				$\mathbf{E}\mathbf{X}\mathbf{T}$	ENDED	то	AUGUS	т 17	, 202	0		
	Ω	00	Return	of Or	ganiz	atio	n Exei	npt l	From	Income	Tax	OMB No. 1545-0047
For	m IJ	90	Under section 501(c), 527, c	or 4947(a)(1) of the	e Internal	Revenue	e Code (ex	xcept private	foundations	» 2018
		of the Treasury				-			-	be made pu		Open to Public
		enue Service								st informatio		Inspection
_			ar year, or tax year b	eginning	j OCT	т,	2018	and	ending	SEP 30,		
B c	Check if		f organization	mup	CUECA	עגיםט	יה האע			D Employ	er identifica	tion number
	٦Addre		CIL, INC.	IUC	CLESA	FGAN	L DAI					
	_chang		usiness as							-	51-00	64337
	_chang Initial returr		and street (or P.O. bo)	r if mail is	not delivere	d to stre	et address)		Room/suit	e F Telenho	one number	04557
	Final Final	225	OLD BALTIMO				01 4441 000)		110011/0410			56-7150
	termi	n	own, state or province			or forei	an postal c	ode		G Gross rec	eipts \$	6,598,217.
	Amer	NEWA	RK, DE 197	702						H(a) Is this	s a group retu	Irn
	Appli tion	^{ca-} F Name a	nd address of princip	al officer:	KATYA	NIE	BURG-	WHEE	LER		bordinates?	
	pend		AS C ABOVE							H(b) Are all s	subordinates inclu	uded? Yes No
		empt status:		01(c) ()◀	(insert n	0.) 🗌 49	47(a)(1)	or 📃 52	7 If "No	," attach a lis	t. (see instructions)
			GSCB.ORG								exemption i	
	_		X Corporation	Trust	Associa	ation [Other		L Yea	r of formation:	1962 <u>м</u>	State of legal domicile: ${ m DE}$
Pa	art I							ATDT	00011			
e	1	Briefly describ	be the organization's r	nission o	r most sigr	nificant	activities:	GIRL		TING BU		
Governance			CONFIDENC				-					
veri	2		x ► ⊥ if the orga				·					ets. 14
ĝ	3		ting members of the g	-	•••							14
کە م	5	Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5							155			
itie	6		of volunteers (estimat								······	3198
Activities &	7a		d business revenue fr									0.
A			business taxable inco									0.
										Prior Ye		Current Year
Ð	8	Contributions	and grants (Part VIII,	line 1h)							,959.	457,865.
Revenue	9	Program servi	ice revenue (Part VIII,	line 2g)							,073.	273,954.
Sev.	10	Investment in	come (Part VIII, colum	ın (A), line	es 3, 4, and	d 7d)					,616.	246,120.
	11	Other revenue	e (Part VIII, column (A)	, lines 5,	6d, 8c, 9c,	, 10c, ai	nd 11e)				,823.	2,657,366.
	12	Total revenue	- add lines 8 through	11 (must	equal Par	t VIII, co	olumn (A), l	ine 12)			.,471.	3,635,305.
	13		milar amounts paid (P)			148	,988.	132,116.
	14	-	to or for members (Pa							2 452	0.	0.
ses	15	Salaries, othe	r compensation, empl	oyee ber	nefits (Part	IX, colu	ımn (A), line	es 5-10)		2,400	0.	2,493,377. 0.
Expenses	16a	Professional f	r compensation, empl undraising fees (Part I ing expenses (Part IX,	X, colum	n (A), line 1	11e)	1	89 7	27		0.	0.
Ă										2 066	,124.	1,728,433.
	18		es (Part IX, column (A) es. Add lines 13-17 (m								,278.	4,353,926.
	19		expenses. Subtract li							-1,003	807.	-718,621.
or es										Beginning of Cu		End of Year
Net Assets or Fund Balances	20	Total assets (I	Part X. line 16)							16,956		16,222,315.
dBa	21		(Part X, line 26)						······ –		,113.	2,246,822.
Fun	22		fund balances. Subtra	act line 2	1 from line	20				14,706	,316.	13,975,493.
Pa	art II	Signature	e Block									
						-					-	nowledge and belief, it is
true,	, corre	ct, and complete	. Declaration of preparer	(other tha	in officer) is	based o	n all informa	tion of w	hich prepar	er has any knov	vledge.	
			a of officer								to	
Sig		· ·	e of officer							Da	le	
Her	е	IN CLAU	DIA PORRETT	ĽI, C	EO							

	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	RENEE A VILLANO, CPA	RENEE A VILLANO, CPA	03/06/20 self-employed P00270347
Preparer	Firm's name 🕨 ALBERO, KUPFERMA	-	Firm's EIN 26-0645306
Use Only	Firm's address 1701 SHALLCROSS	AVE, STE D	
	WILMINGTON, DE 1	.9806	Phone no. (302) 230-7171
May the If	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	GIRL SCOUTS OF THE CHESAPEAKE BAY
	990 (2018) COUNCIL, INC. 51-0064337 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	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
2	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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	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
40	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,429,654. including grants of \$ 121,726.) (Revenue \$)
4a	(Code:)(Expenses \$ 1,429,654 including grants of \$ 121,726) (Revenue \$) MEMBERSHIP - WHERE GIRLS DISCOVER THE FUN, FRIENDSHIP, AND POWER OF)
	GIRLS TOGETHER. GIRL SCOUTING HELPS GIRLS DEVELOP THEIR FULL INDIVIDUAL
	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 IMPROVEMENT
	OF SOCIETY THROUGH THEIR ABILITIES, LEADERSHIP SKILLS, AND COOPERATION
	WITH OTHERS.
4b	(Code:) (Expenses \$ 942,350. including grants of \$) (Revenue \$ 2,392,877.)
40	(Code:) (Expenses \$ 942,350. including grants of \$) (Revenue \$ 2,392,877.) PRODUCT PROGRAM - PROGRAM PROVIDING GIRL-LED FINANCIAL LITERACY, WHICH
	TEACHES GOAL SETTING, DECISION MAKING, MONEY MANAGEMENT, PEOPLE SKILLS
	AND BUSINESS ETHICS.
4c	(Code:) (Expenses \$ 540,022. including grants of \$) (Revenue \$ 91,055.)
	GIRL PROGRAMS - PROVIDING A MYRIAD OF ENRICHING PROGRAMS, SUCH AS STEM
	PROGRAMMING, EXTRAORDINARY FIELD TRIPS, SPORTS SKILL-BUILDING CLINICS,
	COMMUNITY SERVICE PROJECTS, CULTURAL EXCHANGES, AND ENVIRONMENTAL
	STEWARDSHIPS THROUGHOUT THE DELMARVA PENINSULA.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 697,860 · including grants of \$ 10,390 ·) (Revenue \$ 273,954 ·)
4e	Total program service expenses ► 3,609,886.
	Form 990 (2018)
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440	2 306 793123 60605 2018.05050 GIRL SCOUTS OF THE CHESAPEA 60605 1

GIRL SCOUTS OF THE CHESAPEAKE BAY COUNCIL, INC.

			Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?				
	If "Yes," complete Schedule A	1	X		
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x	
	public office? If "Yes," complete Schedule C, Part I	3			
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		х	
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? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	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				
	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,				
	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				
	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			v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			x	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X		
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Tie	- 23		
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>				
	Schedule D, Parts XI and XII	12a	х		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?				
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000				
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		x	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15			
16	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		Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines				
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"				
	complete Schedule G, Part III	19		X	
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	900	^ (2018)	
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Form 990 (2018)

Part IV Checklist of Required Schedules

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	990 (2018) COUNCIL, INC. 51-0064	1337	Р	age 4
Par	t IV Checklist of Required Schedules (continued)		-	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
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			v
04 -	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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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	27		x
00	of any of these persons? If "Yes," complete Schedule L, Part III			
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): A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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			37
	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			x
25 0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	558		
b	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?	000		<u> </u>
	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	
Par	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
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	1		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		X	
02000	(gambling) winnings to prize winners?	Eorm		(2018)
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Form	990 (2018) COUNCIL, INC. 51-0064	337	P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 155			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	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			
	Enter the amount of reserves on hand			v
14a		14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

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GIRL SCOUTS OF THE CHESAPEAKE	BAY
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to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check If Schedule O contains a response or note to any line in this Part VI section A. Governing Body and Management 1a Enter the number of voting members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. 1a b Enter the number of voting members included in line 1a, above, who are independent 1b 14 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, director, strustees, or key employees to a management commany or other person? 3 4 Did the organization have members of the governing body? 4 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a 8 Did the organization have members, stockholders, or persons who had the power to elect or appoint one or more members of the governing body? 7b 9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization novereases? <i>If revers, </i>		990 (2018) COUNCIL, INC. t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	hrouah 7	51-006 b below, and for			ag nse
Carbon A. Coverning Body and Management. 1a Enter the number of voting members of the governing body at the end of the tax year. 1a 1a<			•	,	a 110 1	cspoi	/30
isection A. Governing Body and Management 1a Enter the number of voltag members of the governing body at the end of the tay year if three are matcal differences in voltag members of the governing body. If the governing body departed brad authority to an executive committee of similar committee, option in Schedule 0. 1 2 Did any office, director, trustee, or key employees to a samagement company or other person? 2 3 Did the organization depart or the organization has a family automation by or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 3 4 Did the organization mease may significant charges to tis governing body and ducuments since the prior Form 690 was filed? 4 5 Did the organization have members, stockholders? 7 7 6 Did the organization have members, stockholders? 7 7 9 Did the organization have members, stockholders? 7 7 9 Did the organization have members, stockholders? 7 7 9 Did the organization have members, stockholders? 7 7 9 Did the organization have members of the governing body? 8 8 8 9 Did the organization have members of the governing body? 8 8 8 8							[
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

COUNCIL,

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

INC.

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

Check this box if neither the organization nor an	ny related organization comp	pensated any current office	r, director, or trustee
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		T				npe	1341			
(A)	(B)			(((D)	(E)	(F)
Name and Title	Average		not c	Pos heck	more	than		Reportable	Reportable	Estimated
	hours per			ss pe nd a d				compensation	compensation	amount of
	week						Ĺ,	from the	from related organizations	other
	(list any hours for	Individual trustee or director				-		organization	(W-2/1099-MISC)	compensation from the
	related	se or	stee			nsate		(W-2/1099-MISC)	(11 2) 1000 11100)	organization
	organizations	trust	al tru		yee	ompe				and related
	below	vidual	In stitutional trustee	er	Key employee	est co loyee	Ter			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) KATYA NIEBURG-WHEELER	1.00									
CHAIR		Х		X				0.	0.	0.
(2) DIANE SPARKS	1.00									
1ST VICE CHAIR		Х		Х				0.	0.	0.
(3) JENNY TEAL	1.00									
2ND VICE CHAIR		Х		Х				0.	0.	0.
(4) ELEANOR BENJAMIN TORRES, ESQ.	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) DALE HOOPS	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) PAMELA COLBERT	1.00									
DIRECTOR		Х						0.	0.	0.
(7) STACY CONN	1.00							_		_
DIRECTOR		х						0.	0.	0.
(8) BARBARA DODGE	1.00									_
DIRECTOR		х						0.	0.	0.
(9) TEMEKA EASTER RICE	1.00									-
DIRECTOR		х						0.	0.	0.
(10) MICHELE HUGHES	1.00									-
DIRECTOR		х						0.	0.	0.
(11) JESSICA JORDAN	1.00									-
DIRECTOR		х						0.	0.	0.
(12) TAMMY ORDWAY	1.00									•
DIRECTOR		х						0.	0.	0.
(13) VANESSA S. PHILLIPS, ESQ.	1.00									•
DIRECTOR		х						0.	0.	0.
(14) KIMBERLEE ZIOLKOWSKI	1.00									•
DIRECTOR		X						0.	0.	0.
(15) SYDNE JENKINS	1.00									•
DIRECTOR		X		<u> </u>			<u> </u>	0.	0.	0.
(16) RILEY KLOPP	1.00									0
DIRECTOR	40.00	X					<u> </u>	0.	0.	0.
(17) CLAUDIA PENA PORRETTI	40.00			77				27 221		0
CHIEF EXECUTIVE OFFICER				X				27,221.	0.	0 . Form 990 (2018)

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Form 990 (2018)

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Form 990 (2018)

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Form 990 (2018)	COUNCIL,									51-0	064	337	Pa	age 8
Part VII Section A. Office	ers, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe	es (continued)				
(A) Name and ti	tle	(B) Average hours per week	box	not c , unle	Posi heck ss per id a d	ition more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	am	(F) timate ount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI	IS	comp fro orga anc	oensa om the anizati I relate nizatio	e ion ed
(18) CHRIS TRUMAN	P	40.00			x				0.		ο.			0.
CHIEF FINANCIAL OFFICE	K													0.
			-											
									27 221					
							·····		27,221.		0.			0.
c Total from continuatio d Total (add lines 1b and			_						27,221.		0.			0.
2 Total number of individu compensation from the	uals (including but n		· · · · ·					no r	-),000 of reportab	le			0
	-												Yes	No
3 Did the organization list line 1a? If "Yes," complete												3		х
4 For any individual listed and related organization				-					-	-		4		x
5 Did any person listed or												-		
rendered to the organiz Section B. Independent Co		plete Schedul	e J f	for si	uch	oers	son .					5		Х
1 Complete this table for		mpensated in	depe	ende	ent c	ontr	racto	ors 1	that received more than	\$100,000 of cor	npens	ation fi	rom	
the organization. Repor											·			
	(A) Name and business	address	N	ONE	2				(B) Description of s	services	C	(C omper		า
								_						
2 Total number of independent \$100,000 of compensation		•	not li	mite	d to		se li:)	stec	d above) who received n	nore than				
												Form S	990 (2	2018)

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GIRL SCOUTS OF THE CHESAPEAKE BAY COUNCIL, INC.

		0 (2018) COUNCI					51-0064	337 Page 9
Pa	rt V	III Statement of Revenue	9					
		Check if Schedule O contain	s a response	or note to any lir		/=>	(2)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts Its	1	a Federated campaigns	1a	119,766.				
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues		-				
چې کې		c Fundraising events						
ar /		d Related organizations						
nii. G		e Government grants (contribution		87,811.				
Sig		f All other contributions, gifts, grants, a		, -				
her		similar amounts not included above		250,288.				
Ę		g Noncash contributions included in lines 1a-						
2 and		h Total. Add lines 1a-1f	-		457,865.			
<u> </u>								
a l	2	a CAMPING AND PROGRAM FEES		Business Code 713990	273,954.	273,954.		
- xic		b		,10000	2,0,001.	2,0,001.		
Ser								
Program Service Revenue		C						
Be		d						
Pro		e						
_		f All other program service revenue			273,954.			
	3	g Total. Add lines 2a-2f			213,554.			
	3	(J			159,960.			159,960.
	1	other similar amounts) Income from investment of tax-e>			105,500.			100,000.
	4 5		• •					
	5	Royalties	(i) Real					
	6		(1) Real 72,120.	(ii) Personal				
		a Gross rents	, 2, 120,					
		b Less: rental expenses	72,120.					
		c Rental income or (loss)			72,120.			72,120.
					72,120.			72,120.
	1) Securities	(ii) Other				
		assets other than inventory	696,222.					
		b Less: cost or other basis	610 060					
		and sales expenses	610,062.					
		c Gain or (loss)	86,160.		06 160			06.160
		d Net gain or (loss)		····· >	86,160.			86,160.
Other Revenue	8	a Gross income from fundraising er						
ven		including \$	of					
Re		contributions reported on line 1c)		74 225				
her		Part IV, line 18		74,335.				
Ð		b Less: direct expenses		<u> </u>	74,335.			74,335.
		c Net income or (loss) from fundrai		▶	/+,335.			/4,335.
	9	a Gross income from gaming activi						
		Part IV, line 19						
		b Less: direct expenses						
		c Net income or (loss) from gaming		····· >				
	10	a Gross sales of inventory, less ret		4 926 792				
		and allowances		4,030,702.				
		b Less: cost of goods sold		2,352,850.	2 492 022	2 492 022		
ŀ		c Net income or (loss) from sales of	r inventory		2,483,932.	2,483,932.		
ŀ		Miscellaneous Revenue a MEETINGS & CONVENTIONS		Business Code 713990				22 514
		a MEETINGS & CONVENTIONS b ADVERTISING		713990	22,514. 4,465.			22,514. 4,465.
				113330	4,403.			4,403.
		d All other revenue			26,979.			
		e Total. Add lines 11a-11d		🟲	,	2 757 006	0.	410 EE4
	12	Total revenue. See instructions	<u></u>	····· P	3,635,305.	2,757,886.	υ.	419,554. Form 990 (2018)
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9

9,994.

921.

658.

388.

751.

1,579.

189,727.

3,115.

23,868.

	1990 (2018) COUNCIL, IN T IX Statement of Functional Expense	es			64337 Page
Secti	on 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	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 individuals. See Part IV, line 22	132,116.	132,116.		
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				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	133,195.		133,195.	
7	Other salaries and wages	1,787,335.	1,584,307.	68,990.	134,03
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	233,816.	191,744.	42,072.	
9	Other employee benefits	151,912.	124,576.	22,870.	4,46
10	Payroll taxes	187,119.	155,379.	21,791.	9,94
11 a	Fees for services (non-employees): Management	11,282.	11,282.		
b	Legal	11,927.		11,927.	
с	Accounting	23,950.	22,873.	1,077.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	19,986.		19,986.	

Other. (If line 11g amount exceeds 10% of line 25, g column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 Office expenses 13 14 Information technology Royalties 15

Occupancy

17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Insurance Other expenses. Itemize expenses not covered 24 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.) FEES а

educational campaign and fundraising solicitation.

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

14,256. 12,401. 86,281. 71,836. 14,445. 505,769. 421,101. 84,668. 95,556. 79,562. 15,994.

48,099

54,018.

417,382.

318,982.

56,906.

48,099.

367,220.

267,694.

51,895.

9,827.

34,197.

26,294.

50,367.

1,896.

1,197.

31,991. 29,350. 2,253. 22,547. 21,796. BAD DEBT MISCELLANEOUS 9,501. 6,828. 1,094.

All other expenses 4,353,926. 3,609,886. 554,313. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

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b

С d

е

25

26

16

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Check here

10

Form 990 (2018)

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Form	990	(2018))
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COUNCIL, INC.

51-0064337 Page 11

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . (A) (B) Beginning of year End of year 1,150,475. 638,960. Cash - non-interest-bearing 1 1 2 2 Savings and temporary cash investments 390,034. 336,720. 3 3 Pledges and grants receivable, net 16,015. 17,026. 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 7 118,328. 104,892. 8 8 Inventories for sale or use 12,991. 27,042. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 15,395,461. basis. Complete Part VI of Schedule D _____ 10a 4,606,030. 11,040,226. 10,789,431. b Less: accumulated depreciation 10b 10c 4,297,695. 4,217,132. 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. 10,549. 15 Other assets. See Part IV, line 11 15 16,956,429. 16,222,315. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 290,614. 17 241,355. Accounts payable and accrued expenses 17 18 18 Grants payable 64,580. 52,001. 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 1,767,204. 1,688,891. 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 <u>127,715.</u> 2,250,113. 264,575. 25 Schedule D 2,246,822. 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 13,372,822. 781,369. 13,041,330. 27 Unrestricted net assets 27 382,038. 28 Temporarily restricted net assets 28 552,125. 552,125. 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 14,706,316. 13,975,493. Total net assets or fund balances 33 33

Form **990** (2018)

16,222,315.

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34

16,956,429.

34

Total liabilities and net assets/fund balances

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

	990 (2018) COUNCIL, INC.	51-	0064	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		,63		
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 35		
3	Revenue less expenses. Subtract line 2 from line 1	3		-71		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14	,70		
5	Net unrealized gains (losses) on investments	5				80.
6	Donated services and use of facilities	6		3	6,6	78.
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	13	,97	5,4	93.
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	Ο.				
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	e 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	e 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			1
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2018)

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SCHEDULE A	D	hlia Cha						OMB No. 1545-0047
(Form 990 or 990-EZ)			rity Status an ization is a section 50					2018
	Compr		I7(a)(1) nonexempt cha			or a section		2010
Department of the Treasury Internal Revenue Service		Þ A	Attach to Form 990 or F	orm 990-	EZ.			Open to Public
			/Form990 for instructi			nformation.	Employee	Inspection
Name of the organizati	COUNCI		THE CHESAPE	AKE B	Aĭ			identification number 1-0064337
Part I Reason			All organizations must co	omplete th	is nart) S	e instruction		1-0004337
The organization is not a							3.	
			on of churches describe					
/			Attach Schedule E (Forn			•,,,•,,,•		
			anization described in s			ii).		
4 A medical res	earch organization	operated in co	njunction with a hospita	l described	d in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
city, and stat								
5 An organizati	on operated for the	e benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit describ	bed in
	(b)(1)(A)(iv). (Comp	-						
			nental unit described in					
5	-		ntial part of its support t	rom a gov	ernmenta	l unit or from t	ine general	public described in
	b)(1)(A)(vi). (Compl trust described in		1)(A)(vi). (Complete Par	+ 11.)				
			in section 170(b)(1)(A)		ed in conii	inction with a	land-grant	college
5			ulture (see instructions)					
university:					,	,		
10 An organizati	on that normally re	ceives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	nd gross receipts from
activities rela	ted to its exempt fu	unctions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its support	t from gross investment
income and u	inrelated business	taxable income	(less section 511 tax) fr	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.
	509(a)(2). (Comple							
	-		vely to test for public sa					
			ively for the benefit of, to					
			ed in section 509(a)(1) of supporting organization					neck the box in
			upervised, or controlled					aivina
			gularly appoint or elect					
	n. You must comp			, ,				
b Type II. A s	upporting organiza	tion supervised	or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	ving
control or n	nanagement of the	supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
organizatio	n(s). You must co r	nplete Part IV,	Sections A and C.					
			g organization operated				Illy integrate	ed with,
	•). You must complete			-		
	-	•	orting organization oper				•	. ,
	, ,	•	ation generally must sa	•		•	d an attent	iveness
	· ,		written determination fro				II Type III	
	0		nally integrated support			x 1)po 1, 1)po	, i, i j po iii	
g Provide the following								
(i) Name of supp		(ii) EIN	(iii) 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			above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)
Total								
LHA For Paperwork Re	duction Act Notic	e, see the Instr	uctions for Form 990 c 1		832021 10	-11-18 Sche	dule A (For	m 990 or 990-EZ) 2018

^{2018.05050} GIRL SCOUTS OF THE CHESAPEA 60605_1

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,223,072.	1,305,894.	583,607.	601,776.	532,200.	5,246,549.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,223,072.	1,305,894.	583,607.	601,776.	532,200.	5,246,549.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						5,246,549.
	ction B. Total Support						, ,
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	2,223,072.	1,305,894.	583,607.	601,776.	532,200.	5,246,549.
	Gross income from interest,	, ,					
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	174,308.	184,598.	171,672.	217,505.	232,080.	980,163.
9	Net income from unrelated business	•					
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	16,668.	28,907.	10,765.	8,082.	26,979.	91,401.
11	Total support. Add lines 7 through 10	/ / / / / /			• • • • • • •	/	6,318,113.
	Gross receipts from related activities,	etc (see instruction	ons)			12	, _ ,
	First five years. If the Form 990 is for		,	d fourth or fifth ta			
10	organization, check this box and stop	-			-		
Sec	ction C. Computation of Publi	ic Support Pe	rcentage	<u></u>	<u></u>	<u></u>	
	Public support percentage for 2018 (I			column (f))		14	83.04 %
	Public support percentage from 2017					15	77.47 %
	33 1/3% support test - 2018. If the c						
	stop here. The organization qualifies	0		-			N V
h	33 1/3% support test - 2017. If the c		° °				
~	and stop here. The organization quali	-					
17a	10% -facts-and-circumstances test						
110	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	-	
h	10% -facts-and-circumstances test						
N.	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
19	Private foundation. If the organizatio						
10	i mate roundation. In the organizatio	n dia not check à		a, 100, 17a, 01 17k		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

Schedule A (Form 990 or 990 EZ) 2018 COUNCIL, INC.

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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						
c	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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	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.)	the evention in the stand	first second this				L
14	First five years. If the Form 990 is for t	0			5		∠aliun,
Ser	check this box and stop here						🚩 📖
	-			column (f))		15	0/
	Public support percentage for 2018 (lin					16	<u>%</u>
	Public support percentage from 2017 stion D. Computation of Invest						%
	-					17	0/
	Investment income percentage for 201						<u>%</u>
	Investment income percentage from 20					18	<u>%</u>
198	33 1/3% support tests - 2018. If the c						
b	more than 33 1/3%, check this box an 33 1/3% support tests - 2017. If the c	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%,	
•	line 18 is not more than 33 1/3%, chec						
	Private foundation. If the organization	i did not check a	box on line 14, 19	a, or 19b, check tł			
83202	23 10-11-18			15	Sch	edule A (Form 99	0 or 990-EZ) 2018
	1206 702122 6060E	201	10 05050			CUECADEA	
± 4 (306 793123 60605	ZU.	TO 00000 (GIRL SCOU	TO OL TUF	CURDALFRA	1T

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Schedule A (Form 990 or 990 EZ) 2018 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disgualified 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.)

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Schedule A (Form 990 or 990-EZ) 2018

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Schedule A (Form 990 or 990-EZ) 2018 COUNCIL, INC.

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Par	TIV 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)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	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.	11c		
	tion B. Type I Supporting Organizations			
000	aon B. Type roupporting organizatione		Yes	No
	Did the divertees tweeters or manch eaching of one or more even even extend even inclines have the movements		162	
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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		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			
<u> </u>	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			
	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	Ū		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions			
		/-		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	1		
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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		
832024	5 10-11-18 Schedule A (Form 9)0-F7	2018
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Schedule A (Form 990 or 990 EZ) 2018 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.

Section A -	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sh	ort-term capital gain	1		
2 Recov	eries of prior-year distributions	2		
3 Other	gross income (see instructions)	3		
4 Add lir	nes 1 through 3	4		
5 Depred	ciation and depletion	5		
6 Portion	n of operating expenses paid or incurred for production or			
collect	ion of gross income or for management, conservation, or			
mainte	enance of property held for production of income (see instructions)	6		
7 Other	expenses (see instructions)	7		
8 Adjust	ted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B -	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggree	gate fair market value of all non-exempt-use assets (see			
instruc	tions for short tax year or assets held for part of year):			
a Averag	ge monthly value of securities	1a		
b Averag	ge monthly cash balances	1b		
c Fair ma	arket value of other non-exempt-use assets	1c		
d Total ((add lines 1a, 1b, and 1c)	1d		
e Disco	unt claimed for blockage or other			
factors	s (explain in detail in Part VI):			
2 Acquis	sition indebtedness applicable to non-exempt-use assets	2		
3 Subtra	act line 2 from line 1d	3		
4 Cash o	deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see ins	structions)	4		
5 Net va	lue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multipl	ly line 5 by .035	6		
7 Recov	eries of prior-year distributions	7		
8 Minim	um Asset Amount (add line 7 to line 6)	8		
Section C -	Distributable Amount			Current Year
1 Adjust	ed net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 8	35% of line 1	2		
3 Minimu	um asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter of	greater of line 2 or line 3	4		
5 Incom	e tax imposed in prior year	5		
6 Distrik	putable Amount. Subtract line 5 from line 4, unless subject to			
emerge	ency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Sche	dule A (Form 990 or 990-EZ) 2018 COUNCIL, INC.		5	1-0064337 Page 7
Par		(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		(oontinaoa)	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 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
с	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 COUNC	IL, INC.	THE CHESAPI			64337 _{Page}
Part VI Supplemental Information. P Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and 3 Section D, lines 5, 6, and 8; and Part V (See instructions.)	b, 4c, 5a, 6, 9a, 9b, 9 3; Part IV, Section E,	9c, 11a, 11b, and 11 lines 1c, 2a, 2b, 3a, a	c; Part IV, Section and 3b; Part V, lir	n B, lines 1 and 2; Part le 1; Part V, Section B,	IV, Section C, line 1e; Part V,
PART II, SECTION A SUPPOR	T SCHEDULE	FOR PUBLIC	C SUPPORT		
PART II SUPPORT SCHEDULE	REPRESENTS	THE ORGANI	IZATION'S	CURRENT YEA	AR AND
4 MOST RECENT YEARS, WHICH	H INCLUDES	THE SHORT	YEAR JAN	- SEPT 201	7.
SECTION A. PUBLIC SUPPORT	DETAILS AI	RE AS FOLLO	DWS:		
(A) TAX YEAR 2015	1	\$2,223,072			
(B) TAX YEAR 2016	:	\$1,305,894			
(C) TAX YEAR JAN - SEPT 2	017	\$ 583,607			
(D) TAX YEAR OCT 2017 - S	EPT 2018	\$ 601,776			
(E) CURRENT FISCAL YEAR S	EPT 2019	\$ 532,200			
832028 10-11-18		20		Schedule A (Form 99	90 or 990-EZ) 2
440306 793123 60605	2018.050		OUTS OF 7	THE CHESAPEA	60605_

SC	HEDULE D	Supplementa	al Financial Statements	ł	OMB No. 1545-0047		
(Form 990)		Complete if the organized in the orga	Complete if the organization answered "Yes" on Form 990.				
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public		
-	Revenue Service	ion.	Inspection				
Nam	e of the organization	on GIRL SCOUTS OF THE COUNCIL, INC.	CHESAPEARE BAI		identification number 1-0064337		
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	d other 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				
6			exclusive legal control?		Yes No		
0	•	c	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	education)	cally important la	nd area		
	Protection of	f natural habitat	Preservation of a certifie	ed historic structu	ıre		
		of open space					
2	-	• • •	fied conservation contribution in the form of				
_	day of the tax year				at the 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		g the tax		
	year 🕨						
4	Number of states v	where property subject to conservation ea	sement is located				
5	-	tion have a written policy regarding the per					
		orcement of the conservation easements i			Yes No		
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	rvation easement	s during the year		
7			lling of violations, and enforcing conservatio	n essements du	ring the year		
'	► \$	es incurred in monitoring, inspecting, nanc		in easements du	ing the year		
8		vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)	(4)(B)(i)			
		1 ()	······		Yes No		
9			on easements in its revenue and expense st		lance sheet, and		
	include, if applicab	le, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's a	accounting for		
	conservation ease			<u> </u>	<u> </u>		
Pai		-	f Art, Historical Treasures, or Oth	er Similar As	sets.		
4-		the organization answered "Yes" on Form					
та	•	,	SC 958), not to report in its revenue statemen nibition, education, or research in furtheranc		•		
		note to its financial statements that descri			e, provide, in Fart All,		
b			SC 958), to report in its revenue statement a	nd balance sheet	works of art. historical		
-	-		ducation, or research in furtherance of public				
	relating to these ite		. P -max		0		
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1		> \$			
2	-		asures, or other similar assets for financial g	ain, provide			
	-	ints required to be reported under SFAS 1					
		Form 990, Part X	s for Form 990		dule D (Form 990) 2018		
	гог Рарег work не 1 10-29-18	see the instruction	5 IOF I OFFIT 350.	Sched	1010 D (1 01111 330) 2010		
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		OUTS OF TH	E CH	ESAPEA	KE BAY					_	
Sche	dule D (Form 990) 2018 COUNCIL	-						51-00			
Pa	rt III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, o	or Othe	er Simil	ar Asse	e ts (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following the	at are a si	gnificant	use of its	collectio	n iter	ns
	(check all that apply):										
а	Public exhibition	d			hange progra	ams					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	ion's exer	npt purp	ose in Pa	rt XIII.		
5	During the year, did the organization solicit of		,		,			_	_		_
	to be sold to raise funds rather than to be ma								Yes		_ No
Pai	t IV Escrow and Custodial Arran	-	ete if the	organizatio	n answered	"Yes" on	Form 99	0, Part IV,	line 9, oi	-	
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custod		•						٦.,		٦
	on Form 990, Part X?							L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f	Ending balance						. <u>1f</u>				
	Did the organization include an amount on F							L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds. Complete i	-							4.15-		
		(a) Current year		rior year	(c) Two yea						
	Beginning of year balance	4,217,132.	4	,289,643.		3,619.		099,003.		,249	,395.
	Contributions	157.026		50.		1,854.		465,000.			F 0 C
	Net investment earnings, gains, and losses	157,036.		256,855.	39	8,825.	-	268,035	•	-44	,586.
	Grants or scholarships										
е	Other expenditures for facilities			202 44 5						4.05	
	and programs	76,473.		329,416.	3.	4,655.	-	108,419.	•	105	,806.
	Administrative expenses										
g	End of year balance	4,297,695.		,217,132.		9,643.	3,	723,619	. 3	,099	,003.
2	Provide the estimated percentage of the cur			g, column (a	a)) held as:						
	Board designated or quasi-endowment	82.71	_%								
	Permanent endowment 12.85	%									
с		4.44 %									
	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse	ession of the organization	ation tha	at are held a	nd administe	ered for th	ne organi	zation			<u> </u>
	by:									Yes	No
	(i) unrelated organizations									Х	v
	(ii) related organizations										X
b	If "Yes" on line 3a(ii), are the related organiza								. 3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Pa	t VI Land, Buildings, and Equipm										
	Complete if the organization answere										
	Description of property	(a) Cost or o		.,	or other	.,	cumulat		(d) Boo	k valu	le
		basis (investr	nent)		(other)	dep	preciation	1	- 70	<u> </u>	00
	Land				4,489.	2 0		22			89.
	Buildings			13,U5	3,664.	3,2	244,6	53.	9,80	ש, ט	131.
	Leasehold improvements			1 61	7 200	1 -		~	~ ~ -	<u> </u>	
	Equipment			1,61	7,308.	Ι,:	361,3	۶/۰	25	5,9)11.
-	Other								0 70	<u> </u>	21
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	0c.)				.0,78		
								Schedul	e D (Forn	n 990) 2018

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Part VII Investments - Other Securities.	•		01-0064337 Page 3
Complete if the organization answered "Yes" of	De Form 000 Bart IV	line 11h See Form 000 Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-vear market value
(1) Financial derivatives	(-)	(1)	,,,
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV,		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	Description	line 11d. See Form 990, Part X, line 15.	(b) Book value
	escription		
(1)			
(2)			
(3)			
<u>(4)</u>			
(6) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) CAPITAL LEASE OBLIGATION		264,575.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.) ►	264,575.	
2. Liability for uncertain tax positions. In Part XIII, provide t	the text of the footno	te to the organization's financial statemen	ts that reports the
organization's liability for uncertain tax positions under I	FIN 48 (ASC 740). Ch	eck here if the text of the footnote has be	en provided in Part XIII

Schedule D (Form 990) 2018

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	GIRL SCOUTS OF THE CHESAPEAKE BAY			
Sche	edule D (Form 990) 2018 COUNCIL, INC.	51-	0064337	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per I	Returr	า.	
	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	3,603,	,117.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а				
b	Donated services and use of facilities 2b 36,678	•		
с	Recoveries of prior year grants 2c			
d				
е	Add lines 2a through 2d	2e		,202.
3	Subtract line 2e from line 1	3	3,615,	,319.
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 19,986	<u> </u>		
b	Other (Describe in Part XIII.) 4b			
с	Add lines 4a and 4b	4c	19,	,986.
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	3,635,	<u>,305.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r 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	4,333,	,940.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
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	4,333,	,940.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а				
u	, , ,	1		
b	Other (Describe in Part XIII.)	-	1.0	0.00
b	Other (Describe in Part XIII.) 4b Add lines 4a and 4b	4c		,986.
b c 5	Other (Describe in Part XIII.)		19, 4,353,	

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.

SCHEDULE G	Suppleme	ntal Information Rega	rding Fun	drais	sing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	e organization answered "Y organization entered more t	es" on Form	990, I	Part IV, line 17, 18, c			2018
	C	Attach to Fo			-			Open to Public
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/Form990 fo				ion.		Inspection
Name of the organization	GIRL SC	OUTS OF THE CH						ntification number
	COUNCIL						51-0064	
	complete this par	 Complete if the organization t. 	answered "	Yes" o	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
a 📃 Mail solicitat	ions email solicitations tations	s f 🔤 S	Solicitation o	[:] non-g [:] gover	overnment grants			
key employees list	ed in Form 990, P highest paid indiv	or oral agreement with any inc art VII) or entity in connectior viduals or entities (fundraisers organization.	n with profes	sional	fundraising services?)	Yes	
(i) Name and address or entity (fund		(ii) Activity	(iii func have or cc contril	Did traiser custody ntrol of putions?	(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total				. 🕨				
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to	solicit contri	oution	s or has been notified	d it is	exempt from re	egistration
LHA For Paperwork Re	eduction Act Not	ice, see the Instructions for	Form 990 o	r 990-	EZ. S	Sche	dule G (Form 9	90 or 990-EZ) 2018

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	edu art l	le G (Form 990 or 990-EZ) 2018 COUNCL.				0064337 Page 2
ГС	ar t i	of fundraising event contributions and g				
			(a) Event #1 WOMEN OF DISTINCTION	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	65,190.		9,145.	74,335.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	65,190.		9,145.	74,335.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ect Ex	7	Food and beverages				
Dir	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 throug			►	
-	11	Net income summary. Subtract line 10 from	line 3, column (d)		►	74,335.
Pa	art I		n answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Rev	1	Gross revenue				
ses	2	Cash prizes				
ect Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	□ [%] □ No	└── Yes % └── No	<u> </u>	
	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
-	_					
		ter the state(s) in which the organization cond the organization licensed to conduct gaming				Yes No
b) If "	No," explain:				
		ere any of the organization's gaming licenses Yes," explain:			year?	Yes No
	_					
0000	00.1				Schodula C /E-	rm 990 or 990-EZ) 2018
a320	02 10	0-03-18				111 390 01 990-EZJ 2010

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	GIRL SCOUTS OF THE CHESAPEAKE BAY		
		0064337	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	
b	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		
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to		
c	retain the state gaming license?	Yes	No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lines 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
8320	83 10-03-18 Schedule G (For 32	m 990 or 990-l	E Z) 2018

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2018.05050 GIRL SCOUTS OF THE CHESAPEA 60605__1

	SCOUTS OF THE CHESAPEAKE BAY CIL, INC.	51-0064337 Page
Schedule G (Form 990 or 990-EZ) COUN Part IV Supplemental Information	(continued)	31 0004337 Fage
		Schedule G (Form 990 or 990-E
32084 04-01-18	33	
40306 793123 60605	2018.05050 GIRL SCOUTS OF THE	CHESAPEA 60605

SCHEDULE I (Form 990) Department of the Treasury		Go	irants and Oth vernments, an ete if the organizatio	nd Individua	ls in the Ŭn i " on Form 990, Pa	ited States		OMB No. 1545-0047 2018 Open to Public
Internal Revenue Service				s.gov/Form990 fo	or the latest inform	nation.		Inspection
Name of the organizat	COUNCIL,		CHESAPEAKE	I BAY				Employer identification number 51-0064337
Part I General I	nformation on Grants a	nd Assistance						
•	zation maintain records		•		• •			
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.			
	nd Other Assistance to	-				anization answered "\	res" on Form 990, Par	t IV, line 21, for any
	hat received more than			1		(f) Method of		
	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total numb	per of section 501(c)(3) a	nd government or	ganizations listed in th	ne line 1 table	•		•	······ •
	per of other organization		•	·····				·····
LHA For Paperwork	Reduction Act Notice	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2018)

GIRL	SCOUTS	\mathbf{OF}	THE	CHESAPEAKE	BAY
				•	

Schedule I (Form 990) (2018)

COUNCIL, INC.

51-0064337

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.

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
0	121,726.	٥.	FAIR MARKET VALUE	
0	10,390.	0.	FAIR MARKET VALUE	
		recipients cash grant 0 121,726.	recipients cash grant cash assistance 0 121,726. 0.	recipients cash grant cash assistance (book, FMV, appraisal, other) 0 121,726. 0.FAIR MARKET VALUE

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 \$ 397,407. INCLUDING GRANTS OF \$ 0. REVENUE \$ 273,954.

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 \$ 300,453. INCLUDING GRANTS OF \$ 10,390. REVENUE \$ 0.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

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 10-10-18

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Name of the organizationGIRL SCOUTS OF THE CHESAPEAKE BAYEmployer identificaCOUNCIL, INC.51-006432	

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 FINANCE COMMITTEE, WHICH IS A SUB-COMMITTEE OF THE BOARD OF DIRECTORS,
REVIEWS THE DRAFT 990 AND RECOMMENDS APPROVAL OF THE FORM 990 TO THE BOARD.
THE BOARD OF DIRECTORS WILL HAVE THE FINAL REVIEW AND APPROVE THE RETURN
BEFORE IT CAN BE FINALIZED AND E-FILED.

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

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

ANNUALLY.

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization GIRL SCOUT COUNCIL,	S OF THE CHESAPEAKE BAY	Pag Employer identification numb 51-0064337
FORM 990, PART VI, SECTI		
THE ORGANIZATION MAKES A	VAILABLE ITS GOVERNING DOCUMEN	ITS, CONFLICT OF
INTEREST POLICY, AND FIN	NANCIAL STATEMENTS TO THE PUBLI	C UPON REQUEST.
832212 10-10-18		Schedule O (Form 990 or 990-EZ) (20
40306 793123 60605	38 2018.05050 GIRL SCOUTS OF 1	