Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

A F	or the	2022 calendar year, or tax year beginning OCT 1, 2022 and ending	SEP 30, 2023	
B c	heck if oplicable		D Employer identif	ication number
	Addres change	GIRL SCOUTS OF CHESAPEAKE BAY COUNCIL		
	Name change		51-00643	337
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
	Final return/ termin-	225 OLD BALTIMORE PIKE	302-451-	
	ated Ameno	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	6,577,309.
	return Applica	NEWARK, DE 19702	H(a) Is this a group	
	⊥tion pendin	F Name and address of principal officer: KALLA NIEDUKG-WHEELEK	for subordinate	
		-	H(b) Are all subordinates If "No," attach a	included? Yes No a list. See instructions
	Vebsit		H(c) Group exemption	
				M State of legal domicile; DE
	rt I	Summary	real of formation. 1902	W State of legal doffliche, DE
		Briefly describe the organization's mission or most significant activities: GIRL SCO	UTING BUILDS	GIRLS OF
Activities & Governance		COURAGE, CONFIDENCE & CHARACTER, WHO MAKE THE		
nar		Check this box if the organization discontinued its operations or disposed of m		
ver	3		3	1
ၓၟ	4	Number of independent voting members of the governing body (Part VI, line 1b)		
S S	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	
vitie	6	Total number of volunteers (estimate if necessary)		
∕cti		Total unrelated business revenue from Part VIII, column (C), line 12		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		
			Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)	463,388.	
Revenue		Program service revenue (Part VIII, line 2g)	153,301. 172,733.	119,059.
Вè		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	3,511,991.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,301,413.	
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	44,542.	
		5 5 11 6 1 75 1 N 1 (A) 11 A)	0.	
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,561,785.	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
per		Fotal fundraising expenses (Part IX, column (D), line 25) 122, 201.		
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,929,866.	1,838,694.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,536,193.	
		Revenue less expenses. Subtract line 18 from line 12	-234,780.	-745,198.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	14,786,974.	
ot As	21	Total liabilities (Part X, line 26)	2,021,544.	
	22	Net assets or fund balances. Subtract line 21 from line 20	12,765,430.	12,136,474.
	rt II			on the conduction and built of the
	-	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta ;, and complete. Declaration of preparer (other than officer) is based on all information of which prep		ly knowledge and belief, it is
uue,	Correc	, and complete. Declaration of preparer (other than officer) is based on an information of which prep	arei nas any knowieuge.	
Sigr		Signature of officer	Date	
Her		CLAUDIA PENA PORRETTI, CHIEF EXECUTIVE OFFICE	R.	
HICH	5	Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		JEFFREY A KOWALCZYK CPA JEFFREY A KOWALCZYK	06/11/24 if self-emplo	P01563311
Prep		Firm's name BARBACANE, THORNTON & COMPANY LLP		1-0229493
Use		Firm's address 503 CARR ROAD SUITE 100		
		WILMINGTON, DE 19809	Phone no. 3 (2-478-8940
May	the IF	S discuss this return with the preparer shown above? See instructions		X Yes No

	990 (2022) GIRL SCOUTS OF CHESAPEAKE BAY COUNCIL	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		X
1	Briefly describe the organization's mission:		
	GIRL SCOUTS OF THE CHESAPEAKE BAY COUNCIL, INC. (THE COU	UNCIL) IS AN	
	INDEPENDENT 501(C)(3) NONPROFIT ORGANIZATION, OPERATING		
	CHARTER FROM THE GIRL SCOUTS OF THE UNITED STATES OF AME		
	THE COUNCIL PROVIDES PROGRAMMING AND SUPPORT TO OVER 5,0		
2	Did the organization undertake any significant program services during the year which were not listed on the	000 011125 11115	
2		Vos	X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	res	_21_ NO
_	,		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	r res	ZZ NO
	If "Yes," describe these changes on Schedule O.	d b	
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, ar	nd
_	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$)
	MEMBERSHIP - WHERE GIRLS DISCOVER THE FUN, FRIENDSHIP, A		
	GIRLS TOGETHER. GIRL SCOUTING HELPS GIRLS DEVELOP THEIR		
	POTENTIAL; RELATE TO OTHERS WITH INCREASING UNDERSTANDIN	<u> </u>	<u>U</u>
	RESPECT; DEVELOP VALUES TO GUIDE THEIR ACTIONS AND PROVI		
	FOUNDATION FOR SOUND DECISION-MAKING; AND CONTRIBUTE TO		
	OF SOCIETY THROUGH THEIR ABILITIES, LEADERSHIP SKILLS, A	AND COOPERATION	ON
	WITH OTHERS.		
4b	(Code:) (Expenses \$		<u>059.</u>)
	CAMPING - PROGRAM PROVIDING ACCESS TO FOUR CAMP PROPERTY		BY
	THE ORGANIZATION. GIRLS AND ADULTS PARTICIPATE IN STEM A		
	ACTIVITIES THROUGHOUT THE YEAR ON A DAILY, WEEKLY, OVERN		
	WEEKEND BASIS THROUGH OUR CAMP PROGRAMS, ENCAMPMENTS, AN		
	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 H	RIDING, AND	
	WATER SPORTS		
4c	(Code:) (Expenses \$2, 595, 824. including grants of \$23, 560.) (Reve	enue \$ 2,372,	227.)
	GIRL PROGRAMS - PROVIDING A MYRIAD OF ENRICHING PROGRAMS		
	PROGRAMMING, EXTRAORDINARY FIELD TRIPS, SPORTS SKILL-BUI		
	COMMUNITY SERVICE PROJECTS, CULTURAL EXCHANGES, AND ENVI		
	STEWARDSHIPS THROUGHOUT THE DELMARVA PENINSULA.		
	Other pregram continue (Deceribe on Schedule O.)		
40	Other program services (Describe on Schedule O.)	`	
 4е	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 3,587,937.)	
10	Total program del vice expenses	Form 9	90 (2022)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
·	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		
U	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,			
′		7		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			 ₩
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	•	12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b	•	12b		\ x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> ^\</u>
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ا ا		x
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ _{3,7}
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			.,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	and the second s	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			.,
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		Х
29	"Yes," complete Schedule L, Part IV	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			7.7
~ =	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			Х
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai		30	21	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	1

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O22) GIRL SCOUTS OF CHESAPEAKE BAY COUNCIL Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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 32								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			7.7					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>					
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		<u> </u>					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c							
_	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
6a									
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		<u> </u>					
D	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	OD							
	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							
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		Х					
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									
g									
h									
8									
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b									
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
L	Note: See the instructions for additional information the organization must report on Schedule O.								
D	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								
^	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c								
		14a		X					
	 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 								
15									
	excess parachute payment(s) during the year?	15		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

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

	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	5					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	5					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other						
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision						
	of officers, directors, trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	s filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X			
6	6 Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or						
	more members of the governing body?			7a	X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or						
	persons other than the governing body?			7b		X			
8									
а									
b									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the						
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)						
			,		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such ch								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b									
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe						
	on Schedule O how this was done			12c	+				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14	X				
15	Did the process for determining compensation of the following persons include a review and approva	I by ind	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	X				
b	Other officers or key employees of the organization			15b		X			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a						
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's						
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed MD, VA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available								
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website X Another's website X Upon request Other (explain	on Sc	hedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy, ar	d finar	icial				
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records						
	THE ORGANIZATION - 302-451-9220	_		_					
	225 OLD BALTIMORE PIKE, NEWARK, DE 19702								

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) CLAUDIA PENA PORRETTI	40.00			,,				140 701	0	0
CHIEF EXCECUTIVE OFFICER	1 00			Х				148,701.	0.	0.
(2) KATYA NEIBERG-WHEELER BOARD CHAIR	1.00	Х		x				0.	0.	0.
(3) JENNY TEAL	1.00	Λ		^				0.	0.	0.
VICE CHAIRPERSON	1.00	Х		х				0.	0.	0.
(4) SARAH LONG	1.00	^		^				0.	0.	0.
VICE CHAIRPERSON	1.00	Х		х				0.	0.	0.
(5) ELEANOR BENJAMIN TORRES, ESQ.	1.00	25						•	•	<u> </u>
SECRETARY	100	х		x				0.	0.	0.
(6) DALE HOOPS	1.00								•	
TREASURER		Х						0.	0.	0.
(7) STACY CONN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) TEMEKA EASTER RICE	1.00									
DIRECTOR		Х						0.	0.	0.
(9) GREG FOGARTY	1.00									
DIRECTOR		Х						0.	0.	0.
(10) GAIL FOLTZ	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JESSICA JORDAN	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(12) TAVANYA LOCKETT	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(13) KEISHA MORRIS	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(14) AMBER YOUNG	1.00	Х						0.	0.	0
01RECTOR (15) ELLEN WHITMAN	1.00	Λ						0.	0.	0.
DIRECTOR	1.00			х				0.	0.	0.
(16) KIMBERLEE ZIOLKOWSKI	1.00			^			\vdash	0.	0.	0.
DIRECTOR	1.00			х				0.	0.	0.
				 				† ·	•	•
		1								

	Name and title	Average hours per week	box	not cl	heck i	Position eck more than one s person is both an d a director/trustee)			Reportable compensation from	Reportable compensation from related		am	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/ 1099-NEC)	organizations (W-2/1099-MIS(1099-NEC)		comp fro orga and	pensa om the anizati I relate nizatio	e ion ed
											+			
											+			
											+			
											+			
											4			
	Subtotal Total from continuation sheets to Part VI								148,701.		0.			0.
	Total (add lines 1b and 1c)								148,701.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				1
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>											3		X
4	For any individual listed on line 1a, is the su											3		
_	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	-				-		elate	ed organization or individ	dual for services		5		Х
Sec	ction B. Independent Contractors	ipiere ochedure	<i>, , ,</i> ,	JI SU		<i>J</i> C/3	UII .						<u>'</u>	
1	Complete this table for your five highest co										ensatio	on fro	m	
	the organization. Report compensation for (A)	irie caleridar ye	ear e	riuii	ig w	itire	ואי זכ		(B)	ear.		(C)	
	Name and business	address	NC	ONE	<u> </u>			\dashv	Description of s	services	Со	mper	satio	n
2	Total number of independent contractors (i	· ·	ot lin	nited	to 1	_	_	ted	above) who received me	ore than				
	\$100,000 of compensation from the organic	zation				(990 (2	

Form 990 (2022) GIRL SC
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
		Official in Schedule O Contains a response of	n note to any line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ıts ts	1 a	Federated campaigns 1a	104,944.				
ra r	b	Membership dues 1b					
D, E	c	Fundraising events1c					
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations 1d					
, G nila		Government grants (contributions) 1e	91,550.				
Sir		All other contributions, gifts, grants, and	, -				
utic	'		156,439.				
rie C		similar amounts not included above 1f	130,439.				
ont od (ç	Noncash contributions included in lines 1a-1f 1g		252 222			
<u>3</u> 6	r	Total. Add lines 1a-1f		352,933.			
			Business Code				
è	2 a	CAMPING AND PROGRAM FEES	713990	119,059.	119,059.		
Σ×	b)					
Sel	c						
am	c						
P	6						
Program Service Revenue		All other program service revenue					
_	•			119,059.			
		Total. Add lines 2a-2f		119,039.			
	3	Investment income (including dividends, interes		0.5 506			05 506
		other similar amounts)		97,726.			97,726.
	4	Income from investment of tax-exempt bond pr	oceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 23,765.					
	Ŀ	Less: rental expenses 6b 0.					
		Rental income or (loss) 6c 23,765.					
		Net rental income or (loss)		23,765.			23,765.
		Gross amount from sales of (i) Securities	(ii) Other				
	1 6	(7	(ii) Othor				
	_	assets other than inventory 7a 1,569,857.					
_	b	Less: cost or other basis					
her Revenue		and sales expenses 7b 1,294,796.					
vel	C	Gain or (loss) 7c 275,061.					
Re	c	Net gain or (loss)		275,061.			275,061.
Jer	8 8	Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	116.				
	ŀ	Less: direct expenses 8b	0.				
		Net income or (loss) from fundraising events		116.			116.
	9 6	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a	4,211,405.				
	b	Less: cost of goods sold 10b	1,770,772.				
	c	Net income or (loss) from sales of inventory		2,440,633.	2,440,633.		
			Business Code				
ns	11 :	OTHER INCOME	713990	202,448.			202,448.
neo Tue				=:=,===•			
llar	b						
Miscellaneous Revenue	C						
Ĕ	•	All other revenue		000 440			
	e	Total. Add lines 11a-11d		202,448.	:		
	12	Total revenue. See instructions		3,511,741.	2,559,692.	0.	599,116.

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must com	nplete column (A).	
	Check if Schedule O contains a respons	se or note to any line in t			
	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	47,467.	47,467.		
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,	050 000	225 224	20 622	12 225
	trustees, and key employees	250,822.	206,904.	30,633.	13,285.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 601 016	1 201 400	105 644	0.4 0.50
7	Other salaries and wages	1,601,916.	1,321,422.	195,644.	84,850.
8	Pension plan accruals and contributions (include	210 004	105 000	20 161	1 (15
	section 401(k) and 403(b) employer contributions)	218,804.	185,028.	32,161.	1,615. 1,228. 6,777.
9	Other employee benefits	166,300.	140,629.	24,443.	1,228.
10	Payroll taxes	132,936.	109,368.	16,791.	0,///•
11	Fees for services (nonemployees):				
а	Management	15,414.	13,014.	2,400.	
b	Legal	110,986.	93,702.	17,284.	
	Accounting	110,900.	93,702.	17,204.	
	Lobbying Professional fundacional convices Cos Port IV line 17				
e	Professional fundraising services. See Part IV, line 17				
f ~	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch 0.)	114,226.	96,438.	17,788.	
12	Advertising and promotion	114,2200	30,430.	17,700.	
13	Office expenses	156,848.	124,048.	22,165.	10,635.
14	Information technology	200,0200	221,0101	22/2001	20,000
15	Royalties				
16	Occupancy	259,090.	216,165.	42,925.	
17	Travel	64,184.	55,050.	8,698.	436.
18	Payments of travel or entertainment expenses	,	,	,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,015.	9,461.	1,554.	
20	Interest	111,776.	92,713.	19,063.	
21	Payments to affiliates	465,035.	388,318.	76,717.	
22	Depreciation, depletion, and amortization			-	
23	Insurance	127,592.	105,832.	21,760.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES	305,134.	299,474.	3,478.	2,182.
b	FEES	16,513.	13,116.	2,697.	700.
c				,	
d					
е	All other expenses	80,881.	69,788.	10,600.	493.
25	Total functional expenses. Add lines 1 through 24e	4,256,939.	3,587,937.	546,801.	122,201.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 966,269. 817,998. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 $13\overline{2},575.$ 171,377. 3 3 Pledges and grants receivable, net 11,427. 53,380. Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 5,402. Inventories for sale or use 8 81,992. 107,969. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 15,216,428. basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation 10b 6,120,794. 9,492,385. 9,095,634. 10c 4,045,271. 3,625,762. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 179,349. 115,966. Other assets. See Part IV, line 11 15 15 14,786,974. 14,115,782. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 211,388. 286,856. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 45,715. 48,925. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 1,600,000. 1,596,556. Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 46,971. 164,441. of Schedule D 2,021,544. 1,979,308. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 11,949,341. 11,293,546. Net assets without donor restrictions 27 27 Net assets with donor restrictions 816,089. 842,928. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31

Form **990** (2022)

12,136,474.

14,115,782.

32

Total net assets or fund balances

Total liabilities and net assets/fund balances

12,765,430.

14,786,974.

32

33

Form **990** (2022)

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	3,51					
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,25	56,9 15,1				
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5	13	38,7	<u>09.</u>			
6	Donated services and use of facilities	6						
7	Investment expenses	7	-2	22,4	<u>67.</u>			
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	12,13	36,4	74.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	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 reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	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	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?								
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

232012 12-13-22

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GIRL SCOUTS OF CHESAPEAKE BAY COUNCIL

Employer identification number

		GIRL	SCOUTS OF	CHESAPEAKE I	BAY CO	DUNCII	_	5	1-0064337				
Pa	rt I	Reason for Public C	Charity Status. ((All organizations must o	omplete th	nis part.) S	ee instruction	S.					
he	organ	ization is not a private found											
1	\bigcap	A church, convention of chu	•	- ·	-	•	I)(A)(i).						
2	一	A school described in secti					Α Α /						
3	Ħ	A hospital or a cooperative		·		(b)(1)(A)(ii	ii).						
4	Ħ	A medical research organiza	· ·				-	(iii). Enter	the hospital's name.				
•	ш	city, and state:	ation operated in cor	ijanotion with a noopital	accombca	000110	((5)(1)(7)	(III)i Eritor	the hospital e hame,				
5		An organization operated for	or the benefit of a col	lege or university owner	l or operat	ed by a go	vernmental ur	nit describe	ed in				
3	ш			lege of difficulty owner	or operat	ca by a go	verimental di	iii describi	SG III				
_			ection 170(b)(1)(A)(iv). (Complete Part II.)										
6			cal government or governmental unit described in section 170(b)(1)(A)(v). normally receives a substantial part of its support from a governmental unit or from the general public described in										
′	X	-	•	ntial part of its support to	rom a gove	ernmentai	unit or from th	e generai į	public described in				
_	$\overline{}$	section 170(b)(1)(A)(vi). (C	•										
8	H	A community trust describe											
9		An agricultural research org				-		-	•				
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or				
		university:											
10		An organization that normal											
		activities related to its exem	npt functions, subject	t to certain exceptions;	and (2) no	more than	33 1/3% of its	support f	rom gross investment				
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)										
11	Ш	An organization organized a	and operated exclusiv	vely to test for public sa	fety. See	section 50	09(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to ca	ry out the	purposes of one or				
		more publicly supported org	ganizations described	d in section 509(a)(1) d	r section :	509(a)(2).	See section 5	609(a)(3). (Check the box on				
		lines 12a through 12d that of	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	12g.					
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	upporting				
		organization. You must c	omplete Part IV, Se	ctions A and B.									
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with its	s supporte	ed organization	n(s), by hav	/ing				
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manaç	e the supp	oorted				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	y integrate	ed with,				
		its supported organization	n(s) (see instructions)	. You must complete l	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	vith its suppor	ted organiz	zation(s)				
		that is not functionally inte	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type I	I, Type III					
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.							
f	Ente	er the number of supported o	organizations										
g		vide the following information											
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)				
					-								
ota													

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	532,200.	441,728.	1025949.	459,946.		2459823.
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	532,200.	441,728.	1025949.	459,946.		2459823.
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.						2459823.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	532,200.	441,728.	1025949.	459,946.	(0) _ 0 _ 0	2459823.
	Gross income from interest,	,	, -		,		
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	232.080.	130.210.	121,050.	150.512.		633,852.
a	Net income from unrelated business						
3	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.)	26,979.	6,657.				33,636.
44	Total support. Add lines 7 through 10	20,313.	0,037.				3127311.
	Gross receipts from related activities,	oto (oco instructio	.no)			12	5,932,477.
	First 5 years. If the Form 990 is for the	•	,	ourth or fifth toy w			3,332,4774
13	organization, check this box and stor			•			
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			volumn (f))		14	78.66 %
	Public support percentage from 2021					15	77.42 %
	33 1/3% support test - 2022. If the c						
102	stop here. The organization qualifies						
	33 1/3% support test - 2021. If the o						
L							
47.	and stop here. The organization qual						
1/8	10% -facts-and-circumstances test	-					
	and if the organization meets the fact		·	-	•	· ·	
	meets the facts-and-circumstances te	-	•	*	-	7	
t	10% -facts-and-circumstances test	-					
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu			. ,			H
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990) 2022						

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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	qualify under the tests listed be ction A. Public Support	elow, please comp	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(5) 2010	(0) 2020	(4) 2021	(O) EGEE	(i) rotar
•	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						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	incoa under caction E10						
4							
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						
	Total. Add lines 1 through 5						
7a	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.)						<u> </u>
	ction B. Total Support		Г	_		T	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	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						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	vear as a section 5	501(c)(3) organizatio	on.
	check this box and stop here	g			•	. , . ,	
Sec	ction C. Computation of Publi	c Support Per					
15	Public support percentage for 2022 (I	ine 8. column (f). o	divided by line 13.	column (f))		15	%
	Public support percentage from 2021		•			16	%
	ction D. Computation of Inves					, ,	, -
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						
h	33 1/3% support tests - 2021. If the						
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

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. . .

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one o	r		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	š,		
	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 officers, directors, or trustees were allocated among the	1		
	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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	,		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ee instruction	(s)	
2	Activities Test. Answer lines 2a and 2b below.	30 11100 000011	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 on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	- · · · · · · · · · · · · · · · · · · ·			

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Schedule A (Form 990) 2022

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	01 0004337 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must			
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ıed)	
Sect	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
ī	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				

Schedule A (Form 990) 2022

than zero, explain in Part VI. See instructions.
 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2023. Add lines 3j

Part VI. See instructions.

and 4c.
 B Breakdown of line 7:
 a Excess from 2018
 b Excess from 2019
 c Excess from 2020
 d Excess from 2021
 e Excess from 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

GIRL SCOUTS OF CHESAPEAKE BAY COUNCIL 51-0064337 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

GIRL SCOUTS OF CHESAPEAKE BAY COUNCIL

51-0064337

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DONNIE WILLIAMS FOUNDATION 501 SILVERSIDE ROAD, SUITE 103 WILMINGTON, DE 19809	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	STATE OF DELAWARE GRANT IN AID 411 LEGISLATIVE AVE DOVER, DE 19901	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	UNITED WAY OF DELAWARE 625 N. ORANGE STREET, 3RD FLOOR WILMINGTON, DE 19801	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	UNITED WAY OF THE LOWER EASTERN SHORE 803 N SALISBURY BLVD SUITE 2100 SALISBURY, MD 21801	\$19,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CHICHESTER DUPONT FOUNDATION 5720 KENNETT PIKE GREENVILLE, DE 19807	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	DUPONT COMMUNITY IMPACT P.O. BOX 80040 WILMINGTON, DE 19880	\$15,000 .	Person X Payroll

Schedule B (Form 990) (2022)

Name of organization Employer identification number

GIRL SCOUTS OF CHESAPEAKE BAY COUNCIL

51-0064337

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE WALMART FOUNDATION 702 SW 8TH STREET BENTONVILLE, AR 72716	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash If for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		\$	Person Payroll Occupation (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Name of organization Employer identification number

GIRL SCOUTS OF CHESAPEAKE BAY COUNCIL

51-0064337

(see instructions). Ose duplicate copies of Par	Till i additional space is fleeded.	T
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	1	I
	(b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given (b) (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) (c) FMV (or estimate) (See instructions.) (d) (e) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) (g) FMV (or estimate) (g) (g) FMV (or estimate)

Schedule B (Form 990) (2022)

Page 4

Name of organization **Employer identification number** GIRL SCOUTS OF CHESAPEAKE BAY COUNCIL 51-0064337 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

SCOUTS OF CHESAPEAKE BAY COUNCIL

Employer identification number

Pai	t I Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		5 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		, ,
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	writing that the assets held in donor advis	sed funds
Ū	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ad		
Ü	for charitable purposes and not for the benefit of the donor or	· · ·	-
	incompanie alle la contrata de constitución	• • •	□ v □ v.
Pai		nanization answered "Yes" on Form 990	
1	Purpose(s) of conservation easements held by the organization		Tarry, mo 7.
•	Preservation of land for public use (for example, recreat	` `	f a historically important land area
	Protection of natural habitat	· —	f a certified historic structure
	Preservation of open space	i reservation c	a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualifi	ind conservation contribution in the form	of a consequation easement on the last
2	day of the tax year.	led conservation contribution in the form	Held at the End of the Tax Year
_			-
a			
b			
C	Number of conservation easements on a certified historic stru		2c
a	Number of conservation easements included in (c) acquired a		
•			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year	amount in Innertal	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri	- · · · · · · · · · · · · · · · · · · ·	
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year
7	Amount of our page in our and in monitoring increasing bond	ling of violations, and enforcing concern	stion accoments during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	ation easements during the year
•	Door cook conservation account was arted an line O(d) about	ti-f. thei	(L)(A)(D)(i)
8	Does each conservation easement reported on line 2(d) above	, ,	
•			
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statem	ents that describes the
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Treasures or O	ther Similar Assets
. u	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under FASB ASC 958		and halance shoot works
ıa	of art, historical treasures, or other similar assets held for pub	·	
	service, provide in Part XIII the text of the footnote to its finan		•
h	If the organization elected, as permitted under FASB ASC 958		
b			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	nerance or public service,
	provide the following amounts relating to these items:		\$
	(i) Revenue included on Form 990, Part VIII, line 1		
•		and the complete secretary for financial	
2	If the organization received or held works of art, historical trea		argain, provide
_	the following amounts required to be reported under FASB AS	_	Ф
a	Revenue included on Form 990, Part VIII, line 1		•
	Assets included in Form 990, Part X		Φ

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Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 GIRL SCOUTS Part VII Investments - Other Securities.	OF CHESAPEAK	E BAY COUNCIL 51	0064337 Page
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes'			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-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'		11d. See Form 990, Part X, line 15.	T
(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		
Part X Other Liabilities.			_
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CAPITAL LEASE OBLIGATION			46,971

<u>1.</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CAPITAL LEASE OBLIGATION	46,971.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	46,971.

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

Schedule D (Form 990) 2022

SINCE TAX MATTERS ARE SUBJECT TO SOME DEGREE OF UNCERTAINTY, THERE CAN BE

Schedule D (Form 990) 2022

MATERIALLY IMPACT THE FINANCIAL STATEMENTS OR RELATED DISCLOSURES.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

2022	Open to Public Inspection

OMB No. 1545-0047

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

			CO CO MANUES	9.90%	the latest lind line				
Name o	Name of the organization GIRL SCOU	GIRL SCOUTS OF CHESAPEAKE	SAPEAKE BAY	COUNCIL				Employer identification number $51-006437$	mber 37
Part	General Information on Grants and Assistance	and Assistance		ı					
-	Does the organization maintain records to substantiate the amount of the	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	ne grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	[
	criteria used to award the grants or assistance?	stance?		-	-			Yes	% ×
ِ الم	꺙	ocedures tor moni	toring the use of grant	of grant funds in the United States.	States.				
Part	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Con recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Domestic Organi \$5,000. Part II can	zations and Domestic be duplicated if additic	c Governments. (onal space is need	Somplete if the orga- ed.	anization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any d if additional space is needed.	IV, line 21, for any	
1 (ε	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
8 6	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	and government or	ganizations listed in the	e line 1 table					
٦,	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	ions for Form 990.					Schedule I (Form 990) 2022	2022

	"Yes" on Form 990, Part IV, line 22.
COUNCIL	n answered "Y€
BAY	Janizatio
GIRL SCOUTS OF CHESAPEAKE BAY COUNCIL	Complete if the org
OF (iduals.
SCOUTS	omestic Indiv
GIRL	Assistance to D
(Form 990) 2022	Part III Grants and Other Assistance to Domestic Individuals. Co
Schedule I	Part III

Page 2

51-0064337

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.

(f) Description of noncash assistance									
(e) Method of valuation (book, FMV, appraisal, other)	FAIR MARKET VALUE	FAIR MARKET VALUE		Iditional information.					
(d) Amount of non- cash assistance	0.	0.		(b); and any other ad					
(c) Amount of cash grant	.0	• 0		e 2; Part III, column					
(b) Number of recipients	0	0		iired in Part I, line					
(a) Type of grant or assistance	FINANCIAL ASSISTANCE FOR MEMBERSHIP AND GIRL PROGRAMS	FINANCIAL ASSISTANCE FOR ADULT PROGRAMS		Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

GIRL SCOUTS OF CHESAPEAKE BAY COUNCIL

Employer identification number 51-0064337

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: 3,000 ADULT MEMBERS THROUGHOUT 14 COUNTIES BETWEEN DELAWARE AND THE EASTERN SHORES OF MARYLAND AND VIRGINIA (DELMARVA PENINSULA). THE COUNCIL OPERATES FOUR CAMPS AND TWO RESOURCE CENTERS, AND ITS MISSION IS TO BUILD GIRLS OF COURAGE, CONFIDENCE AND CHARACTER, WHO MAKE THE WORLD A BETTER PLACE

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 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 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.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization GIRL SCOUTS OF CHESAPEAKE BAY COUNCIL	Employer identification number 51-0064337
FORM 990, PART VI, SECTION B, LINE 12C:	
THE BOARD OF DIRECTORS AND OFFICERS OF THE ORGANIZATION RE	VIEW THE CONFLICT
OF INTEREST POLICY ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE CEO'S CONTRACT IS A NEGOTIATED CONTRACT BETWEEN THE CE	O AND THE BOARD
OF DIRECTORS. IT IS REVIEWED AND SUBJECT TO A PERFORMANCE	APPRAISAL
ANNUALLY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES AVAILABLE ITS GOVERNING DOCUMENTS,	CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE PUBLIC UP	ON REQUEST.
PART XII LINE 2C	
NO CHANGES FROM PRIOR YEAR	