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

		f the Treasury nue Service		ov/Form990 for instruc	•			Open to Public Inspection			
A			dar year, or tax year beginnin		, 2023, and end		.	, 20 24			
В		applicable:	C Name of organization GIRL So	<u> </u>							
Ø	Address	· `	Doing business as	SOUT COMMONWEALT	TOOONOIL OF VI	KOINIA, INC.	n Embic	oyer identification number 54-0534506			
	Name ch	-	Number and street (or P.O. box	if mail is not delivered to st	eet address)	Room/suite	E Teleph	ione number			
	Initial retu	*	3214 SKIPWITH ROAD		,			(804) 746-0590			
	Final retu	rn/terminated	City or town, state or province,	country, and ZIP or foreign	oostal code						
	Amended	return	HENRICO, VA 23294				G Gross	receipts \$ 7,586,043			
	Application	on pending	F Name and address of principal o	fficer: PAULA YOUNG		H(a) is this a gro	oup return fo	r subordinates? Yes No			
			SAME AS C ABOVE					es included? 🔲 Yes 🔲 No			
<u></u>	Tax-exen	npt status:	✓ 501(c)(3) 501(c) () (insert no.) 🔲	4947(a)(1) or 527	If "No," a	ittach a lis	st. See instructions.			
<u>J</u>	Website:		MGIRLSCOUTS.ORG			H(c) Group ex	cemption	number			
		rganization: 🗸	Corporation Trust Associ	ation Other	L Year of for	mation: 1913	M State	of legal domicile: VA			
Р	art I	Summar	<u> </u>								
	1	Briefly desc	cribe the organization's mis	sion or most significa	nt activities: GIRL	SCOUTING BUILI	DS GIRL	S OF COURAGE,			
<u>ce</u>		CONFIDEN	CE AND CHARACTER WHO N	AKE THE WORLD A BI	ETTER PLACE.						
nar	l .					100					
Ver			box if the organization of				6% of its net assets.				
တ္တ			voting members of the gove				3	14			
భ			independent voting membe			b)	4	14			
ij	5	Total numb	er of individuals employed i	in calendar year 2023	(Part V, line 2a)		5	48			
Activities & Governance			er of volunteers (estimate if				6	2,911			
Ă			ated business revenue from				7a	0			
_	bi	Net unrelate	ed business taxable income	from Form 990-T, Pa	ert I, line 11		7b	0			
	ŀ					Prior Year		Current Year			
9		Contributio	10,601	195,777							
ē			ervice revenue (Part VIII, line	15,365	338,950						
Revenue			income (Part VIII, column (A			11	10,221	795,288			
-			iue (Part VIII, column (A), lin		•	2,87	78,035	3,645,120			
	_		ue—add lines 8 through 11 (r			3,5	14,222	4,975,135			
			similar amounts paid (Part		-3)	12	23,168	191,812			
			id to or for members (Part I)								
es			er compensation, employee			2,12	20,269	2,287,910			
sua			al fundraising fees (Part IX, o				0	0			
Expenses			aising expenses (Part IX, col		287,879						
			nses (Part IX, column (A), lin				83,759	1,883,156			
			ses. Add lines 13-17 (must				27,196	4,362,878			
- '0	19 F	Revenue les	ss expenses. Subtract line 1	8 from line 12		(51:	2,974)	612,257			
Net Assets or Fund Balances	-		/D 13/ 11 / 25			Beginning of Curre		End of Year			
sse			(Part X, line 16)				08,114	11,417,447			
ind I			ies (Part X, line 26)				30,212	3,397,492			
24			or fund balances. Subtract I	ine 21 from the 20		7,32	27,902	8,019,955			
6	rt II	Signatur									
true	er penalli , correct, :	es or perjury, i and complete,	declare that I have examined this Declaration of preparer other than	return, including agcompan i officer) is based on all infor	ying schedules and sta mation of which prepa	atements, and to the rer has anv knowledo	best of m 1 e .	ly knowledge and belief, it is			
	4	147	210 V6. //ha	02/		, í	m/=	1/0000			
Sig	n l	Signature of	f officer	$\stackrel{\smile}{\longrightarrow}$		Date	110	N avas			
He		•	DUNG, CHAIR			Date					
			nt name and title								
			preparer's name	Preparer's signature		Date		7 if PTIN			
Pai		APRIL ARI	<u> </u>	l spans o orginaturo		()	Check _ self-empk	J "			
	parer	Firm's name		<u> </u>	L	Firm's I		44-0160260			
US	e Only	Firm's addre		ROAD SUITE 403, BOO	A RATON FL 3343			(561) 299-1820			
Mav	the IRS		nis return with the preparer								
			on Act Notice, see the separa			No. 11282Y		Form 990 (2023)			

Form 990 (2023) Page **2**

Part			this Part III	
1	Briefly describe the organization's mission	•	Thorac m	
•	GIRL SCOUTING BUILDS GIRLS OF COUR		CTER WHO MAKE THE WORLD A BETTE	R
	PLACE. THE GIRL SCOUT LEADERSHIP EX			
	FOR GIRLS WITH PROVEN RESULTS. IT IS			
	PROGRAMMING THAT HELPS GIRLS TAKE			
2	Did the organization undertake any signi			1
2	prior Form 990 or 990-EZ?			∵ ☐ Yes
				□ res 🛂 NO
3	If "Yes," describe these new services on Did the organization cease conducting		os in how it conducts, any program	
3		, or make significant change	is in now it conducts, any program	
				☐ Yes 🔽 No
	If "Yes," describe these changes on School			
4	Describe the organization's program ser			
	expenses. Section 501(c)(3) and 501(c)(4)	, .	•	cations to others
	the total expenses, and revenue, if any, f	or each program service repor	.eu.	
4a	(Code:) (Expenses \$ 2,	832,348 including grants of \$	85,274) (Revenue \$	3,911,510)
	GIRL SCOUT PROGRAM ACTIVITIES - THE			
	BASED AND ENCOURAGES GIRLS TO THE			
	LEARNING. ACTIVITIES ARE CENTERED A			
	ENGINEERING AND MATH) THE OUTDOOF			
	TO BUILD TEAMWORK, SELF-CONFIDENC			/ORLD
	LEADERSHIP SKILLS THAT ARE IN DEMAN			
	MEMBERS PARTICIPATE THROUGH A TRO			
	SCOUT LEADERSHIP PROGRAM. VOLUNT	EERS ARE SUPPORTED THROU	GH THEIR VOLUNTEER EXPERIENCE W	/ITH
	ONBOARD TRAINING, PROGRAM TRAININ	G, CPR/FA CERTIFICATION AND	OUTDOOR EDUCATION. THE ORGANIZ	ATION
	OFFERS AND PROMOTES FLEXIBLE PATH	IWAYS FOR PARTICIPATION. EV	ENTS AND ACTIVITIES OFFERED SPAN	A
	WIDE RANGE OF OPTIONS AND TOPICS T	HAT SUPPORT AND ENRICH EA	CH GIRL'S EXPERIENCE, I.E., STEM	
	(CONTINUED ON SCHEDULE O)			
4b	(Code:) (Expenses \$	223,328 including grants of \$	106,538) (Revenue \$	72,560)
	MEMBERSHIP IS DIRECTED TO THE RECF	RUITMENT, TRAINING, SUPPORT	, AND RETENTION OF GIRL MEMBERS A	AND
	ADULT VOLUNTEERS WHO DELIVER THE	GIRL SCOUT LEADERSHIP PRO	GRAM TO GIRLS IN GRADES K-12. THE	GIRL
	SCOUT LEADERSHIP EXPERIENCE ENGAGE	GES GIRLS IN DISCOVERING SE	LF. CONNECTING WITH OTHERS. AND	
	TAKING ACTION TO MAKE THE WORLD A			
	INDIVIDUAL POTENTIAL, RELATE TO OTHI	ERS WITH INCREASING UNDERS	STANDING, SKILL, AND RESPECT.	
	DEVELOP VALUES TO GUIDE THEIR ACTION			AND
	CONTRIBUTE TO THE IMPROVEMENT OF			7.11.0
	COOPERATION WITH OTHERS. THE LONG			 AGE
	CONFIDENCE AND CHARACTER. PROGRA			7.02,
	UNDERSERVED OR UNDER-RESOURCED			TEEDS
	CAN BE RECRUITED AND TRAINED. IN FIS			
			JF THE COMMONWEALTH OF VIRGINIA	
4-	(CONTINUED ON SCHEDULE 0) (Code:) (Expenses \$	including grants of ¢	\ \(\(\Delta\) \(\Delta\)	\
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		·		
4d	Other program services (Describe on Sch	nedule O.)		
	(Expenses \$ including gr		evenue \$	
4e	Total program service expenses	3,055,676	, , , , , , , , , , , , , , , , , , ,	
		-,,		

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Part IV	Checklist of Required Schedules	

 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than complete Schedule A. Is the organization required to complete Schedule B, Schedule of Contributor Did the organization engage in direct or indirect political campaign activities candidates for public office? If "Yes," complete Schedule C, Part I. Section 501(c)(3) organizations. Did the organization engage in lobbying at election in effect during the tax year? If "Yes," complete Schedule C, Part II. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule D, Part II. Did the organization maintain any donor advised funds or any similar funds have the right to provide advice on the distribution or investment of amoun "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, complete Schedule D, Part III. Did the organization maintain collections of works of art, historical treasures, complete Schedule D, Part III. Did the organization report an amount in Part X, line 21, for escrow or custed to the organization services? If "Yes," complete Schedule D, Part IV. Did the organization of irrective or through a related organization, hold assets or in quasi-endowments? If "Yes," complete Schedule D, Part V. If the organization's answer to any of the following questions is "Yes," then VII, VIII, IX, or X, as applicable. Did the organization report an amount for investments—other securities in Part V, line 16? If "Yes," complete Schedule D, Fart V. Did the organization report an amount for or investments—other securities in Part of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Fart IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part IX. Did the organ			Yes	No
 3 Did the organization engage in direct or indirect political campaign activities candidates for public office? If "yes," complete Schedule C, Part I 4 Section 501(c)(3) organizations. Did the organization engage in lobbying at election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization tassessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Did the organization maintain any donor advised funds or any similar fundhave the right to provide advice on the distribution or investment of amoun "Yes," complete Schedule D, Part I 7 Did the organization receive or hold a conservation easement, including east the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 9 Did the organization maintain collections of works of art, historical treasures, complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custo custodian for amounts not listed in Part X; or provide credit counseling, det debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets or in quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipmen complete Schedule D, Part VI 12 Did the organization report an amount for investments—other securities in Pc of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, I of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, I of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, I of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, I of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, I of its total assets reported in Part X, line 16? If "Yes," complete		1	~	
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election in effect during the tax year? If "Yes," complete Schedule C, Part II . Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization tassessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," comp. Did the organization maintain any donor advised funds or any similar fundhave the right to provide advice on the distribution or investment of amoun "Yes," complete Schedule D, Part I . To Did the organization receive or hold a conservation easement, including east the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III . Did the organization maintain collections of works of art, historical treasures, complete Schedule D, Part III . Did the organization report an amount in Part X, line 21, for escrow or cust custodian for amounts not listed in Part X; or provide credit counseling, det debt negotiation services? If "Yes," complete Schedule D, Part IV . Did the organization, directly or through a related organization, hold assets or in quasi-endowments? If "Yes," complete Schedule D, Part V . If the organization's answer to any of the following questions is "Yes," then VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipmer complete Schedule D, Part VI . Did the organization report an amount for investments—other securities in Prof its total assets reported in Part X, line 16? If "Yes," complete Schedule D, For its total assets reported in Part X, line 16? If "Yes," complete Schedule D, For its total assets reported in Part X, line 16? If "Yes," complete Schedule D, For its total assets reported in Part X, line 16? If "Yes," complete Schedule D, For its total assets reported in Part X, line 16? If "Yes," complete Schedule D, For its total assets reported in Part X, line 16? If "Yes," complete Schedule D, For its total assets reported in Part X, line 16? If "Yes," complete Schedule D, For its total assets reported in Part X, line 16? If "Yes," complete Schedule D, For its I		3		~
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 Did the organization maintain collections of works of art, historical treasures, complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custo custodian for amounts not listed in Part X; or provide credit counseling, det debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipmer complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Prof its total assets reported in Part X, line 16? If "Yes," complete Schedule D, IP of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, IP of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, IP of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other assets in Part X, line 15, that reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization's separate or consolidated financial statements for the tax yea the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes Did the organization obtain separate, independent audited financial statements for Schedule D, Parts XI and XII Was the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule T, Parts II and IV indraising, business, investment, and program service activities outside to foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV indraising, business, investment, and programs ervice activities outside to foreign investments valued at \$100,000 or more? If "Yes," complete S	sements to preserve open space,	7		<u>, </u>
 Did the organization report an amount in Part X, line 21, for escrow or custor custodian for amounts not listed in Part X; or provide credit counseling, det debt negotiation services? If "Yes," complete Schedule D, Part IV	s, or other similar assets? If "Yes,"	8		
or in quasi-endowments? If "Yes," complete Schedule D, Part V	ebt management, credit repair, or	9		
 VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipmer complete Schedule D, Part VI b Did the organization report an amount for investments—other securities in Part of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, F c Did the organization report an amount for investments—program related in Port its total assets reported in Part X, line 16? If "Yes," complete Schedule D, F d Did the organization report an amount for other assets in Part X, line 15, that reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Y Did the organization's separate or consolidated financial statements for the tax yea the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Ye Did the organization obtain separate, independent audited financial statements for Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financia "Yes," and if the organization answered "No" to line 12a, then completing Schedule Did the organization maintain an office, employees, or agents outside of the Ubid the organization have aggregate revenues or expenses of more the fundraising, business, investment, and program service activities outside toreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report a total of more than \$15,000 of expenses for prof Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II. Did the organization report more than \$15,000 of gross income from gaming If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilitie		10		~
 complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, If of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, If of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, If Old the organization report an amount for other assets in Part X, line 15, that reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yef Did the organization's separate or consolidated financial statements for the tax yea the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yef Did the organization obtain separate, independent audited financial statements for Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial "Yes," and if the organization answered "No" to line 12a, then completing Schedule Did the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Did the organization have aggregate revenues or expenses of more the fundraising, business, investment, and program service activities outside the foreign investments valued at \$100,000 or more? If "Yes," complete Schedule Toreign organization report on Part IX, column (A), line 3, more than \$5,000 of for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report a total of more than \$15,000 of expenses for profinant part IX, column (A), line 3, more than \$5,000 of Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II. Did the organization report more than \$15,000 of expenses for profinant VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. Did the organization report more than \$15,000 of gross income from gaming If "Yes," complete Schedule G, Part III. Did the	n complete Schedule D, Parts VI,			
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, R c Did the organization report an amount for investments—program related in Po of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, R d Did the organization report an amount for other assets in Part X, line 15, that reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Y f Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Ye 12a Did the organization obtain separate, independent audited financial statements for Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financia "Yes," and if the organization answered "No" to line 12a, then completing Schedule 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," com 14a Did the organization maintain an office, employees, or agents outside of the L b Did the organization have aggregate revenues or expenses of more the foreign investments valued at \$100,000 or more? If "Yes," complete Schedule 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of for any foreign organization report a total of more than \$15,000 of expenses for prof Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II. Se Did the organization report more than \$15,000 total of fundraising event gro Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. Did the organization report more than \$15,000 of gross income from gaming If "Yes," complete Schedule G, Part III. Did the organization operate one or more hospital facilities? If "Yes," complete		11a	,	
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, If Did the organization report an amount for other assets in Part X, line 15, that reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		11b		~
reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		11c		,
f Did the organization's separate or consolidated financial statements for the tax yea the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes 12a Did the organization obtain separate, independent audited financial statements for Schedule D, Parts XI and XII		11d		~
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes 12a Did the organization obtain separate, independent audited financial statements for Schedule D, Parts XI and XII		11e	~	
 Schedule D, Parts XI and XII	Yes," complete Schedule D, Part X	11f	~	
 "Yes," and if the organization answered "No" to line 12a, then completing Scheol Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," com Did the organization maintain an office, employees, or agents outside of the L Did the organization have aggregate revenues or expenses of more th fundraising, business, investment, and program service activities outside t foreign investments valued at \$100,000 or more? If "Yes," complete Schedule Did the organization report on Part IX, column (A), line 3, more than \$5,000 of for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,00 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II Did the organization report a total of more than \$15,000 of expenses for prof Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. Set Did the organization report more than \$15,000 total of fundraising event grown Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. Did the organization report more than \$15,000 of gross income from gaming If "Yes," complete Schedule G, Part III. Did the organization operate one or more hospital facilities? If "Yes," complete 		12a	~	
 Did the organization maintain an office, employees, or agents outside of the L Did the organization have aggregate revenues or expenses of more the fundraising, business, investment, and program service activities outside the foreign investments valued at \$100,000 or more? If "Yes," complete Schedule Toreign investments valued at \$100,000 or more? If "Yes," complete Schedule Toreign investments valued at \$100,000 or more? If "Yes," complete Schedule Toreign in the organization report on Part IX, column (A), line 3, more than \$5,000 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II in Did the organization report a total of more than \$15,000 of expenses for profestr IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. Setting Did the organization report more than \$15,000 total of fundraising event grown Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	= =	12b		~
 b Did the organization have aggregate revenues or expenses of more the fundraising, business, investment, and program service activities outside the foreign investments valued at \$100,000 or more? If "Yes," complete Schedule Schedule It Did the organization report on Part IX, column (A), line 3, more than \$5,000 of for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II Did the organization report a total of more than \$15,000 of expenses for profing Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. Set Did the organization report more than \$15,000 total of fundraising event grown Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. Did the organization report more than \$15,000 of gross income from gaming and If "Yes," complete Schedule G, Part III. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule III. Did the organization operate one or more hospital facilities? If "Yes," complete It II It II II II II II II II II II II	· ·	13		/
 fundraising, business, investment, and program service activities outside t foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>. Did the organization report on Part IX, column (A), line 3, more than \$5,00 assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II</i>. Did the organization report a total of more than \$15,000 of expenses for prof Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> Set Did the organization report more than \$15,000 total of fundraising event gropart VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming and if "Yes," <i>complete Schedule G, Part III</i>		14a		~
 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,00 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II Did the organization report a total of more than \$15,000 of expenses for profer Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See Did the organization report more than \$15,000 total of fundraising event groward VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. Did the organization report more than \$15,000 of gross income from gaming of "Yes," complete Schedule G, Part III. Did the organization operate one or more hospital facilities? If "Yes," complete 	the United States, or aggregate	14b		~
 Did the organization report on Part IX, column (A), line 3, more than \$5,00 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II. Did the organization report a total of more than \$15,000 of expenses for prof Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. Set Did the organization report more than \$15,000 total of fundraising event grow Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming and If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule G, Part III	of grants or other assistance to or	15		<u> </u>
 Did the organization report a total of more than \$15,000 of expenses for proferant IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. Set Did the organization report more than \$15,000 total of fundraising event grow Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	000 of aggregate grants or other	16		,
 Did the organization report more than \$15,000 total of fundraising event gro Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. Did the organization report more than \$15,000 of gross income from gaming If "Yes," complete Schedule G, Part III. Did the organization operate one or more hospital facilities? If "Yes," complete 	ofessional fundraising services on	17		<u> </u>
 Did the organization report more than \$15,000 of gross income from gaming if "Yes," complete Schedule G, Part III	ross income and contributions on	18		
20a Did the organization operate one or more hospital facilities? If "Yes," complet	g activities on Part VIII, line 9a?	19		·
		20a		~
	al statements to this return? .	20b		
21 Did the organization report more than \$5,000 of grants or other assistance domestic government on Part IX, column (A), line 1? If "Yes," complete Sched		21		~

Part I	V 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	1	
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	,	
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		~
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
С	to defease any tax-exempt bonds?	24c		ĺ
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		,
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			ĺ
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			
20	Was the organization a party to a business transaction with one of the following parties? (See the Schedule	27		~
28	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? <i>If</i> "Yes," complete Schedule L, Part IV	28a		_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
D	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			
07	related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
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		_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
Doub	19? Note: All Form 990 filers are required to complete Schedule O	38	'	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. 🔲
			Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
-	reportable gaming (gambling) winnings to prize winners?	10	.,	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 48			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country			
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	E-0		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
•u	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b				
12a	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124		
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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
	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		~
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		\
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			
	,			

Form 990 (2023)

Part VI

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 14 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 14 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision 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 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 ~ Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b V Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 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 No **10a** Did the organization have local chapters, branches, or affiliates? 10a / If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 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. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 1 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed VA 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website Other (explain on Schedule O) Another's website ✓ Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. ANGELA R. HENDERSON, 3214 SKIPWORTH ROAD, HENRICO, VA 23294, (804) 746-0590

Form 990 (2023) Page **7**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization no	r any relate	d org	anız			ompe	nsa	ted any current	officer, director,	or trustee.
				•	C)					
(A)	(B)	(do n	ot oh		ition	a than a	ana	(D)	(E)	(F)
Name and title	Average hours per week	box,	(do not check more than one box, unless person is both an officer and a director/trustee)					Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) MOLLY T. FULLER	40.0									
CEO				~				214,558	0	18,697
(2) ANGELA HENDERSON	40.0									
INCOMING CFO				~				84,800	0	4,240
(3) WILLIAM FLAHERTY, III	40.0									
OUTGOING CFO				~				19,786	0	2,338
(4) ELLEN MARIE HESS	10.0									
CHAIR		~		~				0	0	0
(5) PATRICIA TITUS	2.0									
SECRETARY		~		~				0	0	0
(6) PAULA YOUNG	2.0									
VICE CHAIR		~		~				0	0	0
(7) REBECCA SNAVELY	5.0									
TREASURER		~		~				0	0	0
(8) ANGELA JONES	1.0									
BOARD MEMBER		~						0	0	0
(9) ELISSA ECKER	1.0									
BOARD MEMBER		~						0	0	0
(10) GENEVIEVE ROBERTS	1.0									
BOARD MEMBER		~						0	0	0
(11) JAMES H. TAYLOR	1.0									
BOARD MEMBER		~						0	0	0
(12) JAN NELSON	1.0									
BOARD MEMBER		~						0	0	0
(13) LAUREN ZALLER MOORE	1.0									
BOARD MEMBER		~						0	0	0
(14) LINDA TISSIERE	1.0									
BOARD MEMBER		~						0	0	0

Trustees,	Key I	Ξm _l	ploy	yee	s, an	d F	lighest Compe	nsated Empl	yees (conti	nued)
(B) Average hours	box,	unles	Pos neck ss pe d a d	ition more	is both	an	(D) Reportable compensation	(E) Reportable compensation from related		of other	•
(list any hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)		/ fi orgar	om the	e and
1.0							0				0
1.0											
1.0	-						0	()		0
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				<u> </u>			319,144	()		25,275
							0				0
ut not limited	d to th	Iose	e list	ed	above	e) w	ho received mor			2	25,275
							<u> </u>			Yes	No
								•			V
e sum of re	portal	ole (com	nper	nsatic	n a	nd other compe	nsation from th	e		
									4	~	
									5		~
			مام ما						4h M	100.0	000 -f
dress							(B) Description of serv	vices			
					ed to	th	ose listed abov	re) who			
	(B) Average hours per week (list any hours for related organizations below dotted line) 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.	(do n box, office per week (list any hours for related organizations below dotted line) 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.	(B) Average hours per week (list any hours for related organizations below dotted line) 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.	(B) Average hours per week (list any hours for related organizations below dotted line) 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.	(C) (B) Average hours per week (list any hours for related organizations below dotted line) 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.	(C) Position (do not check more than dox, unless person is both officer and a director/trush below dotted line) 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than of position and a director/trustee) Position (do not check more than of position and director/trustee) Position (do not check more than of director/trustee) Position (do not check more than of director/trustee) Position (do not check more than officer more person is both an officer more person is bot	(B) Average hours per week (list any hours for related organizations) below dotted line) 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.	(B) Average hours per week (list any) hours for related organizations (P-2) and the provided organization organization organization organization organization organization from the provided organization organization organization from the provided organization organization organization organization from the provided organization organization organization from the provided organization organization organization organization from the calendar year ending with or within the organizations organization organization from the calendar year ending with or within the organizations organization	(E) Average hours per week list any hours for related organizations or below dotted line) 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.	Compensation Comp

Form 990 (2023)

Doub MIII	Otalamant of Dames
Part VIII	Statement of Revenue

		Check if Schedule	Осо	ntains a re	espor	se or note to an	y line in this Pa	rt VIII		🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
is,	1a	Federated campaigr	าร .		1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b					
عَ ق	С	Fundraising events			1c					
fts,	d	Related organization	ns .		1d					
<u> </u>	е	Government grants	(cont	ributions)	1e					
ns,	f	All other contribution								
a tio		and similar amounts no			1f	195,777				
들히	g	Noncash contribution								
ig g		lines 1a-1f			1g	\$				
<u>a</u> 5	h	Total. Add lines 1a-	·1f .				195,777			
						Business Code				
<u>i</u>	2 a	CAMPING FEES &	REL/	ATED INCC	ME	900099	247,953	247,953		
e Z	b	COUNCIL EVENTS				900099	90,997	90,997		
n S	С									
Program Service Revenue	d									
60.	е									
₫	f	All other program se					0	0	0	0
	<u>g</u>	Total. Add lines 2a-					338,950			
	3	Investment income other similar amount					150,680			150,680
	4	Income from investm	•				130,000			130,000
	5	D 145			ipt be	ina proceeds				
	Ū	rioyanics	•	(i) Rea	 I	(ii) Personal				
	6a	Gross rents	6a	()		(,				
	b	Less: rental expenses	6b							
	C	Rental income or (loss)	6c		0	0				
	d	Net rental income or		s)						
	7a	Gross amount from		(i) Securit		(ii) Other				
		sales of assets		4.53	4 4 40					
		other than inventory	7a	1,57	1,143					
ē	b	Less: cost or other basis								
Revenue		and sales expenses .	7b		4,429	2,106				
è	С	Gain or (loss)	7с	64	6,714	(2,106)				
	d						644,608			644,608
Other	8a	Gross income from	Φ.	•						
		events (not including of contributions rep		d on line						
		1c). See Part IV, line			8a					
	b	Less: direct expense			8b					
	C	Net income or (loss)				ents				
	9a	Gross income f			9 3 1 3					
		activities. See Part I'			9a					
	b	Less: direct expense	es .		9b					
	С	Net income or (loss)	from	n gaming a	ctivitie	es				
	10a	Gross sales of in								
		returns and allowand			10a					
		Less: cost of goods			10b					
	С	Net income or (loss)	from	sales of in	vento	1	3,638,854	3,638,854		
sno	44-	MICCELLANEOUS				Business Code	0.000	0.000		
Miscellaneous Revenue	11a	MISCELLANEOUS				900099	6,266	6,266		
lla ven	b									
Sce	c d	All other revenue					0	0	0	0
Ξ	e	Total. Add lines 11a					6,266			
	12	Total revenue. See					4,975,135	3,984,070	0	795,288

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Part IX Statement of Functional Expenses

Section 501	1 (c)(3)	and 50 and	1(c)(4)	organ	izations	must complete	all colui	mns. A	ll other	org	anizat	ions mus	st comp	lete col	lumn (A).	
		1 '(0								. 5	. 13.7	,					

Section	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a response				
Do no	ot include amounts reported on lines 6b, 7b,	(A)	(B) Program service	(C)	(D)
	o, and 10b of Part VIII.	Total expenses	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		. ,	3	. ,
2	Grants and other assistance to domestic individuals. See Part IV, line 22	191,812	191,812		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	421,468	108,947	136,774	175,747
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	1,314,873	920,032	367,135	27,706
	section 401(k) and 403(b) employer contributions)	287,787	183,457	71,713	32,617
9	Other employee benefits	137,559	101,091	27,275	9,193
10	Payroll taxes	126,223	75,863	32,474	17,886
11	Fees for services (nonemployees):				
a	Management	44 474		44 474	
b	Legal	41,474 69,568		41,474 69,568	
c d	Accounting	09,300		09,500	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	24,680		24,680	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	177,344	86,136	88,230	2,978
12	Advertising and promotion	122,252	121,647	00,200	605
13	Office expenses	425,402	393,068	26,702	5,632
14	Information technology	9,158	396	5,731	3,031
15	Royalties			·	•
16	Occupancy	338,123	332,923	3,000	2,200
17	Travel	81,564	69,410	9,977	2,177
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	33,510	12,527	17,378	3,605
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	135,611	129,600	6,011	
23	Insurance	120,791	90,611	30,180	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
_	MAINTENANCE	37,626	25,960	0.420	2 227
a b	MISCELLANEOUS	262,173	212,196	9,439	2,227 2,275
C	MEMBERSHIP DUES	3,880	212,190	3,880	2,210
d		5,550		0,000	
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	4,362,878	3,055,676	1,019,323	287,879
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)	·			
	J				Form 990 (2023)

Р	art X	Balance Sheet			91
		Check if Schedule O contains a response or note to any line in this Par	t X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	300	1	300
	2	Savings and temporary cash investments	1,680,696	2	2,254,995
	3	Pledges and grants receivable, net	47,987	3	24,294
	4	Accounts receivable, net	21,341	4	16,345
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined	0	-	O
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
'n	7	Notes and loans receivable, net	0	7	O
Assets	8	Inventories for sale or use	100,276	8	124,232
ASS	9		129,141	9	124,687
•	10a	Prepaid expenses and deferred charges	129,141	9	124,007
	ioa	basis. Complete Part VI of Schedule D 10a 8,533,001			
	b	Less: accumulated depreciation	1,798,092	10c	5,410,146
	11	Investments—publicly traded securities	3,996,955		3,431,440
	12	Investments—other securities. See Part IV, line 11	0,000,000		0,431,440
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets		14	0
	15	Other assets. See Part IV, line 11	233,326		31,008
	16	Total assets. Add lines 1 through 15 (must equal line 33)	8,008,114	_	11,417,447
_	17	Accounts payable and accrued expenses	221,890		279,886
	18	Grants payable		18	
	19	Deferred revenue	43,799	19	44,793
	20	Tax-exempt bond liabilities		20	,
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	0	22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	2,857,060
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			
		L	414,523		215,753
	26	Total liabilities. Add lines 17 through 25	680,212	26	3,397,492
uces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	7,325,652	27	8,009,955
Ä	28	Net assets with donor restrictions	2,250	28	10,000
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ëts	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds .		31	
et /	32	Total net assets or fund balances	7,327,902	32	8,019,955
<u>ž</u>	33	Total liabilities and net assets/fund balances	8,008,114	33	11,417,447

Form 990 (2023) Page **12**

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			4,975	5,135
2	Total expenses (must equal Part IX, column (A), line 25)	2			4,362	2,878
3	Revenue less expenses. Subtract line 2 from line 1	3			612	2,257
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			7,327	7,902
5	Net unrealized gains (losses) on investments	5			79	9,796
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			8,019	9,955
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII			_		~
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	حائدا جا				
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	kpiain	on			
_						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were conveviewed on a separate basis, consolidated basis, or both.	nplied	or			
	•					
L.	Separate basis Consolidated basis Both consolidated and separate basis			Na		
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were aud	 tod o		2b	'	
	separate basis, consolidated basis, or both.	teu o	II a			
	✓ 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 ov	areiah	t of			
C	the audit, review, or compilation of its financial statements and selection of an independent account			20	/	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	Дріан				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			
-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		/
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	derao		+		<u> </u>
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such			3b		
				<u>-</u> -	200	(0000)

Form **990** (2023)

SCHEDULE A (Form 990)

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. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number						
GIRL SCOUT COMMONWEALTH COUNCIL OF VIRGINIA, INC. 54-0534506						
Part I Reason for Public Cha						ons.
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 □ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
					U(b)(1)(A)(i).	
2 A school described in section				-	\/A\/:::\	
3 A hospital or a cooperative ho4 A medical research organizati						(iii) Enter the
hospital's name, city, and stat	·e:					
5 An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
 A federal, state, or local gover An organization that normally described in section 170(b)(1 	receives a subs	tantial part of its sup				n the general public
8 A community trust described	in section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9 An agricultural research organ or university or a non-land-gra university:	ant college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	f the college or
10 An organization that normally receipts from activities related support from gross investmen acquired by the organization a	after June 30, 197	related business taxal 75. See section 509(a	ble incom a)(2) . (Cor	ne (less se mplete Pa	ection 511 tax) from art III.)	o fees, and gross 33 ¹ / ₃ % of its businesses
11 An organization organized and	•	,	•		` '` '	
12 An organization organized and	•		•		,	
one or more publicly supporte the box on lines 12a through 1						
a Type I. A supporting organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t		
b Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same			
c Type III functionally integ						ally integrated with,
d Type III non-functionally that is not functionally interrequirement (see instructional see instructions).	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	
e Check this box if the organ functionally integrated, or	nization received Type III non-func	a written determination	on from tl	ne IRS tha	at it is a Type I, Type ion.	e II, Type III
f Enter the number of supported						
g Provide the following information	n about the supp	orted organization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Secti	on A. Public Support	<u> </u>		, , ,		,	
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	176,753	610,527	521,606	210,601	195,777	1,715,264
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	176,753	610,527	521,606	210,601	195,777	1,715,264
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)						655
6	Public support. Subtract line 5 from line 4						1,714,609
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	176,753	610,527	521,606	210,601	195,777	1,715,264
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	88,380	82,726	87,708	107,858	150,680	517,352
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	19,419	0	0	0	0	19,419
11	Total support. Add lines 7 through 10						2,252,035
12	Gross receipts from related activities, etc.	. (see instructio	ns)			12	23,307,187
13	First 5 years. If the Form 990 is for the		first, second,	third, fourth,	or fifth tax ye	ar as a sectior	n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2023 (line 6					14	76.14 %
15	Public support percentage from 2022 Sch					15	75.00 %
16a	331/3% support test—2023. If the organi						_
	box and stop here . The organization qua			-			
b	33 ¹ / ₃ % support test—2022. If the organithis box and stop here. The organization						
	, ·			•			
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the organization	eets the facts-a	and-circumsta ımstances tes	nces test, che t. The organiza	ck this box ar ation qualifies	nd stop here . as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the face facts-and-circ	cts-and-circun cumstances te	nstances test, st. The organiz	check this boz zation qualifies	x and stop her s as a publicly	e. Explain supported
18	Private foundation. If the organization of instructions						

Schedule A (Form 990) 2023 Page **3**

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.)

	if the organization fails to qualify	under the te	sts listed bei	ow, piease co	omplete Part	II.)	
	on A. Public Support		1				
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities						
3	furnished in any activity that is related to the organization's tax-exempt purpose						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	-	s first, second		-		
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2023 (line 8	3, column (f), d	livided by line	13, column (f))		15	%
16	Public support percentage from 2022 Sch		-			16	%
Secti	on D. Computation of Investment In	come Perce				'	
17	Investment income percentage for 2023 (line 10c, colun	nn (f), divided b	by line 13, colu	ımn (f))	17	%
18 19a	Investment income percentage from 2022 331/3% support tests—2023. If the organ 17 is not more than 331/3%, check this box	ization did not	check the box	c on line 14, a	nd line 15 is m		
b	331/3% support tests—2022. If the organiz line 18 is not more than 331/3%, check this line 18	ation did not c	heck a box on	line 14 or line	19a, and line 16	is more than 3	33 ¹ /3%, and
20	Private foundation. If the organization di	_	_	=			

Schedule A (Form 990) 2023 Page 4

Part IV **Supporting Organizations**

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

S

ecu	on A. All Supporting Organizations		Yes	Nο
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.	1	103	Ito
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).	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.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
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).	8		
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 .	9a		
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 .	9b		
С	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 .	9c		
l0a	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.	10a		
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.)

10b

Schedule A (Form 990) 2023 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one 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 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 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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 Section 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 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 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. *Complete line 2 below.* The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No 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 Parent of Supported Organizations. Answer lines 3a and 3b below. a 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

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2023

	Type III Non Eunstianally Integrated 500(a)(2) Supporting Org	10	izotiono	rage C
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	ıızaı	(A) Prior Year	(B) Current Year
		_		(optional)
1	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion C-Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
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 (see instructions).	ally i	ntegrated Type III suppor	ting organization

Schedule A (Form 990) 2023 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 **a** From 2018 From 2019 **c** From 2020 **d** From 2021 **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

Schedule A (Form 990) 2023 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.)

Part VI

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.)

Return Reference - Identifier	Explanation								
SCHEDULE A, PART II,	Description	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
LINE 10 - OTHER INCOME	(1) OTHER	19,419					19,419		
	Total	19,419	0	0	0	0	19,419		

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

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

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

Employer identification number
54-0534506

Organiz	cation type (cneck on	∂) :
Filers of	f:	Section:
Form 99	00 or 990-EZ	✓ 501(c)(3) (enter number) organization
		☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
		☐ 527 political organization
Form 99	00-PF	☐ 501(c)(3) exempt private foundation
		☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
		☐ 501(c)(3) taxable private foundation
	nly a section 501(c)(7)	covered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General	l Rule	
		iling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 r property) from any one contributor. Complete Parts I and II. See instructions for determining a ontributions.
Special	Rules	
V	regulations under se 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or ed from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or ton (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	contributor, during the literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ne year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	contributor, during the contributions totaled during the year for a General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ne year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received in exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the set to this organization because it received nonexclusively religious, charitable, etc., contributions preduring the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Employer identification number

54-0534506

Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is i	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 18,000 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 10,000 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 10,000 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$ 18,328	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 I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
7		\$	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					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		s	Person					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person					

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

Employer identification number

54-0534506

raitii	Noncash Property (see instructions). Ose duplicate of	opies of Fart II if additional spac	ce 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 VIRGINIA, INC. 54-0534506 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 information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (d) Description of how gift is held (b) Purpose of gift fŕom 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. (c) Use of gift (b) Purpose 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)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	i tile organization		Employer identification number
GIRL S	SCOUT COMMONWEALTH COUNCIL OF VIRGINIA, INC.		54-0534506
Par		sed Funds or Other Similar	Funds or Accounts
	Complete if the organization answered "	es" on Form 990, Part IV, lir	ne 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a	udvicers in writing that the ass	ate hold in depar advised
3	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, an	=	
O	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		
			· · · · · · · · · · · · · · · · · · ·
Par			
	Complete if the organization answered "	es" on Form 990, Part IV, lir	ne 7.
1	Purpose(s) of conservation easements held by the o	rganization (check all that apply	<i>(</i>).
	☐ Preservation of land for public use (for example, recrea	ition or education) 🔲 Preserva	ation of a historically important land area
	☐ Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	ation of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization held	d a qualified conservation contr	ibution in the form of a conservation
	easement on the last day of the tax year.	·	Held at the End of the Tax Year
а			
_	Total acreage restricted by conservation easements		
b			
Ç	Number of conservation easements on a certified his		
d	Number of conservation easements included on line on a historic structure listed in the National Register		
_			<u> </u>
3	Number of conservation easements modified, trans-	erred, released, extinguished, o	or terminated by the organization during the
	tax year		
4	Number of states where property subject to conserv		
5	Does the organization have a written policy regard		
	violations, and enforcement of the conservation ease	ements it holds?	· · · · · · · · □ Yes □ No
6	Staff and volunteer hours devoted to monitoring, inspect	ing, handling of violations, and en	forcing conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	, handling of violations, and enfo	orcing conservation easements during the year
		,	0 ,
8	Does each conservation easement reported on line 2	2d above satisfy the requiremen	nts of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports co	onservation easements in its rev	venue and expense statement and balance
	sheet, and include, if applicable, the text of the footr		
	organization's accounting for conservation easemen	=	
Part	III Organizations Maintaining Collections	of Art Historical Treasure	s or Other Similar Assets
rari	Complete if the organization answered "	-	· ·
4 -			
1a	If the organization elected, as permitted under FASI		
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote to		
b	If the organization elected, as permitted under FAS	•	
	art, historical treasures, or other similar assets held		or research in furtherance of public service,
	provide the following amounts relating to these item		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art,	nistorical treasures, or other s	imilar assets for financial gain, provide the
	following amounts required to be reported under FA		• · · · · · · · · · · · · · · · · · · ·
а	Revenue included on Form 990, Part VIII, line 1 .	=	
a b	Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
U	ACCOUNT MICHAGO III I OITH JOU, I AILA		Ψ

Schedu	le D (Form 990) 2023								F	Page 2
Part										
3	Using the organization's acquisition, collection items (check all that apply).		her reco	ords, chec	k any of the	following that ma	ke sign	ificant	use	of its
а	☐ Public exhibition		d	☐ Loan	or exchange	program				
b	☐ Scholarly research		е							
С	☐ Preservation for future generations	}								
4	Provide a description of the organiza XIII.	tion's collections a	and exp	lain how t	hey further th	ne organization's	exempt	purpo	ose in	n Par
5	During the year, did the organization assets to be sold to raise funds rather							□ Ye	s [□No
Part	ESCROW and Custodial Arra	angements								
	Complete if the organization 990, Part X, line 21.	n answered "Yes"	" on Fo	orm 990, I	Part IV, line	9, or reported ar	1 amou	ınt on	Forr	m
1a	Is the organization an agent, trustee included on Form 990, Part X?						ts not	□ Ye	 :s Г	☐ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the f	ollowing t	able.				_	
	, ,	·		· ·			Amo	unt		
С	Beginning balance					1c			-	
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amou	nt on Form 990, Pa	art X, Iir	e 21, for e	scrow or cus	stodial account lial	bility?	☐ Ye	s	No
b	If "Yes," explain the arrangement in P	art XIII. Check her	e if the	explanatio	n has been p	rovided in Part XII	J.,			
Par	t V Endowment Funds			-						
	Complete if the organization	n answered "Yes"	" on Fo	rm 990, I	Part IV, line	10.				
		(a) Current year	(b) P	rior year	(c) Two years	back (d) Three years	back ((e) Four	years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of	the current year en	nd balan	ce (line 1c	, column (a))	held as:				
а	Board designated or quasi-endowme	-	%	` `	. (//					
b	Permanent endowment	%								
С	Term endowment %	· 								
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.							
3a	Are there endowment funds not in thorganization by:			nization th	at are held a	nd administered for	or the	Γ	Yes	No
	(i) Unrelated organizations?						!	3a(i)		
	(ii) Related organizations?						- 1	3a(ii)		
b	If "Yes" on line 3a(ii), are the related of							3b		
4	Describe in Part XIII the intended use	•					1			
Par										
	Complete if the organization		" on Fo	rm 990. I	Part IV, line	11a. See Form 9	90. Pa	ırt X, I	line 1	10.
	Description of property	(a) Cost or ot			or other basis	(c) Accumulated		(d) Boo		
		(investm		1 ' '	ther)	depreciation		-		
1a	Land				1,962,318				1,96	2,318
b	Buildings				3,422,851	2,275,58	9			7,262
C	Leasehold improvements					· · · · ·	\top			
d	Fauipment				904.448	847.26	6		5	7.182

2,243,384

Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

2,243,384

5,410,146

Schedule D (Form 990) 2023 Page **3**

(a) Method of valuation: Cost or end-of-year market value (1) Financial derivatives	Part VII	Investments – Other Securities Complete if the organization answered "Yes" on Fore	m 990. Part IV. line	11b. See Form 9	990. Part X. line 12.
		(a) Description of security or category		(c) Metho	d of valuation:
(8) Check (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(1) Financial	derivatives			
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		· · ·			
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(3) Other				
C C C C C C C C	(A)				
(B) (C) (C)					
(E) (F) (F)					
(F) (F)					
(G) (H) Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments = Program Related					
(1)					
Total, Column (b) must equal Form 990, Part X, line 12, col. (B) Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-dr-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					
Investments		mn (b) must equal Form 990. Part X. line 12. col. (R))			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value					
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (9) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	art viii		m 990. Part IV. line	11c. See Form 9	90. Part X. line 13.
(1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10					<u> </u>
E		(-)	(4, 2001)		
E	(1)				
(8) (9) (9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))					
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15, col. (B)) 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CUSTODIAN FUNDS (3) OPERATING LEASE LIABILITIES (4) (6) (6) (7) (8) (9)					
6	(4)				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CUSTODIAN FUNDS 183,892 (3) OPERATING LEASE LIABILITIES 31,861 (4) (5) (6) (7) (8) (9)	(5)				
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) CUSTODIAN FUNDS (3) OPERATING LEASE LIABILITIES (4) (6) (6) (7) (8) (9)	(6)				
(9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (6) (6) (7) (7) (8) (9) (9) (7) (10) (10) (10) (10) (10) (10) (10) (10					
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))					
Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		(1) (5) (6) (7)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CUSTODIAN FUNDS 183,892 (3) OPERATING LEASE LIABILITIES 131,861 (4) (5) (6) (7) (8) (9)					
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CUSTODIAN FUNDS 183,892 (3) OPERATING LEASE LIABILITIES 131,861 (4) (5) (6) (7) (8) (9)	Part IX		m 000 Part IV lina	11d Soo Form C	000 Part V line 15
(f) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))			in 990, Fart IV, line	Tru. See Form s	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CUSTODIAN FUNDS 183,892 (3) OPERATING LEASE LIABILITIES 31,861 (4) (5) (6) (7) (8)	(1)	(a) Description			(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	-				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CUSTODIAN FUNDS (3) OPERATING LEASE LIABILITIES (3) 31,861 (4) (5) (6) (7) (8) (9)					
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))					
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))					
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))					
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))					
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	(8)				
Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CUSTODIAN FUNDS 183,892 (3) OPERATING LEASE LIABILITIES 31,861 (4) (5) (6) (7) (8) (9)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CUSTODIAN FUNDS 183,892 (3) OPERATING LEASE LIABILITIES 31,861 (4) (5) (6) (7) (8) (9)					
Line 25. Line 25.	Part X				
(1) Federal income taxes (2) CUSTODIAN FUNDS (3) OPERATING LEASE LIABILITIES (4) (5) (6) (7) (8) (9)			m 990, Part IV, line	11e or 11f. See I	Form 990, Part X,
(2) CUSTODIAN FUNDS (3) OPERATING LEASE LIABILITIES (4) (5) (6) (7) (8) (9)	1.	(a) Description of liability			(b) Book value
(3) OPERATING LEASE LIABILITIES (4) (5) (6) (7) (8) (9)					
(4) (5) (6) (7) (8) (9)					183,892
(5) (6) (7) (8) (9)	(3) OPERA	TING LEASE LIABILITIES			31,861
(6) (7) (8) (9)					
(7) (8) (9)					
(8) (9)					
(9)					
		(h) must a must E-mus 000 P. 1 V. " 05 1 / P"			

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

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Schedule D (Form 990) 2023 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 5,030,251 Amounts included on line 1 but not on Form 990. Part VIII, line 12: 2 Net unrealized gains (losses) on investments 2a 79,796 Donated services and use of facilities h Recoveries of prior year grants Other (Describe in Part XIII.) 0 Add lines 2a through 2d 79,796 2e Subtract line 2e from line 1 3 3 4,950,455 Amounts included on Form 990. Part VIII. line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 0 Add lines 4a and 4b 4c 24,680 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 4,975,135 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 4,338,198 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c 0 Other (Describe in Part XIII.) Ы 2d Add lines 2a through 2d . . . 2е 4,338,198 3 Subtract line **2e** from line **1** 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b Add lines **4a** and **4b** 24,680 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). 4,362,878 5 **Supplemental Information** Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. SEE STATEMENT

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

Return Reference - Identifier	Explanation
LINE 2 - FIN 48 (ASC 740)	THE COUNCIL IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE TAX STATUTES OF THE COMMONWEALTH OF VIRGINIA. THE COUNCIL HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF SEPTEMBER 30, 2024 AND 2023.

SCHEDULE I (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Employer identification number

GIRL SCOUT COMMONWEALTH COUN	CIL OF VIRGINIA	, INC.					54-0534506
Part I General Information of	on Grants and	d Assistance				-	
 Does the organization maintain the selection criteria used to at Describe in Part IV the organization 	ward the grants	or assistance?				or the grants or assist	
	istance to Do	omestic Organiz	zations and Don	nestic Governm	nents. Complete if		nswered "Yes" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g)Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 5 3 Enter total number of other ord							• •

Schedule I (Form 990) 2023 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (c) Amount of (e) Method of valuation (book, (b) Number of (d) Amount of (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other) 1 FINANCIAL AID AND SCHOLARSHIPS 3,421 191,812 2 3 5 6 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (SEE STATEMENT)

Part	I٧
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Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	THE COUNCIL PROVIDES FINANCIAL ASSISTANCE BY AWARDING CAMPERSHIPS AND PAYING THE GSUSA MEMBERSHIP DUES FOR UNDER-RESOURCED 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)

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GIRL SCOUT COMMONWEALTH COUNCIL OF VIRGINIA, INC.

Employer identification number 54-0534506

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, 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	41.		
	oxpiant.	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.			
	✓ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		~
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		~
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		~
	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		~
b	Any related organization?	5b		~
	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		~
b	Any related organization?	6b		~
	If "Yes" on line 6a or 6b, describe in Part III.			
_	5			
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		-
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		~
•	If "Vee" on line 0, did the experiention place follows the website his procurenties are each and the			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	۵.		
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Schedule J (Form 990) 2023

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

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

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

Note: The sum of columns (B)(I)-(III	1) 101 040	(B) Breakdown of W-2 ar			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
MOLLY T. FULLER	(i)	214,558	0	0	8,582	10,115	233,255	0
1 CEO	(ii)	0	0	0	0	0	0	0
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
_ 5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
_ 8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
_14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

SCHEDULE O (Form 990)

Department of 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 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

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

Employer Identification Number 54-0534506

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	(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 DELIVERY. GIRL SCOUT PROGRAMMING REACHED OVER 7,000 GIRLS LAST YEAR. FINANCIAL ASSISTANCE IS PROVIDED FOR PROGRAM FEES, CAMPING FEES, AND TRANSPORTATION COSTS FOR REGIONAL, NATIONAL, AND INTERNATIONAL OPPORTUNITIES.
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	(GSCV) SERVED 7,270 GIRLS AND 4,074 ADULTS FOR A TOTAL MEMBERSHIP OF 11,344. ON A SELF REPORTED BASIS, GIRLS OF COLOR COMPRISE 36% OF THE ORGANIZATION'S TOTAL GIRL MEMBERSHIP.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	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:
STOCKHOLDERG	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, LINE 7A -	THE MEMBERS OF THE COUNCIL SHALL:
MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	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 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, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	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, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 IS PREPARED AND REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM. THE 990 IS THEN REVIEWED BY THE ORGANIZATION'S MANAGEMENT PERSONNEL AND BOARD FINANCE COMMITTEE. ANY QUESTIONS AND CONCERNS THE ORGANIZATION'S MANAGEMENT PERSONNEL HAS ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE. ALL BOARD MEMBERS RECEIVE A FULL COPY OF THE 990 VIA EMAIL PRIOR TO FILING.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	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, LINE 15A - & 15B - PROCESS TO ESTABLISH COMPENSATION	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SERVED AS THE CEO REVIEW AND COMPENSATION TEAM AND REVIEWED SALARY DATA FROM OUR NATIONAL ORGANIZATION GSUSA. WHEN DETERMINING COMPENSATION, COMPARABILITY DATA FROM OTHER LOCAL ORGANIZATIONS AND OTHER GIRL SCOUT COUNCILS ACROSS THE COUNTRY ARE USED.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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 AVAILABLE ON THEIR WEBSITE.

Return Reference - Identifier	Explanation
FORM 990, PART XII, LINE 2C -	THE PROCESS FOR THE OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.