

EXTENDED TO AUGUST 15, 2023

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

A 1	Or un	and the second state of the second se	ending 5	EF 30, 2022	
В	Check if	C Name of organization		D Employer identific	cation number
a		GIRL SCOOT COMMONWEALTH COUNCIL OF			
	Addre	e VIRGINIA, INC.			
	Name chang			54-05345	06
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number		
	Final return.	4900 AUGUSTA AVENUE, SUITE 200		804-746-	0590
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,102,934.
	Amen return			H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: EDDEN MAKED TESS		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
1.3	Гах-ех	emit status: X 501 c) 3 501 c) 4947 a) (1) c	or 527	If "No," attach a	list. See instructions
J١	Vebsi	te: > WWW.COMGIRLSCOUTS.ORG		H(c) Group exemption	n number
K	orm of	or anization: X Corporation	L Year		State of legal domicile: VA
		Summary			
	1	Briefly describe the organization's mission or most significant activities: GIRL	SCOUT	ING BUILDS (FIRLS OF
Governance		COURAGE, CONFIDENCE AND CHARACTER WHO MAKE			
nar	2	Check this box if the organization discontinued its operations or dispos			
Ver	3			3	15
		Number of independent voting members of the governing body (Part VI, line 1b)			15
Activities &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			47
Ė	6	Total number of volunteers (estimate if necessary)			2604
Ę.	7 a			7a	0.
ď	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	-			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		610.527.	521,606.
μe	9	D 11/00 // 0 1		207,185.	296,086.
Revenue	10	Investment income (Part VIII, line 2g)		102,964.	109,377.
å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,165,739.	2,529,942.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		3 086 415.	3,457,011.
-	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		66,055.	81,961.
	14			0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		2,050,110.	1,928,868.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		7,500.	12,500.
en en	l ob	Total fundraising expenses (Part IX, column (D), line 25) 287, 13	34.	7,5001	
Š	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,086,243.	1,531,412.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,209,908.	3,554,741
		Revenue less expenses. Subtract line 18 from line 12		-123,493.	-97,730
5	_	rievende less expenses, oubtract line 10 from line 12		inning of Current Year	End of Year
ets c		Total assets (Part X, line 16)		8,881,864.	8,080,241
Ass	21	Total liabilities (Part X, line 26)		684,522.	536,032
Net /	22	Net assets or fund balances, Subtract line 21 from line 20		8 197 342.	7,544,209.
	art II			0,157,512.	,,511,200
_	_	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	inter and to the heet of mu	knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			Kilowicago and bollot, it is
uuc	, 00110	and conflicte. Deciding the partition of the other his based on all information of win	icii preparei	nas any knowledge.	0/2023
Sig		Gignature of officer		Date	N 2023
_		ELLEN MARIE HESS, CHAIR			
Hei	re	Type or print name and title			
			10	Date Check	PTIN
Pai	Н			8/07/23 self-em lov	20.00
	u parer	Firm's name FORVIS, LLP	ט מטמע.	Eirm's CIN	44-0160260
	Only	Firm's address 901 EAST CARY STREET, SUITE 1000		FIIII S EIN	OTOO 200
Uat	Only	RICHMOND, VA 23219		Phone no. (8	04) 282-7636
h 4 c	Webs 1			Frione no. (o	
ivia	y inte l	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pal	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 288,362. including grants of \$ 62,268.) (Revenue \$ 31,851.)
	MEMBERSHIP IS DIRECTED TO THE RECRUITMENT, TRAINING, SUPPORT, AND
	RETENTION OF GIRL MEMBERS AND ADULT VOLUNTEERS WHO DELIVER THE GIRL
	SCOUT LEADERSHIP PROGRAM TO GIRLS IN GRADES K-12. THE GIRL SCOUT
	LEADERSHIP EXPERIENCE ENGAGES GIRLS IN DISCOVERING SELF, CONNECTING
	WITH OTHERS, AND TAKING ACTION TO MAKE THE WORLD A BETTER PLACE. GIRL
	SCOUTS HELPS GIRLS DEVELOP THEIR FULL INDIVIDUAL POTENTIAL, RELATE TO
	OTHERS WITH INCREASING UNDERSTANDING, SKILL, AND RESPECT, DEVELOP
	VALUES TO GUIDE THEIR ACTIONS AND PROVIDE THE FOUNDATION FOR SOUND
	DECISION MAKING, AND CONTRIBUTE TO THE IMPROVEMENT OF SOCIETY THROUGH
	THEIR ABILITIES, LEADERSHIP SKILLS, AND COOPERATION WITH OTHERS. THE
	LONG-TERM OUTCOME IS A GENERATION OF GIRLS WHO LEAD WITH COURAGE,
	CONFIDENCE AND CHARACTER. SEE SCHEDULE O FOR CONTINUATION.
4b	(Code:) (Expenses \$ 2,202,890. including grants of \$ 19,693.) (Revenue \$ 2,794,177.)
	GIRL SCOUT PROGRAM ACTIVITIES - THE GIRL SCOUT LEADERSHIP EXPERIENCE
	ENCOURAGES GIRLS TO THRIVE AND GROW THROUGH HANDS-ON, EXPERIENTIAL AND
	COOPERATIVE LEARNING. ACTIVITIES ARE DESIGNED TO BUILD TEAMWORK,
	SELF-CONFIDENCE, AND CREATIVE PROBLEM SOLVING AND DECISION-MAKING,
	REAL-WORLD LEADERSHIP SKILLS THAT ARE IN DEMAND BY TODAY'S LEADING
	INDUSTRIES. THE MAJORITY OF GSCV GIRL MEMBERS PARTICIPATE THROUGH A
	TROOP EXPERIENCE WHERE TRAINED ADULT VOLUNTEERS DELIVER THE GIRL SCOUT
	LEADERSHIP PROGRAM. VOLUNTEERS ARE SUPPORTED THROUGH THEIR VOLUNTEER
	EXPERIENCE WITH ONBOARD TRAINING, PROGRAM TRAINING, CPR/FA
	CERTIFICATION AND OUTDOOR EDUCATION. THE ORGANIZATION OFFERS AND
	PROMOTES FLEXIBLE PATHWAYS FOR PARTICIPATION. SEE SCHEDULE O FOR
	CONTINUATION.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 2,491,252.
	Form 990 (2021)

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	<u></u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		_ <u>X</u> _
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	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,			х
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Schedule D, Part III	-		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا ا		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		.,	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		v
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	the state of the s	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			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	(2224)

VIRGINIA, INC.

Part IV Checklist of Required Schedules (continued)

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

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VIRGINIA, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country						
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v			
5a	J 1 7 1	5a		X			
b	, , , , , , , , , , , , , , , , , , , ,	5b 5c					
C Ga	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	- 5C					
Va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x			
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua					
b		6b					
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD					
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
·	to file Form 8282?	7c		x			
d							
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?	7f		Х			
g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b							
11	Section 501(c)(12) organizations. Enter:						
a	Gross income from members or shareholders 11a						
D	Gross income from other sources. (Do not net amounts due or paid to other sources against						
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
_	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes." complete Form 6069.						

54-0534506

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, Х and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶VA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ANGELA R. HENDERSON - 804-746-0590

Form **990** (2021)

4900 AUGUSTA AVENUE, SUITE 200, RICHMOND,

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

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

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

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

(A) Name and title	(B) Average hours per week	box	not c , unle: cer ar	Pos heck i ss per	more rson i	than s bot	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MOLLY T. FULLER	40.00			,,				170 570	_	14 110
CEO (2) ANGELA HENDERSON	40.00			Х				172,572.	0.	14,112
VP OF FINANCE THROUGH 12/17/2021	40.00	1		х				89,000.	0.	3,560
(3) ELLEN MARIE HESS	10.00							05,000.	0.	3,300
CHAIR	10.00	х		Х				0.	0.	0 .
(4) SCOTT MERITHEW	10.00	T-								•
CHAIR - TERM ENDED APRIL 2022		х		x				0.	0.	0.
(5) PAULA YOUNG	2.00								-	-
VICE CHAIR		Х		Х				0.	0.	0 .
(6) LIZ BRYANT	2.00									
SECRETARY		Х		Х				0.	0.	0 .
(7) COLLEEN QUINN	5.00									
TREASURER		Х		Х				0.	0.	0 .
(8) SHENA CRITTENDON	1.00									
BOARD MEMBER		Х						0.	0.	0
(9) ELISSA ECKER	1.00									
BOARD MEMBER - TERM ENDED APRIL 2022		Х						0.	0.	0
(10) JUDY JENNINGS	1.00									
BOARD MEMBER - TERM ENDED APRIL 2022		Х						0.	0.	0
(11) ANGELA JONES	1.00	1								
BOARD MEMBER	1 00	Х						0.	0.	0 .
(12) JAN NELSON	1.00	ļ								•
BOARD MEMBER	1 00	Х	_					0.	0.	0 .
(13) TIFFANY OWENS	1.00	.,								0
BOARD MEMBER	1 00	Х						0.	0.	0 .
(14) XAVIER RICHARDSON	1.00	~							_	0
BOARD MEMBER (15) GENEVIEVE ROBERTS	1.00	Х				-	-	0.	0.	0 .
BOARD MEMBER	1.00	Х						0.	0.	0 .
(16) REBECCA SNAVELY	1.00	^						1	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0
(17) JAMES H. TAYLOR	1.00	^	\vdash		\vdash		 	1	0.	0
(2., 5111115 11, 1111115)	<u> </u>	Х	l	l		1	1	0.	0.	0

Form **990** (2021)

Part	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				J	
	(A) Name and title	(B) Average hours per week	(do box		Posi neck i	ition more rson i	l than d s both	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	Reportable compensation		(F) Estimate amount of		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org an	pensa om the anizati d relate anizatio	e ion ed	
-	LINDA TISSIERE	1.00	7,						0					^	
	D MEMBER PATRICIA TITUS	1.00	Х						0.		0.			0.	
	D MEMBER		Х						0.		0.			0.	
(20)	ANGELA WILSON	1.00													
BOARI	D MEMBER		Х						0.		0.			0.	
1b	Subtotal							▶	261,572.		0.	1	7,6	72.	
	Total from continuation sheets to Part V								0.		0.			0.	
d	Total (add lines 1b and 1c)				<u></u>			<u> </u>	261,572.		0.	1	7,6	72.	
	Total number of individuals (including but r compensation from the organization	not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				1	
3	Did the organization list any former officer	, director, truste	ee, k	(ey e	mpl	oye	e, or	hig	hest compensated empl	oyee on	1		Yes	No	
	line 1a? If "Yes," complete Schedule J for s											3		Х	
	For any individual listed on line 1a, is the si	•		•					·						
									for such individual			4	X		
	rendered to the organization? If "Yes." con	•				•			ed organization or individual for services			5		Х	
	tion B. Independent Contractors	ipiete Schedule	<i>,</i> 0 /(UI SU	CII	Jers	<u> </u>						- '		
	Complete this table for your five highest co the organization. Report compensation for	•	•								ensat	tion fro	om		
	(A)								(B)			((
	Name and business	address	NC	ONE	<u> </u>				Description of s	ervices		ompe	nsatio	1	
								\dashv							
	Total number of independent contractors (i	ŭ	ot lin	nitec	l to 1	_		ted	above) who received mo	ore than					
	\$100,000 of compensation from the organi	zation >					,					Form	990 (2	2021)	

Form 990 (2021) VIRGINI
Part VIII Statement of Revenue VIRGINIA,

		Check if Schedule O contains a response	or note to any line	o in this Dart VIII			
		Check if Schedule O Contains a response	e of flote to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Grants nounts	1 a	Federated campaigns 1a Membership dues 1b Fundraising events 1c					300010113 0 12 0 14
Contributions, Gifts, Grants and Other Similar Amounts	d e	Related organizations 1d Government grants (contributions) 1e	323,992.				
ntribution 1 Other S	f g	All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$	197,614.				
Sor	h	Total. Add lines 1a-1f	•	521,606.			
			Business Code				
•	2 a	CAMPING FEES & RELATED INCOME	900099	238,781.	238,781.		
rice	2 a		900099	57,305.	57,305.		
er re	b	· -	300033	37,303.	37,303.		
n S	С						
rar 3ev	d						
Program Service Revenue	е	· .					
Ā	f	All other program service revenue					
	g	Total. Add lines 2a-2f		296,086.			
	3	Investment income (including dividends, inte	rest, and				
		other similar amounts)	>	87,708.			87,708.
	4	Income from investment of tax-exempt bond					
	5	Royalties	•				
		(i) Real	(ii) Personal				
	6.0		(,				
			+				
		Less: rental expenses 6b	+				
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	``				
		assets other than inventory 7a 346,150	•				
	b	Less: cost or other basis					
ne		and sales expenses					
/en	С	Gain or (loss) 7c 21,669					
Revenue	d	Net gain or (loss)		21,669.			21,669.
Other		Gross income from fundraising events (not including \$ of					
	h	contributions reported on line 1c). See Part IV, line 18 Less: direct expenses 8					
		Net income or (loss) from fundraising events	_				
		Gross income from gaming activities. See					
	9 a		_				
		Part IV, line 19					
		Less: direct expenses	PI				
		Net income or (loss) from gaming activities	······				
	10 a	Gross sales of inventory, less returns					
		and allowances10					
	b	Less: cost of goods sold10	b 1,321,442.				
	С	Net income or (loss) from sales of inventory		2,523,576.	2,523,576.		
			Business Code				
snc	11 a	MISCELLANEOUS	900099	6,366.	6,366.		
Miscellaneous Revenue	b			•			
ella	c						
Sc	۸	All other revenue					
Ξ	l a			6,366.			
	12	Total. Add lines 11a-11d Total revenue. See instructions		3,457,011.	2,826,028.	0.	109,377.

Part IX | Statement of Functional Expenses

_	Check if Schedule O contains a respons	e or note to any line in t	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	81,961.	81,961.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	000 100	60 856	26 105	115 100
	trustees, and key employees	223,139.	69,756.	36,185.	117,198
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 150 001	070 073	100 020	00 000
7	Other salaries and wages	1,152,831.	872,973.	189,032.	90,826
8	Pension plan accruals and contributions (include	202 100	224 442	02 010	15 665
_	section 401(k) and 403(b) employer contributions)	323,120.	224,443.	83,012.	15,665
9	Other employee benefits	120,767.	88,921. 77,326.	15,854.	15,992
10	Payroll taxes	109,011.	11,320.	16,932.	14,753
11	Fees for services (nonemployees):				
a		1,575.		1,575.	
b		31,815.		31,815.	
	Accounting	31,013.		31,013.	
	Lobbying	12,500.			12,500
e	, –	32,535.		32,535.	12,500
f	Investment management fees	32,333.		32,333.	
g	` '	245,440.	49,455.	195,985.	
40	column (A), amount, list line 11g expenses on Sch 0.)	69,499.	69,469.	30.	
12	Advertising and promotion	424,378.	368,732.	44,055.	11,591
13	Office expenses	5,784.	300,732.	3,976.	1,808
14 15	Information technology	3,704.		3,570.	1,000
15 16	Royalties	320,289.	315,994.	1,370.	2,925
10 17	Occupancy	41,672.	35,916.	4,720.	1,036
ı, 18	Payments of travel or entertainment expenses	11/0/20	3373101	1,7200	1,030
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,129.		17,420.	1,709
20	Interest	2,904.	2,904.	,	
21	Payments to affiliates	_,,,,,,,,	_,,,,,,,,		
22	Depreciation, depletion, and amortization	127,355.	122,025.	5,330.	
23	Insurance	95,797.	70,418.	25,379.	
24	Other expenses. Itemize expenses not covered	,	,		
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MICCELLANDOLLC	77,992.	27,016.	50,504.	472
b	1/2 THERMAN	34,298.	13,943.	20,316.	39
С	MEMBERGHER DHEG	950.	,	330.	620
d					-
е					
25	Total functional expenses. Add lines 1 through 24e	3,554,741.	2,491,252.	776,355.	287,134
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

Form 990 (2021)
Part X Balance Sheet

Pai	rt X	Balance Sneet		
		Check if Schedule O contains a response or note to any line in this P	art X	
			(A) (B) Beginning of year End of year	
	1	Cash - non-interest-bearing		50
	2	Savings and temporary cash investments		23
	3	Pledges and grants receivable, net	70. з 24,1	
	4	Accounts receivable, net		50
	5	Loans and other receivables from any current or former officer, direct		
		trustee, key employee, creator or founder, substantial contributor, or		
		controlled entity or family member of any of these persons	5	
	6	Loans and other receivables from other disqualified persons (as defin		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)	(B) 6	
S.	7	Notes and loans receivable, net		
Assets	8	Inventories for sale or use		77
As	9	Prepaid expenses and deferred charges	1 121 007 1 100 0	67
	10a	Land, buildings, and equipment: cost or other		
		basis. Complete Part VI of Schedule D 10a 4,72	0,653.	
	b	Less: accumulated depreciation 10b 2,85	6,236. 1,817,906. _{10c} 1,864,4	17
	11	Investments - publicly traded securities	6,236. 1,817,906. 10c 1,864,4 4,240,119. 11 3,562,6	57
	12	Investments - other securities. See Part IV, line 11		
	13	Investments - program-related. See Part IV, line 11	13	
	14	Intangible assets	14	
	15	Other assets. See Part IV, line 11	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	8,881,864. 16 8,080,2	
	17	Accounts payable and accrued expenses	228,322. 17 364,5	51
	18	Grants payable	18	
	19	Deferred revenue		28
	20	Tax-exempt bond liabilities		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21	
S	22	Loans and other payables to any current or former officer, director,		
III		trustee, key employee, creator or founder, substantial contributor, or	35%	
Liabilities		controlled entity or family member of any of these persons	22	
_	23	Secured mortgages and notes payable to unrelated third parties	23	
	24	Unsecured notes and loans payable to unrelated third parties	323,992. 24	0
	25	Other liabilities (including federal income tax, payables to related third	i	
		parties, and other liabilities not included on lines 17-24). Complete Pa		
		of Schedule D	110,156. 25 147,6	
	26	Total liabilities. Add lines 17 through 25	684,522. 26 536,0	<u>32</u>
		Organizations that follow FASB ASC 958, check here 🕨 🗓		
ces		and complete lines 27, 28, 32, and 33.		
lan	27	Net assets without donor restrictions		
Ba	28	Net assets with donor restrictions	5,000. 28 12,8	<u>50</u>
pur		Organizations that do not follow FASB ASC 958, check here		
rFι		and complete lines 29 through 33.		
S.	29	Capital stock or trust principal, or current funds		
set	30	Paid-in or capital surplus, or land, building, or equipment fund	30	
As	31	Retained earnings, endowment, accumulated income, or other funds		
Net Assets or Fund Balances	32	Total net assets or fund balances	8,197,342. 32 7,544,2	
	33	Total liabilities and net assets/fund balances	1 0 001 064 1 1 0 000 0	41

Form **990** (2021)

Pa	Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			7,0		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3		4,7		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u> </u>	7,7	30.	
4							
5	Net unrealized gains (losses) on investments	5	_	<u>-55</u>	5,4	03.	
6	Donated services and use of facilities	6					
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	7	,54	4,2	09.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
			_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin						
	Act and OMB Circular A-133?	-		За		х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

GIRL SCOUT COMMONWEALTH COUNCIL OF **Employer identification number** Name of the organization VIRGINIA INC. 54-0534506 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	89,887.	181,595.	176,753.	610,527.	521,606.	1580368.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	89,887.	181,595.	176,753.	610,527.	521,606.	1580368.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.						1580368.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
7	Amounts from line 4	89,887.	181,595.	176,753.	610,527.	521,606.	1580368.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	85,784.	101,032.	88,380.	82,726.	87,708.	445,630.			
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.)		72,877.	19,419.			92,296.			
11	Total support. Add lines 7 through 10						2118294.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 24	<u>,052,351.</u>			
13	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)				
	organization, check this box and stop						>			
	ction C. Computation of Publi					г				
14	Public support percentage for 2021 (li					14	74.61 %			
15	Public support percentage from 2020					15	68.31 %			
16a	33 1/3% support test - 2021. If the o				14 is 33 1/3% or m	ore, check this box				
	stop here. The organization qualifies		•							
b	33 1/3% support test - 2020. If the d									
	and stop here. The organization qual									
17a	10% -facts-and-circumstances test	-								
	and if the organization meets the facts				•	VI how the organiz	ation			
	meets the facts-and-circumstances te	-	•		-	7				
b	10% -facts-and-circumstances test	-					10% or			
	more, and if the organization meets the						▶ □			
	organization meets the facts-and-circu									
<u>18</u>	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	T	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						. —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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

	Yes	No
1		
•		
2		
3a		
- Gu		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
0		
8		
9a		
9b		
30		
9с		
10a		
Ioa		
10b		
ule A (Fori	m 990)	2021

Pa	rt IV Supporting Organizations (continued)			.g
. u	Continued)		Yes	No
44	Healtha arganization accounted a gift or contribution from any of the following persons?		162	NO
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а		110		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44.		
800	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
360	tion B. Type I Supporting Organizations		1	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ü	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			
	· · · · · · · · · · · · · · · · · · ·	3		
Sec	supported organizations played in this regard. 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 instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance).	struction	′	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990) 2021 VIRGINIA, INC.

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

1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			,
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	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		
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		
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	nization (see
-	instructions).	, 3. 2.00	71	, , , , , , , , , , , , , , , , , , ,

Schedule A (Form 990) 2021

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
_	than zero, explain in Part VI. See instructions.			_	
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

GIRL SCOUT COMMONWEALTH COUNCIL OF

VIRGINIA, INC.

Employer identification number

54-0534506

Filers of	:	Section:					
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., uplete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year					
answer "	No" on Part IV, line 2	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization
GIRL SCOUT COMMONWEALTH COUNCIL OF
VIRGINIA, INC.

Employer identification number

54-0534506

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a)	(b)	(c)	(d)
No1	Name, address, and ZIP + 4	* 323,992.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, audiess, and Zir + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization

GIRL SCOUT COMMONWEALTH COUNCIL OF VIRGINIA, INC.

Employer identification number

54-0534506

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						

Name of organization **Employer identification number** GIRL SCOUT COMMONWEALTH COUNCIL OF 54-0534506 VIRGINIA Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

GIRL SCOUT COMMONWEALTH COUNCIL OF Name of the organization VIRGINIA, INC.

Employer identification number 54-0534506

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		iliar Funds of A	CCOUNTS. Complete if the
		(a) Donor advised f	unds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w			
	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	,		
Par	impermissible private benefit?		F 000 D-+ II	Yes No
			on Form 990, Part IV	/, line /.
1	Purpose(s) of conservation easements held by the organization	`		
	Preservation of land for public use (for example, recreati	· —		torically important land area
	Protection of natural habitat	F	reservation of a cer	tified historic structure
•	Preservation of open space	and a superior and the superior and the superior		
2	Complete lines 2a through 2d if the organization held a qualified day of the tax year.	ed conservation contribution	on in the form of a c	Held at the End of the Tax Year
_				
_	Total number of conservation easements			2a
b		-t :ldd :- (-)		2b
	Number of conservation easements on a certified historic structure of conservation easements on a certified historic structure.			2c
a	Number of conservation easements included in (c) acquired af	•		
•	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or term	ninated by the organ	nization during the tax
4	year ▶ Number of states where property subject to conservation ease	amont is located		
4 5	Does the organization have a written policy regarding the period	<u></u>	handling of	
3	violations, and enforcement of the conservation easements it l		,	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		enforcing conservat	
U	b	arialing of violations, and t	smoreling conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enfor	cina conservation e	asements during the year
•	S	ing or violations, and emor	oning consolvation of	adding the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of	of section 170(h)(4)(F	3)(i)
	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservation			
_	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	g		
Par	t III Organizations Maintaining Collections of	Art, Historical Treas	ures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	s, not to report in its revenu	ie statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or	research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describ	oes these items.	
b	If the organization elected, as permitted under FASB ASC 958	s, to report in its revenue st	atement and balanc	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	search in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			• \$
	400 A			. .
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			• \$
	Assets included in Form 990, Part X			> \$

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Schedule D (Form 990) 2021

	t III Organizations Maintaining Co		Hieta	rical Tre	asuras o	r Other			34500		age Z
	•								(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check	any of the i	following that	make sig	nificant us	se of its			
	collection items (check all that apply):										
а											
b	b Scholarly research e Other										
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how the	ey further th	ne organizatio	n's exem	pt purpos	e in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	fart, his	torical treas	sures, or othe	er similar a	ssets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang		te if the	organizatio	n answered '	"Yes" on F	orm 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for c	ontribution	s or other ass	sets not in	cluded		_		_
	on Form 990, Part X?							🗀	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing ta	able:							
									Amount		
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.								_		Ī
Par											
		(a) Current year		rior year	(c) Two year		d) Three ye	ears back	(e) Four	years	back
12	Beginning of year balance	, ,	. ,			<u> </u>	, ,		, ,		
h	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs					-					
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	•	(line 1g	, column (a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.									
3а	Are there endowment funds not in the posses	ssion of the organizat	ion that	are held ar	nd administer	ed for the	organizat	tion	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as require	d on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the		ment fu	ınds.							
Par	t VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	l "Yes" on Form 990,	Part IV	, line 11a. S	See Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or ot	her	(b) Cost	or other	(c) Ac	cumulated	b	(d) Book	value	 e
	,	basis (investm	ent)	basis	(other)	dep	reciation				
1a	Land			52	8,227.				528	3,22	27.
	Buildings				5,389.	2,0	55,75	2.	1,269	, 63	37.
	Leasehold improvements			- , - -	,	, -	,				
	Equipment			86	7,037.	8	00,48	4.	66	5,5	53.
	Other				,		,			,	
		•	/ aal	m (D) !:== 4	00.1				1,864	<u>. 1</u>	17.
rota	. Add lines 1a through 1e. (Column (d) must ed	<u>quai Form 990, Part X</u>	, colum	<u>п (в), Ime 1</u>	UC.)				-,004	., =.	<u>. / • </u>

Schedule D (Form 990) 2021

54-0534506 Page 3

Part VII Investments - Other Securities. Complete if the organization answered "Yes" or		11b. See Form 990. Part X. line 12	Tage 5
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
A F	(2) 20011 14140	(c) meaned or randament over or one	or your marker raids
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or		_	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(3)			
(4)			
(5)			
(6)			
(7)			
		<u> </u>	
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990 Part IV line	11d See Form 990 Part X line 15	
	escription	Tra. Geer offire edg, rate X, line re.	(b) Book value
	Сооприон		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(1) 5
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			105 196
(2) CUSTODIAN FUNDS			105,186.
(3) DEFERRED RENT INCENTIVE			42,467.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			448 650
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2	25.)	>	147,653.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2021

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2021

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

2021
Open to Public

Inspection

OMB No. 1545-0047

GIRL SCOUT COMMONWEALTH COUNCIL OF **Employer identification number** Name of the organization 54-0534506 VIRGINIA, INC. Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes 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. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) 2021

Page 2

VIRGINIA, INC.

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. (e) Method of valuation (a) Type of grant or assistance (c) Amount of (b) Number of (d) Amount of non-(f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance FINANCIAL AID AND SCHOLARSHIPS 2293 81,961. 0 Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE COUNCIL PROVIDES FINANCIAL ASSISTANCE BY AWARDING CAMPERSHIPS AND PAYING THE GSUSA MEMBERSHIP DUES FOR UNDERPRIVILEDGED GIRLS AND GIRLS WHOSE FAMILY CANNOT AFFORD TO PAY THE MEMBERSHIP DUES SO THAT GIRLS ARE ABLE TO BECOME GIRL SCOUTS AND PARTICIPATE IN THE GIRL SCOUT PROGRAMS. FINANCIAL ASSISTANCE IS BASED UPON COMPLETING AN APPLICATION TO DETERMINE THE FINANCIAL NEEDS OF THE FAMILY. THE COUNCIL ALSO AWARDS COLLEGE SCHOLARSHIPS FOR GRADUATING GIRL SCOUTS. COLLEGE SCHOLARSHIPS ARE AWARDED BASED ON AN APPLICATION AND INTERVIEW PROCESS.

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Questions Regarding Compensation

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

GIRL SCOUT COMMONWEALTH COUNCIL OF

VIRGINIA, INC.

Employer identification number 54-0534506

			Yes	No	
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur, chef)				
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.				
	X Compensation committee Written employment contract				
	Independent compensation consultant Compensation survey or study				
	X Form 990 of other organizations X Approval by the board or compensation committee				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?	4a		X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X	
С	c Participate in or receive payment from an equity-based compensation arrangement?				
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				
а	The organization?	5a		X	
b	b Any related organization?				
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				
а	The organization?	6a		_X_	
b	Any related organization?	6b		_X_	
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lines 5 and 6? If "Yes," describe in Part III	7		_X_	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		_X_	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?	9			

132111 11-02-21

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Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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) MOLLY T. FULLER	(i)	172,572.	0.	0.	6,912.	7,200.	186,684.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GIRL SCOUT COMMONWEALTH COUNCIL OF VIRGINIA INC.

Employer identification number 54-0534506

FORM 990, PART LINE 1, III, DESCRIPTION OF ORGANIZATION MISSION: GIRL SCOUTING BUILDS GIRLS OF COURAGE, CONFIDENCE AND CHARACTER WHO MAKE THE WORLD A BETTER PLACE. THE GIRL SCOUT LEADERSHIP EXPEREIENCE IS ONE-OF-A-KIND LEADERSHIP DEVELOPMENT PROGRAM FOR GIRLS WITH PROVEN IT IS BASED ON TIME-TESTED METHODS AND RESEARCHED BACKED PROGRAMMING THAT HELPS GIRLS TAKE THE LEAD IN THEIR OWN LIVES AND IN THE WORLD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: EFFORTS TO RECRUIT GIRLS FROM UNDERSERVED OR UNDER-RESOURCED COMMUNITIES ARE PRIMARILY STAFF-LED UNTIL COMMUNITY VOLUNTEERS CAN BE RECRUITED AND TRAINED. IN FISCAL YEAR 2022, GIRL SCOUTS OF THE COMMONWEALTH OF VIRGINIA (GSCV) SERVED 6,572 GIRLS AND 3,532 ADULTS FOR TOTAL MEMBERSHIP OF 10,104. GIRLS OF COLOR COMPRISE 38% OF THE ORGANIZATION'S TOTAL GIRL MEMBERSHIP.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: EVENTS AND ACTIVITIES OFFERED SPAN A WIDE RANGE OF OPTIONS AND TOPICS THAT SUPPORT AND ENRICH EACH GIRL'S EXPERIENCE, I.E., STEM (SCIENCE) TECHNOLOGY, ENGINEERING AND MATH), CAMPING, TRAVEL, ENVIRONMENTAL STEWARDSHIP, GLOBAL CITIZENSHIP, ARTS, HEALTHY LIVING, FINANCIAL LITERACY, COMMUNITY SERVICE, AND CAREER EXPLORATION. THESE EVENTS AND ACTIVITIES ALSO PROVIDE OPPORTUNITIES FOR GIRLS FROM A VARIETY OF DIFFERENT COMMUNITIES TO MEET, CONNECT, AND WORK TOGETHER. STAFF TOOLS, RESOURCE MATERIALS, EQUIPMENT, AWARDS, AND VENUES INCLUDING COUNCIL-OWNED PROGRAM PROPERTIES ARE AVAILABLE AND INCLUDED IN PROGRAM LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Name of the organization GIRL SCOUT COMMONWEALTH COUNCIL OF VIRGINIA, INC.

Employer identification number 54-0534506

DELIVERY. GIRL SCOUT PROGRAMMING REACHED OVER 9,000 GIRLS LAST YEAR.

FINANCIAL ASSISTANCE IS PROVIDED FOR PROGRAM FEES, CAMPING FEES, AND

TRANSPORTATION COSTS FOR REGIONAL, NATIONAL, AND INTERNATIONAL

OPPORTUNITIES.

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

THE MEMBERS OF THE COUNCIL, WHO SHALL BE MEMBERS OF THE GIRL SCOUT

MOVEMENT, 14 YEARS OF AGE OR OVER AND REGISTERED THROUGH THE COUNCIL ARE:

- A. COUNCIL DELEGATES WHO SHALL INCLUDE INDIVIDUALS SELECTED AS DELEGATES OR

 ALTERNATIVE DELEGATES BY THE SERVICE UNITS AS DEFINED IN ARTICLE VIII AND

 ASSOCIATION CHAIRS;
- B. INDIVIDUALS WHO ARE OFFICERS, THE MEMBERS OF THE BOARD OF DIRECTORS,

 MEMBERS OF THE BOARD OF GOVERNANCE AND NOMINATIONS COMMITTEE WHO ARE NOT

 OTHERWISE MEMBERS OF THE COUNCIL, AND REGISTERED PAST COUNCIL PRESIDENTS OR

 BOARD CHAIRS.

ALL MEMBERS SHALL HOLD MEMBERSHIP ONLY FOR THE TERM TO WHICH THEY HAVE BEEN ELECTED AND ONLY FOR AS LONG AS THEY ARE REGISTERED THROUGH THE COUNCIL, EXCEPT REGISTERED PAST COUNCIL PRESIDENTS OR BOARD CHAIRS WHO MAY BE MEMBERS FOR AS LONG AS THEY DESIRE TO SERVE.

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

THE MEMBERS OF THE COUNCIL SHALL:

A. ELECT THE OFFICERS OF THE COUNCIL, THE MEMBERS-AT-LARGE OF THE BOARD OF

DIRECTORS, THE MEMBERS OF THE BOARD GOVERNANCE AND NOMINATIONS COMMITTEE

AND, IN APPROPRIATE YEARS, THE DELEGATES AND ALTERNATE DELEGATES TO THE

09010810 797738 3001291871

Schedule O (Form 990) 2021 Page **2**

Name of the organization GIRL SCOUT COMMONWEALTH COUNCIL OF VIRGINIA, INC.

Employer identification number 54-0534506

NATIONAL COUNCIL OF GIRL SCOUTS OF THE UNITED STATES OF AMERICA;

B. DETERMINE GENERAL LINES OF DIRECTION FOR GIRL SCOUTING WITH THE

JURISDICTION OF THE COUNCIL BY RECEIVING AND RESPONDING TO REPORTS AND

INFORMATION FROM THE BOARD OF DIRECTORS;

- C. AMEND THE ARTICLES OF INCORPORATION AND BY-LAWS;
- D. TAKE ALL OTHER ACTION REQUIRING MEMBERSHIP VOTE;
- E. CONDUCT SUCH OTHER BUSINESS AS MAY, FROM TIME TO TIME, COME BEFORE THE MEMBERS.

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

THE BOARD GOVERNANCE AND NOMINATIONS COMMITTEE SELECTS THE SLATE OF

CANDIDATES FOR ELECTION AS OFFICERS, DIRECTORS, BOARD GOVERNANCE AND

NOMINATIONS COMMITTEE MEMBERS, AND/OR DELEGATES/ALTERNATIVES TO THE

NATIONAL COUNCIL AND THE MEMBERS OF THE COUNCIL APPROVE THE SLATE.

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

ALL BOARD MEMBERS RECEIVE A FULL COPY OF THE 990 VIA EMAIL PRIOR TO FILING.

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

THE ORGANIZATION REQUIRES ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES TO

ANNUALLY DISCLOSE ANY CONFLICT OF INTEREST AND SIGN A CONFLICT OF INTEREST

STATEMENT. IN THE EVENT OF ANY CONFLICT THROUGHOUT THE YEAR THAT OFFICER,

DIRECTOR OR KEY EMPLOYEE WILL RECUSE HIMSELF OR HERSELF BEFORE ANY

DISCUSSION OR VOTE.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SERVED AS THE CEO REVIEW

AND COMPENSATION TEAM AND REVIEWED SALARY DATA FROM OUR NATIONAL

Schedule O (Form 990) 2021	Page 2
Name of the organization GIRL SCOUT COMMONWEALTH COUNCIL OF VIRGINIA, INC.	Employer identification number 54-0534506
ORGANIZATION GSUSA. WHEN DETERMINING COMPENSATION, COMPARA	BILITY DATA FROM
OTHER LOCAL ORGANIZATIONS AND OTHER GIRL SCOUT COUNCILS AC	ROSS THE COUNTRY
ARE USED.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GIRL SCOUT COMMONWEALTH COUNCIL OF VIRGINIA MAKES ITS	GOVERNING
DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE	PUBLIC UPON
REQUEST. THE ORGANIZATIONS FINANCIAL STATEMENTS ARE AVAILA	BLE ON THEIR
WEBSITE.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS FOR THE OVERSIGHT OF THE FINANCIAL STATEMENT A	UDIT AND
SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FRO	M THE PRIOR
YEAR.	