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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

<u>A I</u>	For the	2023 calendar year, or tax year beginning OCT 1, 2023 and endin	g SEP 30, 2	024	000011
В	Check if applicabl	C Name of organization		dentification numbe	r
	Addre chang Name	GIRL SCOUT COUNCIL OF COLONIAL COAST			
<u>_</u>	chang	Doing business as	54-11	58412	
E	return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 912 CEDAR ROAD Room/	suite E Telephone r		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code			1 266
	Amend	CHESAPEAKE, VA 23322-8003	G Gross receipts \$ H(a) is this a gi		1,366.
Щ	Application pendir	No. 1	for subord	linates? Ye	s X No
		SAME AS C ABOVE		linates included? Ye	The second secon
<u>T.</u>	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or		tach a list. See instru	
<u>J 1</u>	Nebsit			mption number	Clions
K	orm of	organization: X Corporation Trust Association Other			373
	art I	Summary	Year of formation: 19	O I M State of legal d	omicile: VA
	_		NIM COINTAIT	AT 601 011	
9	∤ .	Briefly describe the organization's mission or most significant activities: GIRL SCO	OUT COUNCIL	OF COLONIA	<u>.L</u>
ĕ		COAST, A UNITED WAY AGENCY, SERVES GIRLS IN	GRADES K-12	<u>, IN</u>	
Ē	2	Check this box if the organization discontinued its operations or disposed of r	more than 25% of its n	et assets.	
ò	3	Number of voting members of the governing body (Part VI, line 1a)		3	18
(C)	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	18
9	5	total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	77
į	6	Total number of volunteers (estimate if necessary)		6	3722
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
<	Ь	Net unrelated business taxable income from Form 990-T, Part I, line 11			
		The state of the s	Prior Year	7b	0.
	8	Contributions and grants (Part VIII, line 1h)		Current	
Ş	9		772,72		3,366.
é	40		314,41		3,140.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	251,83		3,428.
_	יוון	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,384,08	33. 4,033	3,986.
	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,723,05	5,368	3,920.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	52,72		,827.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,827,09	2.997	,867.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ē.	ь	Total fundraising expenses (Part IX, column (D), line 25) 296, 223.			
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,516,47	2 1 554	,293.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,396,28		,987.
	19	Revenue less expenses. Subtract line 18 from line 12	326,76		,933.
Z S		The state of the s	Beginning of Current Y		
anc and	20	Total assets (Part X, line 16)			
SSI		Takel lieb liking (Deet W. Kor. CO)	11,428,26		
et a	22	***************************************	378,58		,761.
Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	11,049,68	0. 12,587	<u>,482.</u>
Unae	я репа	ties of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best	of my knowledge and b	elief, it is
true,	correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowledge.		
		Jeach Vill	1/28	2025	
Sigr		Signature of officer	Date		
Here	e [TRACY KELLER, CHIEF EXECUTIVE OFFICER			
		Type or print name and title			
	İ	Print/Type preparer's name Preparer's signature	Date Chec	k PTIN	
Paid	į	ANGELA R. KERNS ANGELA R. KERNS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	employed P01328	740
Prep		Firm's name WALL, EINHORN & CHERNITZER, P.C.			
		Firm's address 150 W. MAIN ST., SUITE 1200	Firm's EIN	54-151742	<u> </u>
	,	NORFOLK, VA 23510	[UEB 60= 1=	
Mau	the IP	S discuss this return with the preparer shown above? See instructions	Phone no.	757-625-47	
AIGIA	are III	o discuss this return with the preparer snown above? See instructions		X Yas	I I Ma

Form	n 990 (2023) GIRL SCOUT COUNCIL OF COLONIAL COAST ort III Statement of Program Service Accomplishments	54-1158412	Page 2
	Check if Schedule O contains a response or note to any line in this Part III		اتوا
1	Briefly describe the organization's mission: GIRL SCOUT COUNCIL OF COLONIAL COAST, A UNITED WAY AGE GIRLS IN GRADES K-12, IN SOUTHEASTERN VIRGINIA AND NOT CAROLINA. OUR MISSION IS TO BUILD GIRLS OF COURAGE, CO CHARACTER, WHO MAKE THE WORLD A BETTER PLACE.	RTHEASTERN NORT	H
2	Did the organization undertake any significant program services during the year which were not listed on the	10	 -
	prior Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on Schedule O.		Lag NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service if "Yes," describe these changes on Schedule O.		X No
4	Describe the organization's program service accomplishments for each of its three largest program services	s, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expenses, ar	nd
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$3,986,751. including grants of \$51,827.)		
-10	GIRL SCOUTS OF THE COLONIAL COAST (GSCCC) IS ONE OF 11	1 GIRL GOOTIN	140.)
	COUNCILS CHARTERED BY GIRL SCOUTS OF THE USA, THE WORLD ORGANIZATION DEDICATED SOLELY TO GIRLS, AND ADVOCATING	D'S LEADING	
	MORE THAN 100 YEARS. GIRL SCOUTS OF THE USA IS ONE OF	MEADLY 100	
	EDUCATIONAL AND CIVIC FOCUSED YOUTH ORGANIZATIONS THAT	NEARLY 100	
	CHARTERED BY CONGRESS. THE GIRL SCOUT MISSION IS TO HE	T.D DITTID CIDIC	OE.
	COURAGE, CONFIDENCE, AND CHARACTER, WHO MAKE THE WORLD	TE DOING GIVES	OF .
	IN PARTNERSHIP WITH CARING ADULTS, GIRLS DEVELOP QUALT	TIES TO SERVE	
	THEM ALL THEIR LIVES; STRONG VALUES, SOCIAL CONSCIENCE	AND CONVICTO	ואר
	ABOUT THEIR POTENTIAL AND SELF-GROWTH. GSCCC SERVES JU	ST OVER 6 800	
	GIRLS THROUGHOUT SOUTHEASTERN VIRGINIA AND NORTHEASTER	N MODEU CAPOLTA	JA
	WITH THE GUIDANCE OF NEARLY 3,700 DEDICATED AND TRAINE	D VOLUNTEERS.	
4b	(Code:) (Expenses \$	Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (R	evanue \$)
			
4d	Other program services (Describe on Schedule O.)		
_	(Expenses \$ including grants of \$) (Revenue \$	١	
<u>4e</u>	Total program service expenses 3,986,751.		
naa^^	SEE COUEDINE O FOR COMMITTEE TO SEE	Form 990	0 (2023)

Form 990 (2023) GIRL SCOUT C 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		1	
	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		1	
	similar amounts as defined in Rev. Proc. 98-197 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			1
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	ł		ĺ
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
40	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	1		
	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,	1183	10.50	
	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	
D	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		<u>X</u>
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		<u>X</u>
a	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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	<u> </u>	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?]		
42	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States or appropriate formula in the Control of the United States or appropriate formula in the Control of the United States or appropriate formula in the Control of the United States or appropriate formula in the Control of the United States or appropriate formula in the Control of the Co			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		- 1	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u>X</u>
10	foreign organization? If #Von # normalists Coloring (A), life 3, more than \$5,000 or grants or other assistance to or for any		l	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u>X</u>
10	or for foreign individuals? # "Yee " corrected Orbert 1 5 P. C. W.			
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	\rightarrow	<u>X</u> _
"	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	\dashv	<u>X</u>
.0	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		<u>, </u>	
19	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
13	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
20-	complete Schedule G, Part III	19	\dashv	<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	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		<u>X</u>

			V	T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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	1		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		1	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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		1	l
-	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	1		
	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			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		X
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1		1
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			v
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	_27		Х
	instructions for applicable filing thresholds, conditions, and exceptions):	W 3	- 6	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	2100		2222
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? #			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	li		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		
05-	Part V, line 1	34		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		ľ	
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
00		_		v
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u>X</u>
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37	-	
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	Note: All Form 990 filers are required to complete Schedule O **Total Complete Schedule O** 30	-2		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	PRIV	. 03	(1972)
þ	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	2305		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
332004	12-21-23	Form	990 (2	2023)

	continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			N. A.
	filed for the calendar year ending with or within the year covered by this return 2a 77		Dill.	
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	_
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	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		<u> </u>
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	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 toy shelter transaction of any first the state of t		2 111	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5a</u>	-	X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b	_	X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c	 	
	and an additional distance and developed and all the states are also as a second secon	٥-		v
b	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		Х
	were not tax deductible?	e.		
7	Organizations that may receive deductible contributions under section 170(c).	<u>6b</u>	#3555	2000
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		- 21
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70	1000	loud.
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 1		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		47	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		2/40	ETA
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	1.54	2000	TY.
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:		到班	
	Gross income from members or shareholders	1		
Þ	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	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	will of \$100.00	of the second
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified popprofit health incurred incurred.			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	200	1775120	100
и	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	RESULTION I	Louis Co.
h	Enter the amount of reserves the organization is required to maintain by the states in which the	1572		
-	propries in lineaged to issue qualified to although			
С	Enter the amount of reserves on hand			
14a	PACLIAN CONTRACTOR CON	14-	SCHOOL S	x
	If "Vee " has it filed a Form 720 to report these payments? If not a	14a 14b	_	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	146		
	excess parachute nayment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	-		Bass
16	Is the organization an educational institution publicat to the costing 4000 pusies to use a state of the costing 4000 pusies to the costing 4000 pusies to the cost of the cos	16		X
	If "Yes," complete Form 4720, Schedule O.	,,,	hour s	1224
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	00000		
	that would result in the imposition of an evoice toy under coeffice 4054, 4050 as 40500	17		
	If "Yes," complete Form 6069.	199	Sing 8	STI
32005	12-21-23	orm	990 (2	(023)

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

Form 990 (2023) GIRL SCOUT COUNCIL OF COLONIAL COAST 54-1135412 Page
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 18		1500	ARIAN.
	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.	Mary Control		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 18	333	1000	NUS.
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	SUR		1033
	officer, director, trustee, or key employee?	2	No.Comp.	х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>		
	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 990 was filed?	4	127	Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-	12	
	more members of the governing body?		x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		-
	persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	rich to the	X
a	The governing body?		37	COLUMN TO A STATE OF THE STATE
b		8a_	X	
9	ls there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_8b	X_	
•	organization's mailing address? (4.1/2) and the arranged the arranged to the			
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		<u> </u>
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
10a	Did the organization have local chanters, branches, or affiliates?		Yes	No
h	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		<u> </u>
	and beauting to prove their respective and control of the state of the			
415	Has the organization provided a complete consistent with the organization's exempt purposes?	10b		
l la	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
40-	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	14000		
ıza L	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
Ç	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
40	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	3	100	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	200	UNION THE	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	1100	200	14
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	報材		Man .
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		20	
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed VA, NC			
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) a	vailabl	е
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	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 books and records			
	<u>APRIL VAN SKIVER - 757-548-8917</u>			
	912 CEDAR ROAD, CHESAPEAKE, VA 23322-7002			

Form 990 (2023) 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

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

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

(A) Name and title	(B) Average hours per week	(do		Pos heck d	C) ition more rson i	than	one n an	(D) Reportable compensation from	(E) Reportable compensation	(F) Estimated amount of
9	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) TRACY KELLER	50.00									
CHIEF EXECUTIVE OFFICER				Х	_	_	_	163,278.	0.	15,326.
(2) CAROLYN PITTMAN	1.00							_		
CHAIR	4 00	Х		X	<u> </u>	_	L.	0.	0.	0.
(3) LU ANN KLEVECZ	1.00	1							_	
VICE CHAIR	1 00	X		Х	<u> </u>		<u> </u>	0.	0.	0.
(4) LUIS ESTRADA	1.00								_	
TREASURER	1 00	X	Н	Х	<u> </u>		<u> </u>	0.	0.	0.
(5) AMANDA HOWIE SECRETARY	1.00	٠,		,,						_
(6) LEONARD BROWN	1 00	X	Н	Х				0.	0.	0.
MEMBER AT LARGE	1.00	٠,	li					ا		_
(7) DAWN BROTHERTON	1.00	X	Н	-	_	-	_	0.	0.	0.
MEMBER AT LARGE	1.00	v						ا ا	_	
(8) VERA CAMPBELL	1.00	Х	Н	-				0.	0.	0.
MEMBER AT LARGE	1.00	х							_	
(9) ELIZABETH CHAPMAN	1.00	^		_				0.	0.	0.
MEMBER AT LARGE	1.00	х						0.	ا ہ	•
(10) LATONYA ENGLISH	1.00	Δ.	H	-		Н			0.	0.
MEMBER AT LARGE	1.00	х						0.	ا م	0
(11) ANGELYN GIBSON	1.00	.21	\vdash			Н		0.	0.	0.
MEMBER AT LARGE	1.00	х						0.	0.	0.
(12) SHARON JONES	1.00			\dashv	\dashv					
MEMBER AT LARGE		х		- 1				0.	0.	0.
(13) DENEEN KEEGAN	1.00			一		Н			- 0.	<u> </u>
MEMBER AT LARGE		х						0.	0.	0.
(14) SARAH LINDEN-BROOKS	1.00			\neg						
MEMBER AT LARGE		х						0.	0.	0.
(15) KIM MINGEE	1.00	_			\neg		\neg			
MEMBER AT LARGE		х		ŀ				0.	0.	0.
(16) LAURA MORGAN	1.00			\neg			\neg			
MEMBER AT LARGE		x						0.	0.	0.
(17) CHRISTY MURPHY (FALK)	1.00		\Box	\neg	\neg					
MEMBER AT LARGE		x			ı			0.	0.	0.

332007 12-21-23

Form 990 (2023)

d	Total (add lines 1b and 1c)	0.1	15,	326
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of repo	ortable		
			Ye	s No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on	35	NEW 285	
	line 1a? If "Yes," complete Schedule J for such individual	Es T	3	Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organiza	ation		

1b Subtotal

c Total from continuation sheets to Part VII, Section A

163,278.

0.

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

(A) Name and business address	NONE	(B) Description of services	(C) Compensation
			
Total number of independent contractors (including but \$100,000 of compensation from the organization	not limited to those list	ed above) who received more than	

Form 990 (2023)

15,326

0.

0.

		(2023) GIF	ΣL	SCOUT CO	DUNCIL OF	COLONIAL	COAST	54-1158	412 Page 9
Pa	rt VI							-	
_		Check if Schedule O	cont	ains a response	or note to any lin	e in this Part VIII (A)	(B)	(0)	X
						Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
str	1 a	Federated campaigns	,.,	1a	166,702.	STATE OF THE PARTY	The Fall Annual		National Comment
ira our	b			1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events		1c	20,534.				
	d			1d					
	е	Government grants (contr			7,978.				
혈	f	All other contributions, gifts,							
ontribu		similar amounts not included		1000	613,152.				E 2011
	9	Noncash contributions included in			35,022.			195	
Og	<u>h</u>	Total. Add lines 1a 1f				808,366.		9	
	•	PROGRAM AND CAMP RE	. PEPAIT	TP.	Business Code	200 444			The heart of the
Program Service Revenue	2 a				713990	303,140.	303,140		
E &	b								
Ker	C	·							
Pa Ba	u	·							
옵	4	All other program service	reve	anue	 				
		Total. Add lines 2a-2f				303 140.		No. of the latest and	
	3	Investment income (include				303,140.	NO THE COURT OF		
			_	arridonos, anton	' '	279,436.			270 426
	4	Income from investment of				273,100.			279,436.
	5	Royalties						·	
ļ		133		(i) Real	(ii) Personal		mildo you	SELEN	
İ	6 a	Gross rents	6a	23,822.					
	b	Less: rental expenses	6b	0.					
	С	Rental income or (loss)	6c	23,822.			Regulation of		
	d	Net rental income or (loss) <u></u>			23,822.			23,822.
	7 a	Gross amount from sales of		(i) Securities	(ii) Other				
		assets other than inventory	7 <u>a</u>	20,613.			Mark Wall		
	b	Less: cost or other basis							
ᆲ		and sales expenses	7b						
evenue		Gain or (loss)	7c			MAN AND DE	MAN THE RESE		
<u>«</u>		Net gain or (loss)				-56,008.			-56,008.
Other	8 a	Gross income from fundraisi					Mark Command Street		
이		including \$							
		contributions reported on			10.00				
		Part IV, line 18							
		Less: direct expenses Net income or (loss) from			21,688.	0.100	- XX - X - X - X - X - X - X - X - X -		CASTA III NEED
		Gross income from gamin		_		-9,122.	100000000000000000000000000000000000000		-9,122,
	♂ d	Part IV, line 19							
	h	Less: direct expenses		9b					
		Net income or (loss) from			·			Carlo and Carlo	AND DESCRIPTION
		Gross sales of inventory, I				ni seoni metang isa	ATTENNESS OF THE SECOND	COLUMN SOUR TO HOUSE AND IN	MIND HAVE AND AND AND AND AND AND AND AND AND AND
		and allowances			7,164,236.		A		
	b	Less: cost of goods sold							
[Net income or (loss) from				3,990,099.			3990099.
					Business Code	SARTE OF AND A	31.00		3330033.
Sno 4	11 a	OTHER REVENUE			561000	29,187.			29,187.
Miscellaneous Revenue	ь								25,107.
eke Ke	С								
Aisc	d	All other revenue							
-		Total. Add lines 11a-11d				29,187.	CONTRACTOR		
	12	Total revenue, See instruction				5,368,920.	303,140.	Ö.	4257414.

	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
1	Grants and other assistance to domestic organizations		oxpenses	general expenses	expenses
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	51,827.	51,827.		
3	Grants and other assistance to foreign			file is a file family.	Wat Liter of the
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				MI WILLIAMS
5	Compensation of current officers, directors,	104 506			25
_	trustees, and key employees	194,726.	164,935.	14,218.	15,573
6	Compensation not included above to disqualified		l		
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2 040 204	1 225 044	440 544	
7	Other salaries and wages	2,049,384.	1,735,844.	149,641.	163,899
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	F7E 042	F 0 F 0 0 4	0.5.04.5	
9	Other employee benefits	575,843. 177,914.	527,934.	26,813.	21,096
0	Payroll taxes	1//,914.	155,407.	5,761.	16,746
1	Fees for services (nonemployees):				
a	Management	895.	895.		
b	Legal	24,590.	095.	24 500	"
d	Accounting	24,330.		24,590.	
e	Professional fundraising services. See Part IV, line 17		Trend Ed B		
f	Investment management fees	33,033.	-A	22 022	
g	Other. (If line 11g amount exceeds 10% of line 25,	33,033.		33,033.	<u></u>
9	column (A), amount, list line 11g expenses on Sch O.)	156,880.	140,845.	14,953.	1 000
2	Advertising and promotion	55,438.	52,796.	14,333.	1,082 2,642
3	Office expenses	00,7200	32,750.		2,042
4	Information technology				
5	Royalties				
6	Occupancy	287,534.	258,780.	14,377.	14,377
7	Travel	72,422.	63,668.	6,814.	1,940
8	Payments of travel or entertainment expenses				2,540
	for any federal, state, or local public officials			-	
9	Conferences, conventions, and meetings	19,975.	13,194.	3,665.	3,116
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	210,229.	189,205.	10,512.	10,512
3	Insurance	127,728.	114,942.	6,386.	6,400
4	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	264,562.	250,146.	159.	14 057
b	MISCELLANEOUS	114,601.	107,543.	369.	14,257
C	EQUIPMENT R&M	113,713.	96,105.	5,335.	6,689
ď	TELEPHONE	55,128.	48,485.	3,619.	
e	All other expenses	17,565.	14,200.	768.	3,024 2,597
5	Total functional expenses. Add lines 1 through 24e	4,603,987.	3,986,751.	321,013.	296,223
6	Joint costs. Complete this line only if the organization		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J21, V13.	430,443
	reported in column (B) joint costs from a combined		,		
	educational campaign and fundraising solicitation.				
	Check here if tollowing SOP 98-2 (ASC 958-720)				

Form 990 (2023)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		2,249,193.	1	2,646,32
	2	Savings and temporary cash investments		2	, ,	
	3	Pledges and grants receivable, net	127,701.	3	113,54	
1	4	Accounts receivable, net		82,642.	4	19,60
	5	Loans and other receivables from any current or former officer, dire			777	acceptant in the
		trustee, key employee, creator or founder, substantial contributor,	or 35%		12 22	
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as de	fined	ux stillo=x liurillo		I JUNE OF WAR IN THE TAX
		under section 4958(f)(1)), and persons described in section 4958(c)			6	
:	7	Notes and loans receivable, net			7	107
	8	Inventories for sale or use	Determination	64,750.	8	68,87
	9	Prepaid expenses and deferred charges	AND AND ADDRESS OF THE PARTY OF	85,611.	9	90,13
1	10a	Land, buildings, and equipment: cost or other				100 000
		basis. Complete Part VI of Schedule D 10a 8, 4				
	b		26,659.	<u>3,857,89</u> 4.	10c	3,782,02
1	11	Investments - publicly traded securities		4,889,723.	11	6,106,46
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11			13	-
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		<u>70,750.</u>	15	46,26
4	16	Total assets. Add lines 1 through 15 (must equal line 33)		11,428,264.	16	12,873,24
	17	Accounts payable and accrued expenses	<u>283,480.</u>	17	212,02	
	18	Grants payable			18	
	19	Deferred revenue		20,040.	19	24,42
- 1	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule	D	873.	21	81
1	22	Loans and other payables to any current or former officer, director,		Total Control of	180	
		trustee, key employee, creator or founder, substantial contributor, of	or 35%	THE RESERVE OF THE PERSON OF T		
			***************************************		22	
'	23				23	<u> </u>
-	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related the				
		parties, and other liabilities not included on lines 17-24). Complete I		m		
		of Schedule D		74,191.	25	48,49
+	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here		378,584.	26	285,761
,						
		and complete lines 27, 28, 32, and 33.		10 004 504		
	27	Net assets without donor restrictions		10,271,501.	27	11,621,832
	28	Net assets with donor restrictions		778,179.	28	965,650
		Organizations that do not follow FASB ASC 958, check here				
	00	and complete lines 29 through 33.			Morning i	
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other fund		11 040 000	31	10 505 404
	32	Total net assets or fund balances		11,049,680.	32	12,587,482
Д.	33	Total liabilities and net assets/fund balances		11,428,264.	33	12,873,243 Form 990 (20

Form 990 (2023)

Pa	rt XI Reconciliation of Net Assets	<u> </u>	11301	12	га	ye is
	Check if Schedule O contains a response or note to any line in this Part XI					
	The state of the s					
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	5	368	q	20.
2	Total expenses (must equal Part IX, column (A), line 25)	2				87.
3	Revenue less expenses. Subtract line 2 from line 1	3		764		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-			80.
5	Net unrealized gains (losses) on investments	5				69.
6	Donated services and use of facilities	6	-	, , ,	, 0	93.
7	Investment expenses	7				
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,	587	4	82.
Pa	rt XII Financial Statements and Reporting	. 10 1		50 ,	, -	<u> </u>
	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			81111		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.	_	- 2 (
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:			211	ŠII.	
	Separate basis Consolidated basis Both consolidated and separate basis		10			
b	Were the organization's financial statements audited by an independent accountant?		erosinete.	2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis.				400
	consolidated basis, or both:	,	10			
	X Separate basis Consolidated basis Both consolidated and separate basis			100		
C	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?	a.c.a.r.,		2c	хl	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O		20 8		a contra
За	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?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit		-	\dashv	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				orm 9	90 t	2023

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2023

Open to Public Inspection

Employer identification number

GIRL SCOUT COUNCIL OF COLONIAL COAST 54-1158412 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in X section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III,) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (v) is the organization listed in your governing document? (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes Nο above (see instructions)) Total

Part II

Form 990) 2023 GIRL SCOUT COUNCIL OF COLONIAL COAST 54-1158 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and			17,	(4) 4044	(0) 2020	(I) IOIAI
	membership fees received. (Do not						
	include any "unusual grants.")	478,720.	1235592.	1526502.	772,725.	812,866.	4826405.
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				ł	75	
4	Total. Add lines 1 through 3	478,720.	1235592.	1526502.	772,725.	812,866.	4826405.
5	The portion of total contributions			THE REAL PROPERTY.		7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	by each person (other than a					301	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)		T X HI III			MONETH IN	
	Public support. Subtract line 5 from line 4.					LINO - E TON	4826405.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	478,720.	1235592.	1526502.	772,725.	812,866.	4826405.
8	Gross income from interest,	i					<u> </u>
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	173,284.	<u>180,5</u> 87.	359,692.	279,435.	303,258.	1296256.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					_	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	26,277.	49,478.	45,626.	33,899.	29,187.	184,467.
	Total support. Add lines 7 through 10						6307128.
	Gross receipts from related activities,					12 24	034,911.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50)1(c)(3)	
	organization, check this box and stor						
	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2023 (I	line 6, column (f), di	vided by line 11, c	olumn (f))		14	76.52 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	76.29 %
16a	33 1/3% support test - 2023. If the	organization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or mo	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization	***************************************			X
ь	33 1/3% support test - 2022. If the o	organization did not	t check a box on lii	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check this	box
	and stop here. The organization qual	lifies as a publicly s	upported organiza	tion		(1074.0	
17a	10% -facts-and-circumstances test	t - 2023. If the orga	anization did not cl	neck a box on line	13, 16a, or 16b, ar	nd line 14 is 10% o	r more.
	and if the organization meets the fact	s-and-circumstance	s test, check this I	pox and stop here	e. Explain in Part \	I how the organiza	tion
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	: - 2022. If the orga	anization did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and sto	op here. Explain in	Part VI how the	
	organization meets the facts-and-circu						
18	Private foundation. If the organization	on did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box an	d see instructions	
						Schedule A //	orm 990) 2023

Schedule A (Form 990) 2023 GIRL SCOUT COUNCIL OF COLONIAL 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

Section A. Public Support	iow, piease com	piete Part II.)	<u> </u>			
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(O Total
1 Gifts, grants, contributions, and			(0) 2021	(d) 2022	(0) 2023	(f) Total
membership fees received. (Do not						
include any "unusual grants.")]	1	Ì		
2 Gross receipts from admissions.					+	
merchandise sold or services per-						[
formed, or facilities furnished in				1		
any activity that is related to the organization's tax-exempt purpose			i		1	
3 Gross receipts from activities that		 			 	
are not an unrelated trade or bus-				ĺ	20	
iness under section 513			1			1
491914141414					<u> </u>	
4 Tax revenues levied for the organ-						J
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons			<u> </u>			
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					 	
8 Public support. (Subtract line 7c from line 6.)	Mayor - E					
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	/O Total
9 Amounts from line 6		17,	(0) = 0 = 1	(0) 2022	(e) 2023	(f) Total
10a Gross income from interest,					 	
dividends, payments received on					1 1	
securities loans, rents, royalties, and income from similar sources		l				
b Unrelated business taxable income				<u> </u>	 	
(less section 511 taxes) from businesses						
acquired after June 30, 1975			1			
c Add lines 10a and 10b		-		<u> </u>	 	
11 Net income from unrelated business					 	
activities not included on line 10b,			1		i I	
whether or not the business is		:				
regularly carried on 12 Other income. Do not include gain						
or loss from the sale of capital						_
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	organization's fir	st, second, third, fo	ourth, or fifth tax ye	ear as a section 5	01(c)(3) organization	1,
check this box and stop here						
Section C. Computation of Public	Support Per	centage				
15 Public support percentage for 2023 (lin			olumn (f))		15	%
16 Public support percentage from 2022 S	Schedule A, Part I	III, line 15			16	%
Section D. Computation of Invest						
17 Investment income percentage for 202	3 (line 10c, colun	an (f), divided by lin	e 13, column (f))	2007s	17	%
18 Investment income percentage from 20	022 Schedule A, I	Part III, line 17		32.5	18	%
19a 33 1/3% support tests - 2023. If the o	organization did n	ot check the box of	n line 14, and line 1	15 is more than 3	3 1/3%, and line 17	is not
more than 33 1/3%, check this box and	stop here. The	organization qualifi	es as a publicly sur	pported organizat	ion	
b 33 1/3% support tests - 2022. If the o	organization did no	ot check a box on I	ine 14 or line 19a,	and line 16 is mor	e than 33 1/3%, an	d
line 18 is not more than 33 1/3%, check	k this box and ste	p here. The organ	ization qualifies as	a publicly suppor	ted organization	
20 Private foundation. If the organization	did not check a b	oox on line 14, 19a.	or 19b, check this	box and see inst	ructions	

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		381000
2		
3a	27.10	5200
10.18	598	
3b	5555	
20	#10 O	
3c	- 3	200
4a		
10.0		
4b		CALI
	Sa.	
4c	2000	
	1.6	
200		
5a	2000	130
5b		
5c	7 Pr	0.04
6	195/55	No.
7		
8		1550
9a		
9b		
Degra.		lika:
9c	(E)-30	
10a		

Par	t IV Supporting Organizations (continued)		<u> </u>	aye o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	200	165	140
	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	physical	10430501
b	A family member of a person described on line 11a above?	11b	\vdash	
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110	3334	STARES
	detail in Part VI.	11c	- Committee	· ILLENCHIOLE
Sect	tion B. Type I Supporting Organizations	1_1,15		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		1100
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	rs,		DO!
	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			VIII SE
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	30		58
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported	12501	0.3	1,38
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			SILE
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	J-180		
Cont	supervised, or controlled the supporting organization.	2		<u> </u>
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	UHL		346
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		1911	
	or management of the supporting organization was vested in the same persons that controlled or managed	183		
	the supported organization(s). tion D. All Type III Supporting Organizations	11		
Jeci	non D. All Type in oupporting Organizations			
	Did the appropriation approved to each of its support of the suppo		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	256		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	100		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		2022	
	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	Carrier Co.	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		585500	5000	The latest
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2	15-8-8	E0200
•	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.		See See	SISSE!
Sect	tion E. Type III Functionally Integrated Supporting Organizations	3 [
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ional		
а	The organization satisfied the Activities Test. Complete line 2 below.	ions).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ee inetruction	o l	
2	Activities Test. Answer lines 2a and 2b below.	ee misaacaons		No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	4-550	103	283
	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,	### \$100°		AK-1
	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	A STATE OF	1	
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			野り
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		199	
	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		452	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3h		

Sche	dute A (Form 990) 2023 GIRL SCOUT COUNCIL OF TV Type III Non-Functionally Integrated 509(a)(3) Support	COLONIA	L COAST	54-1158412 Page 6
1				
'	Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu	ing trust on N	lov. 20, 1970 (explain :	in Part VI). See instructions.
Sect	ion A - Adjusted Net Income	si complete c	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
2	Recoveries of prior-year distributions	2	· ·	
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		-
	Portion of operating expenses paid or incurred for production or	- - -		-
_	collection of gross income or for management, conservation, or	1 1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7 7		- 12
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		COLUMN TWO IS	ST (/=111111111111111111111111111111111111
	instructions for short tax year or assets held for part of year):	1200		
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	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		ĺ
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0,035.	6		
7	Recoveries of prior-year distributions	7		
-8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2	PART HERMINE	
3	Minimum asset amount for prior year (from Section 8, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5	The state of the s	
	Distributable Amount Subtract line 5 from line 4 unless subject to			<u> </u>

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

emergency temporary reduction (see instructions).

rai	ty Type in Non-Functionally integrated 509(a)(3) Supporting Orga	inizations (contin	ued)	
S <u>ecti</u>	on D - Distributions				Current Year
1_	Amounts paid to supported organizations to accomplish exer	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	s of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	<u> </u>
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 th	e organization is responsive		\vdash	····
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		£50	10	27
O4:	F Distribution All and the first transfer of the second se	(1)	(ii) Underdistribution		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2023	15	Distributable Amount for 2023
1.	Distributable amount for 2023 from Section C, line 6		1 3 1000 1/600	1	
2	Underdistributions, if any, for years prior to 2023 (reason-			0	
	able cause required - explain in Part VI). See instructions.				
3_	Excess distributions carryover, if any, to 2023	Mexical Paris		100 A	
а	From 2018			37 5	
b	From 2019_		Maria Harris		
С	From 2020		And the second	Z=41 F	
d	From 2021	STATE OF THE REAL PROPERTY.	SER WALLEY		
e	From 2022_	Sentell purch from a	ara in Exern Client	II CONTINUE	THE RESERVE TO SHEET OF
f	Total of lines 3a through 3e		EXTRES IT		
g	Applied to underdistributions of prior years	WITH REPORT Y		10	
h	Applied to 2023 distributable amount	December 1800 - 1977 117	48		
i	Carryover from 2018 not applied (see instructions)		<u>дш (</u> (т - 1)		THE REAL PROPERTY OF THE PARTY
Ĺ	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	PCOSD TO	
4	Distributions for 2023 from Section D,	IN DESERVED THE PERSON		1 10	
	line 7: \$	to a Salt of the first	SETTING TO SET		
а	Applied to underdistributions of prior years	CONTRACTOR OF THE PARTY OF THE			Maria de la composición del composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la co
b	Applied to 2023 distributable amount				<u> </u>
С	Remainder. Subtract lines 4a and 4b from line 4.		Carrier Samuel State	47/875 TA	Committee of the Commit
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater			- 5	
	than zero, explain in Part VI. See instructions.			133	
6	Remaining underdistributions for 2023. Subtract lines 3h	ATTACK TO THE POST OF THE	SUITE OF STATE	1653	
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			TIME	
7	Excess distributions carryover to 2024. Add lines 3j			interest la	
	and 4c.				
8	Breakdown of line 7:		CHINAS SERVICE	10011 100	
a	Excess from 2019		The second second	1988	
Ь	Excess from 2020			1370 SE	
С	Excess from 2021		Minus IX-14	2017 66	
d	Excess from 2022	DESCRIPTION OF THE SECOND		Time of	
е	Excess from 2023		and the second		

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.

2023
Open to Public Inspection

Name of the organization

GIRL SCOUT COUNCIL OF COLONIAL COAST

Employer identification number 54-1158412

Pa		d Funds or Oth	er Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ie 6.		ostipioto ii tito
		(a) Donor a	dvised funds	(b) Funds and other accounts
1	Total number at end of year		<u> </u>	
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 t	writing that the asse	ts held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal conti	ol?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing tha	it grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or fo	or any other purpose	conferring
	impermissible private benefit?			Ver No.
Pa	t II Conservation Easements. Complete if the org	ganization answered	"Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that ap	oly).	
	Preservation of land for public use (for example, recreat	tion or education)	Preservation o	f a historically important land area
	Protection of natural habitat			f a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cor	tribution in the form	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			
¢	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included on line 2c acqui	red after July 25, 20	06, and not	
	on a historic structure listed in the National Register			_2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or terminated by the	organization during the tax
	year			•
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri	odic monitoring, ins	pection, handling of	
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations	s, and enforcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and	enforcing conservat	ion easements during the year
_				
8	Does each conservation easement reported on line 2d above	satisfy the requirem	ents of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its re	evenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization	on's financial stateme	ents that describes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historian 7		
1 01	t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	OOO Deet IV line O	reasures, or Ot	ner Similar Assets.
ıa	If the organization elected, as permitted under FASB ASC 958	s, not to report in its	revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for publication provide in Both VIII the text of the featests to its fire	ic exhibition, educat	ion, or research in fui	therance of public
	service, provide in Part XIII the text of the footnote to its finance.	cial statements that	describes these items	S
Ь	If the organization elected, as permitted under FASB ASC 958	s, to report in its reve	nue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education	, or research in furth	erance of public service.
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			<u> </u>
0	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical trea			gain, provide
	the following amounts required to be reported under FASB AS			
a b	Revenue included on Form 990, Part VIII, line 1			••••••••••••••••••••••••••••••••••••••
	Assets included in Form 990, Part X			
цпА	For Paperwork Reduction Act Notice, see the Instructions	tor Form 990.		Schedule D (Form 990) 2023

332051 09-28-23

	dule D (Form 990) 2023 GIRL SC 1 III Organizations Maintaining C	OUT COUNCIL	OF COLON	IAL COAST	or Cim	54-11	5841	.2 F	age 2
3	Using the organization's acquisition, accessing	on and other records	s shock one of the	fall-using that much	ier Siiii	nar Asset	s (cont	inued)	
·	collection items (check all that apply).	on, and other records	s, check any of the	rollowing that make	e significa	nt use of its			
а	Public exhibition	d	Loop or eye	hange program					
b	Scholarly research	e e		mange program					
c	Preservation for future generations	-	Other					-	
4	Provide a description of the organization's co	ellections and explain	how they further th	o organization's a		D	ville		
5	During the year, did the organization solicit o	r receive donations o	of art bistorical trace	te organization s e	xempt pur	pose in Part	XIII.		
•	to be sold to raise funds rather than to be ma	intained as part of the	o art, riistorical treas	Sures, or other simi	ilar assets		٦.,	_	٦
Par	t IV Escrow and Custodial Arrange	gements Complet	to if the organization	nection?	0	00.00.4043	Yes		No
	reported an amount on Form 990, Pai	t X. line 21.	e ii tile organizatioi	I allswelled Tes (on Form 9	90, Part IV, I	ine 9, or	6.	
1a	Is the organization an agent, trustee, custodi		liary for contribution	e or other seests a	nt in aluate	i i	· · · · · ·		
•••	on Form 990, Part X?	an, or other intermod	nary for contribution	is or other assets r	iot include	90	Tv	T	n
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	lowing table:				Yes	L	No
_	· · · · · · · · · · · · · · · · · · ·	and complete the foll	Owing table.			1	Amour	nt	
С	Beginning balance					172	Amou	IL.	
d	Additions during the year				10				
е	Distributions during the year				100				
f	Ending balance				11				_
2a	Did the organization include an amount on Fo	orm 990. Part X. line :	21, for escrow or cu	stodial account lia	hilitu/2		Yes	_	7
ь	If "Yes," explain the arrangement in Part XIII.	Check here if the exi	planation has been i	provided in Part XII	Dilityr ,,		res	X	No
Par	t V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990. Part IV. line	10.				
		(a) Current year	(b) Prior year	(c) Two years back		e years back	(e) Fou	r vears	back
1a	Beginning of year balance	434,540.	273,105.	302,831		241,328.	(0)	_	338.
b	Contributions	134,400.	141,299.	15,790		19,356.	_		614
c	Net investment earnings, gains, and losses	81,361.	20,136.	-45,516		46 191.			376
d	Grants or scholarships								
e	Other expenditures for facilities			_			_		
	and programs	18,951.				4,044.			
f	Administrative expenses			-	1	-,,,,,			
g	End of year balance	631,350.	434,540.	273,105		302,831.		241	328
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g. column (a)	held as:					020
а	Board designated or quasi-endowment	.0000	%	,					
b	Permanent endowment100	%	-						
c	Term endowment .0000	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organizat	ion that are held an	d administered for	the				
	organization by:	-					1	Yes	No
	(i) Unrelated organizations?	30.2					3a(i)	х	
	(ii) Related organizations?						3a(ii)		X
þ	If "Yes" on line 3a(ii), are the related organization	tions listed as require	d on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endow	ment funds.			******************	<u> </u>		
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. Se	e Form 990, Part >	(, line 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumula	ted	(d) Boo	k valu	
		basis (investm		1 11	lepreciatio		(m) 200	valut	•
1a	Land			3,010.		14 all	82	3,01	10.
b	Buildings				033,0	14.	2,45		
c	Leasehold improvements			9,637.	73,5			5,89	
d				7,990.	492,4			5,49	
е	Other			7,368.	27,4			9,95	
Total	I. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part Y					3 781		

Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation; Cost or end-of-year market value
(1) Financial derivatives	"	
(2) Closely held equity interests	· · · · · · · · · · · · · · · · · · ·	
(3) Other		
(A)		***
(B)	······································	
(C)		
(D)		
(E)	-	
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		The state of the s
Part VIII Investments - Program Related.		HAMINA COM IIII C. TOMOS - SE TROLOGO BETTERO
Complete if the organization answered "Yes" or	n Form 990. Part IV. line	11c See Form 900 Port V line 12
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	(b) Dook value	(c) Metriod of Valuation. Cost of end-or-year market value
(2)		
(2)	<u> </u>	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets		
	. =	
Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.
	escription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))	
Part X Other Liabilities		
Complete if the organization answered "Yes" or	n 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) LEASE LIABILITY		48,497.
(3)		20,257.
(4)		
(5)		
(6)		
(7)		
(8)	-	
(9)		
<u> </u>		
Total (Only man followed and Company of the state of the	(OI)	40 11
Total. (Column (b) must equal Form 990. Part X. line 25, col. (2. Liability for uncertain tax positions. In Part XIII, provide th	(B))	48,497.

332053 09-28-23

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 G: Part XI Reconciliation of Re	IRL SCOUT COUNCIL OF CO	LONIAL COAS	T enue per Re	54-1	158412	Page 4
	on answered "Yes" on Form 990, Part IV, line		ondo por mo	Carri		
	upport per audited financial statements	124.			6,191,	9.01
_	ot on Form 990, Part VIII, line 12:			48/3/5/90	0,191,	,091.
		ا مو ا	772,869.	1000		
* '	***************************************		83,135.	566		
	lities		03,133.	1000		
		X-1				
				55380		
				2e		004.
		e ii maanaa maa maa maa maa maa maa maa maa		3	5,335,	<u>,887.</u>
	Part VIII, line 12, but not on line 1:	1 1				
a Investment expenses not include			33,033.			
c Add lines 4a and 4b	·			4c		033.
5 Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I. line 12.)			5	5,368,	920.
Part XII Reconciliation of Ex	penses per Audited Financial Stat	tements With Exp	enses per F	leturn		
Complete if the organization	on answered "Yes" on Form 990, Part IV, line	12a.				
 Total expenses and losses per au 	udited financial statements	***************************************		1	4,654,	089.
2 Amounts included on line 1 but n			38.18.67.63.66.64.17.77			
a Donated services and use of facil	lities	2a	83,135.	1 (3.0)		
			-	2		
		COLUMN TO THE PARTY OF THE PART				
				W 3		
			PATRI HAVE AND ADDRESS	2e	83	135.
				3	4,570,	
	Part IX, line 25, but not on line 1:			3	4,3/0,	774.
	od on Form 990, Part VIII, line 7b	[45]	33,033.			
	0 01 F0111 550, Fax VIII, III 6 70		33,033.	118		
		Sec. 2008. 11			22	022
	4			4c		033.
5 Total expenses. Add lines 3 and Part XIII Supplemental Infor	4c. (This must equal Form 990, Part I, line 18	4114	****************	5	4,603,	987.
	art II, lines 3, 5, and 9; Part III, lines 1a and 4;			Part X,	line 2; Part XI	
lines 2d and 4b; and Part XII, lines 2d a	and 4b. Also complete this part to provide any	additional information				
						
DADE THE TANK OF						
PART IV, LINE 2B:						
THE COUNCIL HAS A CU	JSTODIAL RELATIONSHIP W	ITH OTHER E	NTITIES 2	AND	REPORTS	
THOSE ASSETS AS A CU	JSTODIAL LIABILITY. THE	AMOUNT CON	SISTS PR	IMAR	ILY OF	
DUES DUE TO NATIONAL	L AND OTHER SMALL AMOUN	TS.				
PART V, LINE 4:						
FUNDS ARE USED TO SU	JPPORT GIRL MEMBERSHIP	DUES AND PRO	CRAM FEI	70		
201720 11111 0022 10 01		DOLLO PARD TIN	JOICHH PEI	<u> </u>		
		<u> </u>				
DADE V LINE 2.						
PART X, LINE 2:						
MIN CONNETT TO BYEN	DE EDON EDDEDAT THOOMS					
THE COUNCIL IS EXEM	PT FROM FEDERAL INCOME	TAXES UNDER	SECTION	501	(C)(3)	OF'
MIN TIMES 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
THE INTERNAL REVENUE	E CODE, EXCEPT ON NET II	NCOME DERIVE	D FROM U	JNRE	LATED	
BUSINESS ACTIVITIES	. INTERNAL REVENUE CODE	SECTION 513	(A) DEF	NES	AN	
332054 09-28-23				Schedu	le D (Form 99	2023

Schedule D (Form 990) 2023 GIRL SCOUT COUNCIL OF COLONIAL COAST 54-1158412 Page 5 Part XIII Supplemental Information (continued)
UNRELATED TRADE OR BUSINESS OF AN EXEMPT ORGANIZATION AS ANY TRADE OR
BUSINESS WHICH IS NOT SUBSTANTIALLY RELATED TO THE EXERCISE OR PERFORMANCE
OF ITS EXEMPT PURPOSE. CURRENTLY, THE COUNCIL HAS NO OBLIGATION FOR ANY
UNRELATED BUSINESS INCOME TAX. THE COUNCIL BELIEVES IT HAS APPROPRIATE
SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY
UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No: 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to seems ire any/Form900 for instructions and the latest information **Open to Public** Inspection

	www.irs.gov/romieeo for instruc	uons	anu u	ne latest information	1.	Faratarraida	-Aidi - Ai
Name of the organization GIRL SC	OUT COUNCIL OF COL	NIAC	AL (COAST		54-1158	ntification number 412
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not							
required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.							
Indicate whether the organization rais A	e Solicita	tion of tion of	non-g gover	overnment grants nment grants			
d In-person solicitations							
2 a Did the organization have a written of			_		tees,		
b If "Yes," list the 10 highest paid indiv	art VII) or entity in connection with privile are continuously or entities (fundraisers) pursu			- 2.00	ne fui	Yes ndraiser is to be	
compensated at least \$5,000 by the			ug. 00.	TOTAL STATE OF THE STATE OF THE	10 101	idiaida la to bo	•
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or cor	ustody	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			<u> </u>				
<u> </u>							

		\vdash	 				
		<u> </u>	<u> </u>				
<u>Total</u>							
List all states in which the organization or licensing.	on is registered or licensed to solicit of	contrib	utions	or has been notified	it is e	exempt from reg	gistration
X 		2 (Carp)			-		
-	3. 8.6		_				-
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					_		
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	#WORK =	-21			Terar		

LHA 332081 09-13-23

Schedule G (Form 990) 2023

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

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events CAMP IS (add col. (a) through CALLING col. (c)) (event type) (event type) (total number) 30,468. 1 Gross receipts 2,632. 33,100. 19,054. 2 Less: Contributions 1,480. 20,534. 11,414. 3 Gross income (line 1 minus line 2) ... 1,152. 12,566. 4 Cash prizes 4. 5 Noncash prizes Direct Expenses 2,888. 6 Rent/facility costs 2,888. 7 Food and beverages 17,929. 17,929. 8 Entertainment 9 Other direct expenses 646. 221. 867. 10 Direct expense summary. Add lines 4 through 9 in column (d) 21,688. 11 Net income summary. Subtract line 10 from line 3, column (d) -9,122.Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: Schedule G (Form 990) 2023

	edule G (Form 990) 2023 GIRL SCOUT COUNCIL OF COLONIAL COAST 54-1158412 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
	to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
ē	The organization's facility
k	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	005 501
	Name
	Address
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
ŀ	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount
	of gaming revenue retained by the third party \$
	If "Yes," enter name and address of the third party:
	, a - 10, 4 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
	Name
	Address
	Addiess
16	Gaming manager information:
10	Caming Harager Information.
	Nama
	Name
	Gaming manager compensation \$
	Description of services provided
	Director/officer Employee Independent contractor
	Mandatory distributions:
í	als the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
ı	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
	organization's own exempt activities during the tax year \$
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
-	
_	
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25010	
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332083 09-13-23

Schedule G	i (Form 990)	GIRL	SCOUT	COUNCIL	OF	COLONIAL	COAST	54-1158412	Page 4
Part IV	(Form 990) Supplemental I	nformation /	(continued)						1 4 4
									
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7	67					1,711			
			-						
									12)
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				and the same of th					
		-							

Employer identification number 54-1158412 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Go to www.irs.gov/Form990 for the latest information. Attach to Form 990. GIRL SCOUT COUNCIL OF COLONIAL COAST Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 1 (Form 990) Part

Open to Public

Inspection

<u>2</u>

X Yes

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection General Information on Grants and Assistance

criteria used to award the grants or assistance?

 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 	ocedures for monit Domestic Organia \$5,000. Part II can	oring the use of grant 1 cations and Domestic be duplicated if addition	funds in the United Governments. Conal space is neede	States. omplete if the orga ed.	nization answered "Y	es" on Form 990, Part I	V, line 21, for any	1 3
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	1
								4
								1
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	nd government org:	anizations listed in the	line 1 table					

Schedule I (Form 990) 2023

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

Schedule I (Form 990) 2023 GIRL SCOUT COUNCIL OF COLONIAL COAST

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

54-1158412

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ACSISTANCE	1267	ó	51 827.	∧W.d	FINANCIAL ASSISTANCE FOR ACTIVITY FEES (MEMBERSHIP DUES, CAMP & PROGRAM FEES, TROOP STARTUP FUNDS)
		:			
Part IV Supplemental Information. Provide the information required in		2; Part III, column	Part I, line 2; Part III, column (b); and any other additional information.	ditional information.	
PART I, LINE 2:	:				
FINANCIAL AID IS DESIGNED TO ASSIST	T CURRENTLY		REGISTERED GIRL MEMBERS,	EMBERS, OR	
GIRLS SEEKING MEMBERSHIP IN GIRL SCOUTS,	COUTS, BY	PROVIDING	SUPPLEMENTAL	FAL	
RESOURCES BEYOND A FAMILY'S ABILITY	Y TO PAY.	FINANCIAL	AID IS PRO	FINANCIAL AID IS PROVIDED BASED	
ON REQUESTS SUBMITTED VIA AN APPLICATION PROCESS.	CATION PRO	CESS.			

332102 11-01-23

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

GIRL SCOUT COUNCIL OF COLONIAL COAST

Employer identification number 54-1158412

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	1919	TOWN TO	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel	11.00		
	Travel for companions Payments for business use of personal residence		3111	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		(L)	Thurs,
	Discretionary spending account Personal services (such as maid, chauffeur, chef)	3		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.		A Del	
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:		li W	
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	-8631		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		5332F	
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.	SEE	J 53	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:		1	133
а	The organization?	6a		Х
b		6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	1000		
7		83		THE REAL PROPERTY.
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	OBBUE	X (4)	700
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TRACY KELLER	Ξ	163,278.		0.	0	15,326.	178,604.	0
CHIEF EXECUTIVE OFFICER	€		0.	0.	0.	0.	• 0	0.
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Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 GIRL SCOUT COUNCIL OF COLONIAL COAST	54-1158412	Page
Part III Supplemental Information	ete this part for any additional information.	ا ا
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 3a, 3b, 0a, 0b, 7, and 0, and 10 Fart II. New Comp	מני מווים למוריוסו מווין מכסיינים ווויסייויים ווויסייוים ווויסייום ווו	6
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		000

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GIRL SCOUT COUNCIL OF COLONIAL COAST

Employer identification number 54-1158412

Par	ti iy	pes of Property								
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII	ed on		(d) od of determination a		ts
1	Art - Works	of art			1/8	,				
2		ical treasures				_				
3		onal interests					-			
4		publications		Said the Control of				-		
5		nd household goods	-							
6		other vehicles		Control of the Contro						
7		planes							-	
8		property								
9		- Publicly traded		·						
10		- Closely held stock		-						
11		- Partnership, LLC, or								
"		•								
12		sts								
		onservation contribution -				-				
13	Historic st									
44		onservation contribution · Other					<u> </u>			
14		- Residential				_				
15										
16		- Commercial					 -			
17		e - Other								
18		s								
19		ntory								
20		medical supplies								
21									_	
22		artifacts								
23		specimens			<u> </u>					
24		ical artifacts	v	110	2.1	200				
25		SUPPLIES	X	112		322.				
26	Other	EQUIPMENT	Α.	2		700.	FMV			
27	Other	· · · · · · · · · · · · · · · · · · ·	-							
28	Other	5 0000 5 11 11								
29		Forms 8283 received by the organiz				- [
	for which t	he organization completed Form 828	83, Part V, D	onee Acknowledge	ment	29				
	.		20						Yes	No
30a		year, did the organization receive by								
		for at least 3 years from the date of the			•					12.50
		rposes for the entire holding period?	944					30a		X
	-	escribe the arrangement in Part II.		. 8					770	
31		organization have a gift acceptance p					ons?	31		X
32a		organization hire or use third parties				oncash				
		ons?						32a		X
		escribe in Part II.	84.					200	1	
33		nization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,			
	describe in	Part II.						821	1053	0.15

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023 GIRL SCOUT COUNCIL OF COLONIAL COAST Part II Supplemental Information, Provide the information provided by Part II have 80% activated by Part III have 80% activated by Par	54-1158412 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information.	and whether the organization ination of both, Also complete
SCHEDULE M, PART I, COLUMN (B):	
ENTITY IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED,	NOT THE
NUMBER OF ITEMS.	

332142 09-11-23

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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.

2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

GIRL SCOUT COUNCIL OF COLONIAL COAST

Employer identification number 54-1158412

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SOUTHEASTERN VIRGINIA AND NORTHEASTERN NORTH CAROLINA. OUR MISSION IS
TO BUILD GIRLS OF COURAGE, CONFIDENCE AND CHARACTER, WHO MAKE THE WORLD
A BETTER PLACE.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
FROM EXPLORING SCIENCE, TECHNOLOGY AND THE ENVIRONMENT TO LEARNING
ABOUT HEALTH LIVING, ANTI-BULLYING AND FINANCIAL LITERACY, GIRLS ARE
GIVEN OPPORTUNITIES TO BE CHALLENGED AND LEARN NEW SKILLS.
FORM 990, PART VI, SECTION A, LINE 6:
MEMBERS ELECT DELEGATES WHO IN TURN MAY ELECT COMMITTEE REPRESENTATION TO
INCLUDE THE BOARD COMMITTEES AND EX OFFICIO TO THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7A:
THE BOARD OF DIRECTORS ARE NOMINATED BY A BOARD DEVELOPMENT COMMITTEE.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION PROVIDES FORM 990 TO ALL MEMBERS OF THE GOVERNING BODY FOR
REVIEW BEFORE FILING THE RETURN.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD IS REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD EVALUATES THE PERFORMANCE AND DETERMINES THE COMPENSATION OF THE
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

LHA 332211 11-14-23