
5	or a non-land-grant colle							
university:		JJ			,	,		
10 An organizatio	on that normally receive	s: (1) more th	nan 33 1/3% of its suj	oport from	contributi	ons, member	ship fees, a	nd gross receipts from
activities relat	ed to its exempt functio	ns - subject	to certain exceptions	, and (2) no	o more tha	n 33 1/3% of	its support	t from gross investment
income and u	nrelated business taxab	ole income (le	ess section 511 tax) fi	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.
	509(a)(2). (Complete Par							
	on organized and operat							
	on organized and operat							
	supported organization ugh 12d that describes							neck the box in
	upporting organization o							aivina
	ed organization(s) the p							
	n. You must complete I	1		, ,				
b Type II. A s	upporting organization s	supervised o	r controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	ving
control or m	nanagement of the supp	orting organ	ization vested in the s	same perso	ons that co	ontrol or mana	age the sup	ported
organization	n(s). You must complet	e Part IV, Se	ections A and C.					
••	ctionally integrated. A		•				Illy integrate	ed with,
	ed organization(s) (see ir		•			-		
••	n-functionally integrate	• •					•	
	unctionally integrated. T t (see instructions). You	•	0,			•	d an attent	iveness
	box if the organization re	-	•	-			II Type III	
	integrated, or Type III n					x 1)po 1, 1)po	, i, i j po iii	
	of supported organizatio							
	ng information about the							
(i) Name of suppo			ii) Type of organization described on lines 1-10	(iv) Is the orga in your governi	inization listed	(v) Amount o		(vi) Amount of other
organization			bove (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)
				1				
Total								
LHA For Paperwork Rec	Juction Act Notice, see	e the Instruc	tions for Form 990 c 1		732021 10	-06-17 Sche	dule A (For	m 990 or 990-EZ) 2017

13050518 793123 60605	13050518	793123	60605
-----------------------	----------	--------	-------

^{2017.05050} GIRL SCOUTS OF THE CHESAPEA 60605_1

Schedule A (Form 990 or 990-EZ) 2017 COUNCIL, INC.

Part II

51-0064337 Page 2

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,667,075.	2,223,072.	1,305,894.	583,607.	601,776.	7,381,424.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	2,667,075.	2,223,072.	1,305,894.	583,607.	601,776.	7,381,424.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						7,381,424.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016 583,607.	(e) 2017	(f) Total
7	Amounts from line 4	2,667,075.	2,223,072.	1,305,894.	583,607.	601,776.	7,381,424.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	145 0.00	1	104 500	1 8 4 6 8 4		000 046
	and income from similar sources \dots	145,863.	174,308.	184,598.	171,672.	217,505.	893,946.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots						
10	Other income. Do not include gain						
	or loss from the sale of capital		1.5.550	~~~~		0 000	
	assets (Explain in Part VI.)	1,188,253.	16,668.	28,907.	10,765.	8,082.	1,252,675.
	Total support. Add lines 7 through 10						9,528,045.
	Gross receipts from related activities,		,			12	
13	First five years. If the Form 990 is for	•	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. —
80	organization, check this box and stor ction C. Computation of Publ	o here	roontogo	<u></u>			>
			-	(7)			77.47 %
	Public support percentage for 2017 (14	<u> </u>
	Public support percentage from 2016					15	, -
162	33 1/3% support test - 2017. If the o						x and ► X
	stop here. The organization qualifies						······
r	33 1/3% support test - 2016. If the c						
47-	and stop here. The organization qual						P
1/2	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-	•	•	
	meets the "facts-and-circumstances"	-	-				
Ľ	10% -facts-and-circumstances tes						
	more, and if the organization meets the						, ►
10	organization meets the "facts-and-cire						
18	Private foundation. If the organization			a, 100, 17a, 01 17k		edule A (Form 990	
					00110		

732022 10-06-17

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			I		<u> </u>	
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) or	ganization,
0	check this box and stop here					<u></u>	
	ction C. Computation of Publi					1 1	
	Public support percentage for 2017 (I			column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
1 9a	33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and line	e 15 is more than :	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	e organization qua	ifies as a publicly s	supported organiz	ation	▶∟
b	33 1/3% support tests - 2016. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organiza	tion ▶
20	Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check th			
73202	23 10-06-17				Sch	edule A (Forn	n 990 or 990-EZ) 2017
_				15			
050)518 793123 60605	20:	17.05050 (GIRL SCOU	FS OF THE	CHESAP	EA 606051

Schedule A (Form 990 or 990-EZ) 2017 COUNCIL, INC. 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 (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.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

732024 10-06-17

13050518 793123 60605

Schedule A (Form 990 or 990-EZ) 2017

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Yes

No

51-0064337 Page 5

	dule A (Form 990 or 990-EZ) 2017 COUNCIL, INC.	51-006433	7 _{Pa}	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	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.	115		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
-	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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	<		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see in	structions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	L The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	L The organization supported a governmental entity. Describe in Part VI how you supported a government en	tity (see instruction:	ŕ i	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
5	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		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	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		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
732025	5 10-06-17 Schedule	A (Form 990 or 99	90-EZ)	2017
	17			

13050518 793123 60605 2017.05050 GIRL SCOUTS OF THE CHESAPEA 60605_1

Schedule A (Form 990 or 990 EZ) 2017 COUNCIL, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):		[
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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		
6	Multiply line 5 by .035	6 7		
7	Recoveries of prior-year distributions	8		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

51-0064337 Page 7

Sche	dule A (Form 990 or 990-EZ) 2017 COUNCIL, INC.		5	1-0064337 Page 7
Pa		(a)(3) Supporting Orga		0
Sect	ion D - Distributions		(00////////////////////////////////////	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
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	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
С	From 2014			
d	From 2015			
	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
7	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
e				

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

19 2017.05050 GIRL SCOUTS OF THE CHESAPEA 60605_1

GIR Schedule A (Form 990 or 990-EZ) 2017 COU	L SCOUTS OF THE CHESAPEAKE BAY NCIL, INC. 51-0064337 Page
Part VI Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 a	n. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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, Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
732028 10-06-17	Schedule A (Form 990 or 990-EZ)
50518 793123 60605	20 2017.05050 GIRL SCOUTS OF THE CHESAPEA 60605

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OF THE CHESAPEAKE BAY

OMB No. 1545-0047

2017

Employer identification number

GIRL	SCOL	\mathbf{TS}
COUNC	דדי.	TNO

51-0064337

Filers of:	Section:
Form 990 or 990-EZ	X 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, II, and III.

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).

LHA 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) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization GIRL SCOUTS OF THE CHESAPEAKE BAY COUNCIL, INC.

51-0064337

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	DISCOVER FINANCIAL SERVICES PO BOX 2003, 502 E. MARKET STREET GREENWOOD, DE 19950	\$35,220.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	A. T. & MARY H. BLADES FOUNDATION, INC.		Person X
	3400 POPLAR NECK ROAD	\$18,500.	Payroll Noncash
	PRESTON, MD 21655		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DELMARVA POWER PO BOX 6066 NEWARK, DE 19714	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	COMMUNITY FOUNDATION OF THE EASTERN SHORE 1324 BELMONT AVENUE, SUITE 401 SALISBURY, MD 21804	\$36,081.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	STATE OF DELAWARE GIA 411 LEGISLATIVE AVENUE DOVER, DE 19901	\$87,811.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Tatal contributions	(d) Turna of contribution
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	CHRISTIANA CARE HEALTH SYSTEM		Person X
	13 READS WAY, SUITE 203	\$25,000.	Payroll Noncash
	NEW CASTLE, DE 19720	Cabadula D / Farra	(Complete Part II for noncash contributions.)
723452 11-0	1-1/	Scheune B (Form	990, 990-EZ, or 990-PF) (2017)

13050518 793123 60605

22

	SCOUTS OF THE CHESAPEAKE BAY IL, INC.		51-0064337
art II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

13050518 793123 60605

2017.05050 GIRL SCOUTS OF THE CHESAPEA 60605__1

OUNCIL	OUTS OF THE CHESAPEAR , INC.		Employer identification numbe $51 - 0064337$
	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religio Use duplicate copies of Part III if addition	columns (a) through (e) and the foll us, charitable, etc., contributions of \$1,000	ed in section 501(c)(7), (8), or (10) that total more than \$1,00 lowing line entry. For organizations or less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of g	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of g	jift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift (c) Use of		(d) Description of how gift is held
		(e) Transfer of g	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee

SCHEDULE D Supplementa			al Financial Statements	01	MB No. 1545-0047
(Form 990) Complete if the orga		Complete if the organication	anization answered "Yes" on Form 990.		201/
Department of the Treasury			, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
-	Revenue Service		nspection		
Nam	e of the organization	on GIRL SCOUTS OF THE COUNCIL, INC.	CHEGAPEARE BAI		ification number 064337
Pa	t I Organiza		d Funds or Other Similar Funds o		
		n answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Funds and othe	er accounts
1	Total number at en	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	-		writing that the assets held in donor advised		Yes 🗌 No
6			exclusive legal control?		
U	•		or donor advisor, or for any other purpose co	•	
	impermissible priva		······································		Yes 🗌 No
Pa			ganization answered "Yes" on Form 990, Par		
1	Purpose(s) of cons	servation easements held by the organizati	on (check all that apply).		
	Preservation	of land for public use (e.g., recreation or e		<i>,</i> ,	ea
	Protection of	f natural habitat	Preservation of a certifie	d historic structure	
		of open space			
2	-	• • •	fied conservation contribution in the form of		
	day of the tax year				End of the Tax Year
b	•		ucture included in (a)		
			after 7/25/06, and not on a historic structure		
3			leased, extinguished, or terminated by the o		tax
	year 🕨				
4	Number of states v	where property subject to conservation ea	sement is located		
5	Does the organizat	tion have a written policy regarding the per	riodic monitoring, inspection, handling of		
		orcement of the conservation easements i			Yes 🛄 No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easements dur	ing the year
7					
7	Amount of expense	es incurred in monitoring, inspecting, nanc	lling of violations, and enforcing conservatio	n easements during tr	ie year
8		vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)	(4)(B)(i)	
U		1 ()			Yes 🗌 No
9			on easements in its revenue and expense st		
		•	tion's financial statements that describes the		
	conservation ease				
Pa		-	f Art, Historical Treasures, or Oth	er Similar Assets	5.
		the organization answered "Yes" on Form			
1 a	•		SC 958), not to report in its revenue statemer		
			hibition, education, or research in furtherance	e of public service, pro	ovide, in Part XIII,
h		note to its financial statements that descri		ad balance aboat work	a of ort biotorical
D	-		SC 958), to report in its revenue statement ar ducation, or research in furtherance of public		
	relating to these ite			service, provide the	ollowing amounts
	-			► \$	
				N A	
2	.,		asures, or other similar assets for financial g		
	the following amou	ints required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
	-	eduction Act Notice, see the Instruction	s for Form 990.	Schedule D) (Form 990) 2017
73205	1 10-09-17		25		
			4 J		

13050518 793123 60605 2017.05050 GIRL SCOUTS OF THE CHESAPEA 60605__1

		OUTS OF TH	E CHESAPE	AKE BAY					_	
Sche	dule D (Form 990) 2017 COUNCIL						51-00			age 2
Pa	rt III Organizations Maintaining C	collections of A	rt, Historical	Treasures,	or Othe	er Simil	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of t	ne following tha	at are a si	gnificant	use of its	collectior	item	IS
	(check all that apply):									
а	Public exhibition	d		xchange progr	ams					
b	Scholarly research	e	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co						ose in Par	t XIII.		
5	During the year, did the organization solicit o							-		-
De	to be sold to raise funds rather than to be ma							Yes		No
Pa	rt IV Escrow and Custodial Arran	-	ete if the organiza	tion answered	"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Par		lion (for contribut	one er ether e	acto not	included				
1a	Is the organization an agent, trustee, custod		-							No
b	on Form 990, Part X?						∟	Yes		
D	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table:					A		
	Designing holeses					4.		Amount		
	Beginning balance									
	Additions during the year									
	Distributions during the year					<u>1e</u> 1f				
f	Ending balance Did the organization include an amount on F	orm 000 Dart V lina	01 for occrow o		tlichil			Yes		No
	0						L			
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i									
		(a) Current year	(b) Prior year	(c) Two yea			ears back	(e) Four	vears	hack
1a	Beginning of year balance	4,289,643.	3,723,61		9,003.	()	49,395.	. ,		,643.
	Contributions	50.	201,85		5,000.		0.	,		0.
	Net investment earnings, gains, and losses	256,855.	398,82		8,035.	_	44,586.		188	,000.
	Grants or scholarships	0.		0.	0.		0.			0.
	Other expenditures for facilities									
Ū	and programs	329,366.	34,65	5. 10	8,419.	1	05,806.		121	248.
f	Administrative expenses	0.		0.	0.		, 0.			0.
	End of year balance	4,217,182.	4,289,64	3. 3.72	3,619.	3,0	99,003.	3,	249	,395.
2	Provide the estimated percentage of the cur				,	,	,	, ,		
	Board designated or quasi-endowment	81.44	%							
	Permanent endowment 13.09	%								
		5.47 %								
-	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		ation that are held	and administe	ered for th	ne organiz	zation			
	by:	5				5		-	Yes	No
	(i) unrelated organizations								X	
	(ii) related organizations									x
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									
Pa	rt VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a	. See Form 99	0, Part X,	line 10.				
	Description of property	(a) Cost or o	ther (b) Co	ost or other	(c) Ac	cumulate	ed	(d) Book	valu	е
	· ·	basis (investr	· ·	is (other)	dep	preciation				
1a	Land			24,489.						89.
	Buildings		13,0	12,354.	3,2	271,4	85.	9,740),8	69.
	Leasehold improvements									
d	Equipment		1,5	41,803.	9	966,9	35.	574	. <u>,</u> 8	68.
	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), lin	e 10c.)			▶ 1	1,040),2	26.
							Schedule	D (Form	990	2017

GIRL	SCOUTS	OF	\mathbf{THE}	CHESAPEAKE	BAY
COUNC	אד די.	C.			

Schedule	D (Form 990) 2017 COUNCIL, II	NC.		51-0064337 _{Page} 3
Part VI	I Investments - Other Securities.			
	Complete if the organization answered "Yes			
(a) Descr	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
	cial derivatives			
(2) Close	ly-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VI	II Investments - Program Related.			
	Complete if the organization answered "Yes			
	(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)				
	. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX				
	Complete if the organization answered "Yes		line 11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes	on Form 990, Part IV,		e 25.
<u>1.</u>	(a) Description of liability		(b) Book value	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ederal income taxes		107 715	
	APITAL LEASE OBLIGATION		127,715.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			107 715	
	lumn (b) must equal Form 990, Part X, col. (B) li		127,715.	
	ty for uncertain tax positions. In Part XIII, provid			
organ	ization's liability for uncertain tax positions unde	er FIN 48 (ASC 740). Cł	neck here if the text of the footnote has be	een provided in Part XIII

Sehedule D	Earm 00	0) 20 17
Schedule D	FOUL 33	0) 20 17

732053 10-09-17

	GIRL SCOUTS OF THE CHESAPEAKE BAY			
Sche	dule D (Form 990) 2017 COUNCIL, INC.	51-	0064337	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per			
	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	3,752	,893.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a 52,515	•		
b	Donated services and use of facilities 2b 56,955	•		
с	Recoveries of prior year grants 2c			
d				
е	Add lines 2a through 2d	2e		,470.
3	Subtract line 2e from line 1	3	3,643	,423.
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 21,048	•		
b	Other (Describe in Part XIII.) 4b			
с	Add lines 4a and 4b	4c	21	,048.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		3,664	<u>,471.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	er Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	1	4,647	,230.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a	_		
b	Prior year adjustments 2b	_		
С	Other losses 2c	_		
d	Other (Describe in Part XIII.) 2d			-
е	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3	4,647	,230.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b 4a 21,048	•		
b	Other (Describe in Part XIII.) 4b			
С	Add lines 4a and 4b			,048.
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )	5	4,668	,278.
Pa	rt XIII Supplemental Information.			

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

(Form 990 or 990-F7)	mplete if the	ntal Information Regarding organization answered "Yes" on rganization entered more than \$1 Attach to Form 990	Form 5,000 ) or Fc	990, I on Fo orm 99	Part IV, line 17, 18, c rm 990-EZ, line 6a. 90-EZ.		or if the	OMB No. 1545-0047
		► Go to www.irs.gov/Form990 OUTS OF THE CHESAR					Employer ide	ntification number
		, INC . Complete if the organization answe	ared "	/es" 0	n Form 990 Part IV		51 - 0064	
required to comp	lete this part							
<ul> <li>a Mail solicitations</li> <li>b Internet and email</li> <li>c Phone solicitation</li> <li>d In-person solicitation</li> <li>2 a Did the organization hav key employees listed in</li> </ul>	l solicitations s ions /e a written o Form 990, Pa est paid indiv	f Solicita g Specia r oral agreement with any individua art VII) or entity in connection with p riduals or entities (fundraisers) purs	tion of tion of fundra l (inclu	non-g gover aising ding o sional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees, o	Yes	
(i) Name and address of ir or entity (fundraise		(ii) Activity	fund have of or co	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	tò (or fu	mount paid retained by) ndraiser d in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
Total			1	<b>•</b>				
Total           3         List all states in which the or licensing.	e organizatio	n is registered or licensed to solicit	contril	Dution:	l s or has been notified	d it is e	xempt from r	l egistration
LHA For Paperwork Reduct	ion Act Noti	ce, see the Instructions for Form	990 o	990-	EZ. S	Schedu	ıle G (Form 9	90 or 990-EZ) 2017

732081 09-13-17

	of fundraising event contributions and gr	•			more than \$15,000 ots greater than \$5,0
		(a) Event #1 WOMEN OF	(b) Event #2 THIN MINT RUN	(c) Other events	(d) Total events (add col. (a) throu
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1 Gross receipts	78,296.	6,259.	4,262.	88,8
	2 Less: Contributions				
		70.000	C 050	4 969	0.0.0
_	3 Gross income (line 1 minus line 2)	78,296.	6,259.	4,262.	88,8
	4 Cash prizes				
es	5 Noncash prizes				
xbeus	6 Rent/facility costs				
ulrect Expenses	7 Food and beverages				
	8 Entertainment     9 Other direct expenses				
	<ul><li>9 Other direct expenses</li></ul>			•	
	11 Net income summary. Subtract line 10 from li	ne 3, column (d)		🕨	88,8
'a	<b>art III</b> Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming col. (a) through co
neveriue					
	1 Gross revenue				
ς Ω	2 Cash prizes				
caci iadvu	3 Noncash prizes				
בוופרו	4 Rent/facility costs				
	5 Other direct expenses				
		Yes%		Yes%	
	6 Volunteer labor	No No	No No	No	
	7 Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8 Net gaming income summary. Subtract line 7	from line 1. column (d)		•	
		, ()			
	Enter the state(s) in which the organization condu- s Is the organization licensed to conduct gaming and		atataa?		Yes
	If "No," explain:				
0a	Were any of the organization's gaming licenses re	evoked, suspended, or t	erminated during the tax	vear?	Yes
	) If "Yes," explain:			,	
				Schedule G (For	rm 990 or 990-EZ
208	82 09-13-17				,

	GIRL SCOUTS OF THE CHESAPEAKE BAY	0064227	
		0064337	
	Does the organization conduct gaming activities with nonmembers?	Ves	└── No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	Yes	No
12	to administer charitable gaming?		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		, -
	Name		
45-	Address		
	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L Yes	L No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
_	of gaming revenue retained by the third party ►\$		
C	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No No
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 🕨 \$		
Pa	<b>ITT IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	lines 9, 9b, 1	0b, 15b,
7320	83 09-13-17 Schedule G (For 31	m 990 or 990	)-EZ) 2017

13050518 793123 60605 2017.05050 GIRL SCOUTS OF THE CHESAPEA 60605__1

	RL SCOUTS OF THE CHESAPEAKE BAY	51-0064337 _{Page}
Schedule G (Form 990 or 990-EZ)         COU           Part IV         Supplemental Information	(continued)	
20084 04-01-17		Schedule G (Form 990 or 990-I
32084 04-01-17	32	
50518 793123 60605	2017.05050 GIRL SCOUTS OF TH	E CHESAPEA 60605

SCHEDULE I (Form 990)		Go	irants and Oth vernments, ar ete if the organizatio	nd Individua	<b>ls in the Ŭn</b> i " on Form 990, Pa	ited States		OMB No. 1545-0047 <b>2017</b> Open to Public
Internal Revenue Service				s.gov/Form990 fc	or the latest inform	nation.		Inspection
Name of the organizat	ion GIRL SCOU COUNCIL,		CHESAPEAKE	E BAY				Employer identification number 51-0064337
Part I General II	nformation on Grants a	nd Assistance						
1 Does the organiz	zation maintain records	to substantiate the	e amount of the grants	s or assistance, the	e grantees' eligibilit	y for the grants or as	sistance, and the seled	ction
criteria used to a	award the grants or assi	stance?						X Yes 🗌 No
2 Describe in Part	IV the organization's pro	ocedures for monit	oring the use of grant	funds in the Unite	d States.			
	d Other Assistance to hat received more than	-				anization answered	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and ad	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
					2			
2 Enter total numb	per of section 501(c)(3) a	nd government or	ganizations listed in th	ne line 1 table	•	•	•	······ •
3 Enter total numb	per of other organization	s listed in the line	1 table	·····	<u></u>			
LHA For Paperwork	Reduction Act Notice	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

COUNCIL, INC.

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE FOR MEMBERSHIP AND GIRL					
PROGRAMS	0	139,312.	٥.	FAIR MARKET VALUE	
FINANCIAL ASSISTANCE FOR ADULT PROGRAMS	0	9,675.	0	FAIR MARKET VALUE	
		5			

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

PART I, LINE 2

THE AWARDS WERE TO ENABLE GIRLS AND VOLUNTEERS TO PARTICIPATE DIRECTLY

IN PROGRAMS. NO FURTHER MONITORING WAS REQUIRED.

SCHEDULE O

(Form 990 or 990-EZ)

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



51-0064337

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GIRL SCOUTS OF THE CHESAPEAKE BAY

THEIR LIVES. IN AN ACCEPTING AND NURTURING ENVIRONMENT AND IN

INC.

COUNCIL,

PARTNERSHIP WITH COMMITTED ADULTS, GIRLS BUILD STRONG VALUES, A SOCIAL

CONSCIENCE, AND CONVICTION ABOUT THEIR OWN POTENTIAL AND SELF-WORTH.

THE COUNCIL OPERATES FOUR CAMPS AND SUPPORTS NEARLY 6,500 GIRLS IN 14

COUNTIES BETWEEN DELAWARE AND THE EASTERN SHORES OF MARYLAND AND

VIRGINIA. OUR COUNCIL OPERATES FROM THE RESOURCE CENTER AND BAY SHOP IN

NEWARK, DELAWARE.

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

CAMPING - PROGRAM PROVIDING ACCESS TO FOUR CAMP PROPERTIES OPERATED BY

THE ORGANIZATION. GIRLS AND ADULTS PARTICIPATE IN STEM AND OUTDOOR

ACTIVITIES THROUGHOUT THE YEAR ON A DAILY, WEEKLY, OVERNIGHT, OR

WEEKEND BASIS THROUGH OUR CAMP PROGRAMS, ENCAMPMENTS AND TROOP CAMPING.

CAMP EXPERIENCES ALLOW EVERYONE TO DEVELOP NEW SKILLS THAT WILL SERVE

THEM IN THEIR EVERYDAY LIVES; SKILLS SUCH AS GREATER INDEPENDENCE,

COMMUNICATION AND DECISION MAKING. CAMPS INCLUDE ACTIVITIES, BUT ARE

NOT LIMITED TO ARCHERY, HORSEBACK RIDING, AND WATER SPORTS.

EXPENSES \$ 498,689. INCLUDING GRANTS OF \$ 0. REVENUE \$ 319,073.

ADULT TRAINING - ADULT VOLUNTEER TRAINING EXPERIENCES WERE PROVIDED IN

EDUCATIONAL SESSIONS REGARDING STEM, FINANCIAL LITERACY, SAFETY AND

FIRST AID, AGE LEVEL DEVELOPMENT, CONFLICT RESOLUTION, DIVERSITY,

OUTDOOR SKILLS AND SAFE DATING.

EXPENSES \$ 304,838. INCLUDING GRANTS OF \$ 9,675. REVENUE \$ 0.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2017)73221109-07-17

35

Schedule O (Form 990 or 990-EZ) (2017) Page 2									
Name of the organization	GIRL SCOUTS OF COUNCIL, INC.	THE	CHESAPEAKE	BAY	Employer identification number 51-0064337				

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

INDIVIDUALS 14 YEARS OF AGE AND OVER WHO ARE MEMBERS OF THE GIRL SCOUT MOVEMENT AND WHO ARE CURRENTLY REGISTERED THROUGH THE COUNCIL ARE ELIGIBLE TO BE MEMBERS OF THE CORPORATION. MEMBERS CONSIST OF 1) ELECTED MEMBERS OF THE BOARD OF DIRECTORS 2) MEMBERS OF THE BOARD DEVELOPMENT COMMITTEE 3)DELEGATES ELECTED BY SERVICE UNITS, AND 4) ASSOCIATION CHAIRS.

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

EACH GEOGRAPHIC AREA ELECTS ONE DELEGATE PER 125 REGISTERED GIRLS WHO IS ENTITLED TO ONE VOTE AT THE ANNUAL MEETING. ELECTIONS SHALL BE BY BALLOT IN CONTESTED ELECTIONS AND MAY BE BY VOICE OR OTHER MEANS IN UNCONTESTED ELECTION, A PLURALITY OF VOTES CAST SHALL ELECT.

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

THE FORM 990 IS REVIEWED BY THE CEO, CFO AND THE FINANCE COMMITTEE, WHICH IS A SUB-COMMITTEE OF THE BOARD OF DIRECTORS, IN DRAFT FORM. ONCE ANY COMMENTS OR QUESTIONS HAVE BEEN ADDRESSED, THE FINANCE COMMITTEE APPROVES THE 990 TO BE FILED. THE APPROVED DRAFT OF THE COMPLETE 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW A WEEK PRIOR TO FILING.

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

THE BOARD OF DIRECTORS AND OFFICERS OF THE ORGANIZATION REVIEW THE CONFLICT OF INTEREST POLICY ANNUALLY.

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

THE CEO'S CONTRACT IS A NEGOTIATED CONTRACT BETWEEN THE CEO AND THE BOARD

36

OF DIRECTORS. IT IS REVIEWED AND SUBJECT TO A PERFORMANCE APPPRAISAL

ANNUALLY .

Schedule O (Form 990 or 990 Name of the organization	0-EZ) (2017) GIRL SCOUTS		ADEAKE BAV		E	Page 2
	COUNCIL, INC		AI BARE DAI		Employer identifica 51-00643	37
FORM 990, PART	VI, SECTION	IC, LINE 19	:			
THE ORGANIZATIO	ON MAKES AVA	ILABLE ITS	GOVERNING D	OCUMENTS	, CONFLICT O	F
INTEREST POLIC	Y, AND FINAN	CIAL STATEM	ENTS TO THE	PUBLIC U	JPON REQUEST	•
732212 09-07-17				Sche	dule O (Form 990 or 9	90-EZ) (2017)
050518 793123 6	50605	2017.05050	37 GIRL SCOU		CHESAPEA 60	

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

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

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

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

				Enter file	er's identify	ing number			
Type or print	Name of exempt organization or other filer, see ins GIRL SCOUTS OF THE CHESAE COUNCIL, INC.	Employe	Employer identification number (EIN) $51-0064337$						
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. bo 225 OLD BALTIMORE PIKE	x, see instruc	tions.	Social se	ecurity numb	per (SSN)			
instructions.									
Enter the	Return Code for the return that this application is for	r (file a separa	te application for each return)						
Applicati	on	Return	Application			Return			
Is For		Code	Is For			Code			
Form 990	) or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990	-BL	02	Form 1041-A			08			
Form 472	20 (individual)	03	Form 4720 (other than individual)			09			
Form 990	)-PF	04	Form 5227			10			
Form 990	)-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990	-T (trust other than above) THE ORGANIZAT	06	Form 8870			12			
● If this box ▶ 1 I re	organization does not have an office or place of busin is for a Group Return, enter the organization's four d $\boxed{}$ . If it is for part of the group, check this box $\boxed{}$ quest an automatic 6-month extension of time until the organization named above. The extension is for t	igit Group Exe and atta	emption Number (GEN) I ich a list with the names and EINs of ST 15, 2019 , to file	this is fo all memb	r the whole pers the exte	ension is for.			
	calendar year       or         X       tax year beginning       OCT       1 , 2017         ne tax year entered in line 1 is for less than 12 month         Change in accounting period		d ending SEP 30 , 2018 on: Initial return	Final retu	 'n				
3a lfth	nis application is for Forms 990-BL, 990-PF, 990-T, 47	720, or 6069,	enter the tentative tax, less any						
nor	nrefundable credits. See instructions.			3a	\$	0.			
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 6	069, enter an	y refundable credits and			0.			
est	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b								
c Ba	ance due. Subtract line 3b from line 3a. Include you	r payment wit	h this form, if required,			_			
	using EFTPS (Electronic Federal Tax Payment Syster			3c	\$	0.			
Caution: instructio	If you are going to make an electronic funds withdra ns.	wal (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 887	79-EO for payment			
LHA F	or Privacy Act and Paperwork Reduction Act Noti	ce, see instr	uctions.		Form a	8868 (Rev. 1-2017)			