## PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 025144

## Return of Organization Exempt From Income Tax

Department of the Treasury

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2023

Open to Bublic

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2024 A For the 2023 calendar year, or tax year beginning OCT 2023 and ending SEP Check if applicable: C Name of organization D Employer identification number Address change GIRL SCOUTS HEART OF THE HUDSON, INC. Name change 13-2985898 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 30 SCOTT'S CORNERS DRIVE 845-236-6002 12,314,418. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 12549 MONTGOMERY, NY H(a) Is this a group return Applica-tion pending F Name and address of principal officer: PEGGY PORTA Yes X No for subordinates? \_\_Yes **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.GIRLSCOUTSHH.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Other L Year of formation: 1980 M State of legal domicile: NY ☐ Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 3 Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 122 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 3500 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 755,227. 345,441. Contributions and grants (Part VIII, line 1h) 8 295,280. 284,238. Program service revenue (Part VIII, line 2g) 347,262.1,007,182. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 5,416,600. 6,143,412. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 7,474,289. 7,120,353. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 31,305.95,625. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 3,795,833. 3,397,601. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 3,261,511. 2,963,068. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,854,526. 6,690,417. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 783,872. 265,827. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 13,356,390. 13,804,723. Total assets (Part X, line 16) 1,084,392. 836,045. 21 Total liabilities (Part X, line 26) 三年 12,271,998. 12,968,678 Net assets or fund balances. Subtract line 21 from line 20 ..... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign PEGGY PORTA, Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature JEREMY COLE 01/31/25 self-employed P00436330 JEREMY COLE Paid Firm's EIN 14-1442607 BST & CO. CPAS, LLP Preparer Firm's name Firm's address 10 BRITISH AMERICAN BLVD Use Only Phone no. (518)459-6700 LATHAM, NY 12110 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	GSHH'S MISSION IS TO BUILD GIRLS OF COURAGE, CONFIDENCE AND CHARACTER,
	WHO MAKE THE WORLD A BETTER PLACE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$2,841,469. including grants of \$43,989. ) (Revenue \$\$
	MEMBERSHIP SERVICES INCLUDING VOLUNTEER DEVELOPMENT AND PUBLIC:
	GIRL SCOUTS HEART OF THE HUDSON SERVES APPROXIMATELY 15,000 GIRLS IN
	GRADES K-12 AND 8,000 ADULTS WHO BELIEVE IN THE POWER OF EVERY
	G.I.R.L.(GO-GETTER, INNOVATOR, RISK-TAKER, LEADER) TO CHANGE THE WORLD.
	OUR EXTRAORDINARY JOURNEY BEGAN MORE THAN 100 YEARS AGO WITH THE
	ORIGINAL G.I.R.L., JULIETTE GORDON "DAISY" LOW. ON MARCH 12, 1912, IN
	SAVANNAH, GEORGIA, SHE ORGANIZED THE VERY FIRST GIRL SCOUT TROOP, AND
	EVERY YEAR SINCE, WE'VE HONORED HER VISION AND LEGACY, BUILDING GIRLS
	OF COURAGE, CONFIDENCE, AND CHARACTER WHO MAKE THE WORLD A BETTER
	PLACE.
4b	(Code:) (Expenses \$2,952,425. including grants of \$51,636. ) (Revenue \$5,817,976.
	GIRL PROGRAM SERVICES - MOVING AT THE SPEED OF GIRLS:
	WE INTRODUCE GIRL SCOUTS OF EVERY AGE TO SCIENCE, TECHNOLOGY,
	ENGINEERING, AND MATH (STEM) TO HELP THEM SEE HOW THEY CAN IMPROVE THE
	WORLD. WHETHER THEY'RE DISCOVERING HOW A CAR'S ENGINE RUNS, LEARNING TO
	MANAGE FINANCES, OR CARING FOR ANIMALS, GIRL SCOUTS WORK HANDS-ON,
	BRINGING STEM TO LIFE.
	WE'D LIKE EVERY GIRL TO EXPLORE DIFFERENT ASPECTS OF STEM EVERY YEAR,
	SO WE'VE DEVELOPED A UNIQUE, "FUN WITH PURPOSE" K-12 CURRICULUM TO
	INSPIRE GIRLS TO EMBRACE AND CELEBRATE SCIENTIFIC DISCOVERY IN THEIR LIVES.
	4.4.4.
4C	(Code:) (Expenses \$194,979. including grants of \$) (Revenue \$)  PUBLIC INFORMATION SERVICES INCLUDES MEMBERSHIP, COMMUNICATION AND
	MARKETING SERVICES TO THE GIRL SCOUT MEMBERS AND VOLUNTEERS.
	MARKETING SERVICES TO THE GIRL SCOOT MEMBERS AND VOLUNTEERS.
اء 4	Other program convices (Describe on Schodule O.)
₩u	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 5 , 988 , 873 .
40	Total program service expenses

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			\ <b>3</b> 7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the constitution maintain on office constitution and the state of the Heiland Obstace	14a		х
b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<del></del> -
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		<del>  ^</del>
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<b> </b> ₩
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_ v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			177
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

#### GIRL SCOUTS HEART OF THE HUDSON, INC. 13-2985898 Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 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 Х 22 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 Х 23 Schedule J 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 Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ....... Х 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "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 ..... Х 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV ...... 29 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ..... 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

35b

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

If "Yes," complete Schedule R, Part V, line 2

36 X

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

Note: All Form 990 filers are required to complete Schedule O

38 X

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check it Scriedule O contains a response or note to any line in this Part v					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	25			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c	X	

Form 990 (2023) GIRL SCOUTS HEART OF THE HUDSON, INC.

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	2a 122			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
5a			<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				, v
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution are expressed at the did to the state of		Ch		
7	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the payor?	70		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b		<u> </u>
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	e roquirod	7.5		
C	to file Form 8282?	s required	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	<u> </u>	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4		
11	Section 501(c)(12) organizations. Enter:	. I			
a	Gross income from members or shareholders	11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	441			
40-	amounts due or received from them.)	11b	40-		
	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041?   <b>12b</b>	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	1		
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.		iou		
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	13b			
С	Enter the amount of reserves on hand	13c			
			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any actions.				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.			000	(0000)

332005 12-21-23

Form **990** (2023)

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

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u> 15</u>			
	If there are material differences in voting rights among members of the governing body, or if the governing	1			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	[	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	т	5		Х
6	Did the organization have members or stockholders?	г	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	···· [			
	more members of the governing body?		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	····			
-	persons other than the governing body?		7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?	- 1	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	·····	OD		
9	organization's mailing address? <i>If</i> "Yes." <i>provide the names and addresses on Schedule O</i>		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		9		
	(This Section B requests information about policies not required by the internal Revenue Code.)			Yes	No
100	Did the organization have local chapters, branches, or affiliates?	Г	10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	····· ├	IUa		21
b			10b		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	····· F		Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	''	11a	Λ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		40-	Х	
12a	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	├	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			v	
40	on Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?	Г	13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37	
	The organization's CEO, Executive Director, or top management official	├	15a	X	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				7.7
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NY				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5010)	(c)(3)s	only) a	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website X Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	, and	financ	ial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	THE ORGANIZATION - 845-236-6002				
	30 SCOTT'S CORNERS DRIVE, MONTGOMERY, NY 12549				

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

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

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

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

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

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

(A)	(B)	l		((	C)		out	(D)	(E)	(F)
Name and title	Average hours per		not c		more	than o s both		Reportable compensation	Reportable compensation	Estimated amount of
	week	offic				r/trus		from	from related	other
	(list any hours for	irector						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or d	stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	l trust	nal tru		loyee	ed woo		1099-NEC)	,	and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) HELEN WRONSKI	40.00	드	드	Of	Α	ΞE	요			
INTERIM CEO				х				145,000.	0.	48,000.
(2) HADA REED	40.00							•		•
COO				Х				115,023.	0.	13,244.
(3) MARGARET PORTA	40.00									
CFO				Х				112,752.	0.	13,244.
(4) KARI MILLER-WILLIS	40.00									
СРО						X		100,856.	0.	13,244.
(5) GALE HAUCK	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(6) JOLENE BORELL	1.00							_	_	_
TREASURER		Х		Х				0.	0.	0.
(7) TREVIS HINDS	1.00	1							_	_
DIRECTOR		Х						0.	0.	0.
(8) ERIN O'DONNELL	1.00	1							_	
DIRECTOR		Х						0.	0.	0.
(9) DONNA HALPERIN	1.00	ļ								
2ND VICE PRESIDENT		Х		Х				0.	0.	0.
(10) KIM BARNETT	1.00	ļ								
1ST VICE PRESIDENT	1	Х						0.	0.	0.
(11) PATRICIA ALLEN	1.00	ļ								
DIRECTOR	1 00	Х				_		0.	0.	0.
(12) JEAN ZAPPIA	1.00	.,								
DIRECTOR	1 00	Х						0.	0.	0.
(13) CATHERINE ST-LAURENT	1.00	<b>.</b> ,							_	_
DIRECTOR (11A) PLICAL GUEGARI	1 00	Х						0.	0.	0.
(14) ELISSA CHESSARI	1.00	<b>.</b> ,							_	
DIRECTOR	1.00	Х						0.	0.	0.
(15) LIZ KAUFMAN	1.00	v						_	_	_
OIRECTOR (16) KATIE DOYLE-BUNKER	1.00	Х				-		0.	0.	0.
SECRETARY	1.00	Х		х				0.	0.	0.
(17) NANCY GRECO	1.00	Δ		Δ.				0.	J •	· ·
DIRECTOR	1.00	Х						0.	0.	0.
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Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average	(do		Pos		<b>)</b> than c	ne	Reportable	Reportable		Estimated
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensation	n	amount of
	week	_	cer ar	nd a di	irecto	r/trus	ee)	from	from related		other
	(list any	ector						the	organizations		compensation
	hours for related	or dir	9			ated		organization	(W-2/1099-MIS	C/	from the
	organizations	ıstee	truste		a)	bens		(W-2/1099-MISC/	1099-NEC)		organization
	below	ual tr	tional		ploye	t com	_	1099-NEC)			and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizations
(18) ELISSA CHESSARI	1.00	-	-			1 0					
DIRECTOR		х						0.		0.	0
(19) CHAYANNE SWAIN	1.00										
DIRECTOR		Х						0.		0.	0
		1									
1b Subtotal								473,631.		0.	87,732
c Total from continuation sheets to Part VI	I, Section A							0.		0.	0
d Total (add lines 1b and 1c)								473,631.		0.	87,732
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable		
compensation from the organization											Yes N
3 Did the organization list any <b>former</b> officer,	director trust	00 1	·0\/ 0	mnl	01/0	0 Or	hio	shoet componented omn	lovoo on	ſ	163 14
											3 2
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su								ner compensation from t			3   1
and related organizations greater than \$150	· · · · · · · · · · · · · · · · · · ·		-					•	-		4 X
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes." com	•				•			· ·			5 Σ
Section B. Independent Contractors											
1 Complete this table for your five highest co										ensat	tion from
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	hin		ear.		
<b>(A)</b> Name and business	address							<b>(B)</b> Description of s	ervices	C	(C) ompensation
GREGORY M KISSEL, 400 KEI		ĸ	DR	T 17	F:		$\dashv$	Bosomption	51 11000		omponounon
PALM BEACH GARDENS, FL 33			<b>D</b> 10	_ v .	ш,		-	FINANCIAL CO	NSULTANT		102,120
2 Total number of independent contractors (iii	ncluding but n	ot lir	niter	tot	thos	e lie	ted	above) who received mo	ore than		

#### GIRL SCOUTS HEART OF THE HUDSON, INC. 13-2985898 Page 9 Form 990 (2023) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ..... 1a 1b **b** Membership dues ..... c Fundraising events ..... 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 345,441. 1f g Noncash contributions included in lines 1a-1f 345,441. h Total. Add lines 1a-1f **Business Code** 2 a GIRL SCOUT PROGRAM FEES 611710 284,238. 284,238, Program Service f All other program service revenue ..... 284,238. g Total. Add lines 2a-2f ......... Investment income (including dividends, interest, and 340,771 340,771 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 93,686. 6 a Gross rents 6b **b** Less: rental expenses ... 93,686. c Rental income or (loss) 93,686, 93,686. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 2,504,974. assets other than inventory b Less: cost or other basis 2,498,483. and sales expenses 7b Other Revenue c Gain or (loss) \_\_\_\_\_\_7c 6,491. 6,491. 6,491. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 8,513,558 10a and allowances 2,695,582 **b** Less: cost of goods sold ..... 5,817,976. 5,817,976. c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS REVENUE

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b

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440,948.

231,750.

231,750

7,120,353.

900099

e Total. Add lines 11a-11d

**12 Total revenue**. See instructions

d All other revenue

231,750,

6,333,964.

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respons		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	95,625.	95,625.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	491,534.	412,340.	51,256.	27,938.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 555 005	0 100 006	000 550	1.40.000
7	Other salaries and wages	2,555,035.	2,122,906.	282,759.	149,370.
8	Pension plan accruals and contributions (include	200 445	000 100	45 454	10 001
	section 401(k) and 403(b) employer contributions)	228,445.	202,130.	15,454.	10,861.
9	Other employee benefits	231,109.	204,487.	15,634.	10,988.
10	Payroll taxes	289,710.	252,163.	22,378.	15,169.
11	Fees for services (nonemployees):				
а		14 210	0 007	4 407	ГС
b	5F	14,310.	9,827.	4,427.	56.
	Accounting	62,452.	42,888.	19,320.	244.
d	, , , , , , , , , , , , , , , , , , , ,				
е	, F				
f	Investment management fees				
g	,	381,990.	262,327.	118,170.	1 /03
40	column (A), amount, list line 11g expenses on Sch 0.)	301,990.	202,327.	110,170.	1,493.
12	Advertising and promotion	454,385.	440,079.	3,279.	11,027.
13	Office expenses	77,581.	75,965.	721.	895.
14 15	Information technology	77,501.	75,505.	7210	0,55.
16	Royalties	303,423.	303,423.		
17	Occupancy Travel	184,413.	173,496.	8,793.	2,124.
18	Payments of travel or entertainment expenses	201,1201	270,200	377330	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	118,046.	100,183.	9,400.	8,463.
20	Interest		=::,=::	- /	2, -200
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	419,434.	419,434.		
23	Insurance	271,051.	269,003.	2,048.	
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),	·		·	
а	amount, list line 24e expenses on Schedule 0.)  REPAIRS AND MAINTENANCE	537,140.	521,705.	15,333.	102.
a b	MEGGET I AMEGIC	90,600.	52,785.	35,336.	2,479.
C	LICENSES, PERMITS & FEE	48,243.	28,107.	18,816.	1,320.
d		20,210•	20,20,0		2,020.
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,854,526.	5,988,873.	623,124.	242,529.
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)				

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— —		Check if Schedule O contains a response or note to any line in this Part X			
$\neg$					
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	454,443.	1	379,447.
	2	Savings and temporary cash investments	1,436,149.	2	3,673,177.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	23,793.	4	57,512.
	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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
<u>v</u>	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	455,062.	8	319,021.
۲¥	9	Prepaid expenses and deferred charges	101,275.	9	44,176.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 16,888,140.			
	b	Less: accumulated depreciation 10b 11,055,518.	5,481,695.	10c	5,832,622.
	11	Investments - publicly traded securities	4,429,742.	11	2,416,477.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	074 004	14	1 000 001
	15	Other assets. See Part IV, line 11	974,231.	15	1,082,291.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	13,356,390.	16	13,804,723.
	17	Accounts payable and accrued expenses	548,150.	17	298,701.
	18	Grants payable	0 174	18	20 125
	19	Deferred revenue	8,174.	19	29,135.
- 1	20	Tax-exempt bond liabilities	41,916.	20	42,914.
1	21	Escrow or custodial account liability. Complete Part IV of Schedule D	41,910.	21	42,914.
<u>ies</u>	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		00	
Lia	00	controlled entity or family member of any of these persons		22	
	23 24	Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties		23 24	
- 1	2 <del>4</del> 25	Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	486,152.	25	465,295.
	26	Total liabilities. Add lines 17 through 25	1,084,392.	26	836,045.
$\overline{}$	20	Organizations that follow FASB ASC 958, check here	2/001/0321	20	000,0101
es l		and complete lines 27, 28, 32, and 33.			
ğ	27	Net assets without donor restrictions	10,494,854.	27	12,014,252.
3ak	28	Net assets with donor restrictions	1,777,144.	28	954,426.
힏		Organizations that do not follow FASB ASC 958, check here	, ,		•
ᆵ		and complete lines 29 through 33.			
þ	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	12,271,998.	32	12,968,678.
	33	Total liabilities and net assets/fund balances	13,356,390.	33	13,804,723.

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,12		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,85	4,5	<u> 26.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	26	5,8	27.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,27	1,9	98.
5	Net unrealized gains (losses) on investments	5	41	3,9	60.
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	1	6,8	93.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	12,96	8,6	78.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

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#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

GIRL SCOUTS HEART OF THE HUDSON, INC.

Employer identification number

		GIRL	SCOUTS HE	ART OF THE	HUDSON	, INC	•	1	3-2985898				
Pa	art I	Reason for Public (	Charity Status.	(All organizations m	nust complete	this part.) S	See instruction	s.					
The	organ	ization is not a private found											
1		A church, convention of ch	urches, or associatio	on of churches desc	cribed in <b>secti</b>	on 170(b)(	1)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (	(Attach Schedule E	(Form 990).)								
3		A hospital or a cooperative	hospital service orga	anization described	in section 17	0(b)(1)(A)(i	ii).						
4		A medical research organiz	ation operated in co	njunction with a ho	spital describe	d in <b>sectio</b>	on 170(b)(1)(A	<b>)(iii).</b> Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a co	llege or university o	wned or opera	ted by a go	overnmental u	nit describe	ed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6	Ш	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7		An organization that norma	Illy receives a substa	ntial part of its supp	oort from a gov	ernmental	unit or from th	ne general <sub>l</sub>	oublic described in				
		section 170(b)(1)(A)(vi). (C											
8	Щ	A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complet	e Part II.)								
9		An agricultural research org	ganization described	in <b>section 170(b)(</b>	1)(A)(ix) opera	ted in conju	unction with a	land-grant	college				
		or university or a non-land-g	grant college of agric	culture (see instructi	ons). Enter the	name, city	, and state of	the college	or				
	[ <b>T</b> ]	university:											
10	X	An organization that norma											
		activities related to its exen	-	•					-				
		income and unrelated busin		(less section 511 ta	ax) from busine	esses acqui	red by the org	janization a	ifter June 30, 1975.				
		See section 509(a)(2). (Con	•			=	00( )(4)						
11	H	An organization organized a	•	•	•								
12		An organization organized a	· ·	•	· ·			-	•				
		more publicly supported or	•	•					Sheck the box on				
_		lines 12a through 12d that of <b>Type I.</b> A supporting orga	* *			-		-	aivina				
а		the supported organization	•	•									
		organization. <b>You must o</b>			lect a majority	or the direc	cors or truster	23 01 1116 31	apporting				
b		Type II. A supporting org	-		nnection with i	ts sunnorte	ed organizatio	n(s) hy hav	vina				
~		control or management o	· · · · · · · · · · · · · · · · · · ·				-	•	-				
		organization(s). You mus			· · · · · · · · · · · · · · · · · · ·	orio triat oo	THE OF THE HE	yo ano oup	5611.64				
c	; [	☐ Type III functionally inte				ction with.	and functional	lv integrate	ed with.				
		its supported organization						.,	<b>,</b>				
c	ı 🗆	Type III non-functionally		-				ted organiz	zation(s)				
		that is not functionally int		0 0	•		• •	•	. ,				
		requirement (see instructi	ions). You must con	mplete Part IV, Sec	tions A and D	, and Part	V.						
e		Check this box if the orga						II, Type III					
		functionally integrated, or	r Type III non-functio	nally integrated sup	porting organi	zation.							
f	Ente	er the number of supported o	organizations										
		vide the following information											
	(	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines		ganization listed ning document?	(v) Amount of support (see in	•	(vi) Amount of other support (see instructions)				
		organization		above (see instruction		No	Support (See II	istructions)	support (see instructions)				
						1							
				1		1							
Tota	al												

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(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.)

	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
5	Total. Add lines 1 through 3 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)						
	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support					_	
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
9	and income from similar sources  Net income from unrelated business activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)	•		12	
	First 5 years. If the Form 990 is for th					501(c)(3)	
	organization, check this box and stop	here					
<u>Sec</u>	tion C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2023 (I	ine 6, column (f), o	divided by line 11,	column (f))		14	%
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%
16a	<b>33 1/3% support test - 2023.</b> If the o	organization did n	ot check the box o				
b	stop here. The organization qualifies 33 1/3% support test - 2022. If the organization are support test - 2022.	organization did n	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%		is box
17a	and stop here. The organization qual 10% -facts-and-circumstances test and if the organization meets the fact meets the facts-and-circumstances test 10% -facts-and-circumstances test	- 2023. If the organizations. The organizations.	ganization did not coes test, check this on qualifies as a pu	check a box on lines box and stop he ublicly supported c	e 13, 16a, or 16b, are. Explain in Partorganization	and line 14 is 10% over the organiz	or more, cation
b	more, and if the organization meets th	ne facts-and-circur	mstances test, che	eck this box and s	top here. Explain	in Part VI how the	
b		umstances test. T	he organization qu	alifies as a publicly	/ supported organi	zation	

#### 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

Sec	ction A. Public Support	elow, please comp	iete Part II.)					
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Gifts, grants, contributions, and	(4) 2013	(N) 2020	(0) 2021	(4) 2022	(0) 2020	(i) Total	
•	membership fees received. (Do not							
	include any "unusual grants.")	398,031.	1766824.	1004437.	755,227.	345,441.	4269960.	
2	Gross receipts from admissions,	330,0020			, , , , , , , , , , , , , , , , , , , ,	313,1111	12033000	
_	merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the organization's tax-exempt purpose	6657875.	5776094.	7603454.	8065256.	8797796.	36900475.	
3	Gross receipts from activities that							
_	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5	7055906.	7542918.	8607891.	8820483.	9143237.	41170435.	
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons						0.	
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						0.	
	Add lines 7a and 7b						0.	
8	Public support. (Subtract line 7c from line 6.)						41170435.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 6	7055906.	7542918.	8607891.	8820483.	9143237.	41170435.	
10a	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties,	100 150	00 045	124 452	110 400	424 457	000 200	
	and income from similar sources	120,152.	80,845.	134,453.	119,402.	434,457.	889,309.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975	120,152.	80,845.	134,453.	119,402.	434,457.	889,309.	
	Add lines 10a and 10b	140,134.	00,045.	134,433.	119,402.	434,437.	009,309.	
••	activities not included on line 10b,							
	whether or not the business is							
12	regularly carried on Other income. Do not include gain							
_	or loss from the sale of capital	35,393.	29,935.	34,744.	95,501.	231,750.	427,323.	
13	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)	7211451.	7653698.	8777088.	9035386.		42487067.	
	First 5 years. If the Form 990 is for the						-	
•				,		( )( )	511,	
Sec	ction C. Computation of Publi							
	Public support percentage for 2023 (I			olumn (f))		15	96.90 %	
	Public support percentage from 2022		•			16	97.84 %	
	ction D. Computation of Inves							
17	Investment income percentage for 20	<b>)23</b> (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	2.09 %	
	Investment income percentage from 2					18	1.46 %	
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 33	3 1/3%, and line 1		
	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organizationX							
b	33 $1/3\%$ support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	and	
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization	n did not check a l	nox on line 14 19a	or 19h check th	is hox and see inst	ructions	1 1	

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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

		Yes	No
L	1		
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	За		
	3b		
	3c		
	4a		
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	4b		
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	4c		
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	9b		
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	10a		
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	10b	~ 000\	2002

332024 12-21-23

Pa	rt IV Supporting Organizations (continued)			<u>-</u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one 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 <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	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			
<u> </u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	struction	I . I	Na
2	Activities Test. <b>Answer lines 2a and 2b below.</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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,	Lu		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

332025 12-21-23 Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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

6

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2023

d Excess from 2022 e Excess from 2023

332028 12-21-23 Schedule A (Form 990) 2023

## Schedule B

### Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

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

Name of the organization **Employer identification number** 13-2985898 GIRL SCOUTS HEART OF THE HUDSON INC. Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

## GIRL SCOUTS HEART OF THE HUDSON, INC.

13-2985898

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
1		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 20,231.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>15,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 65,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

## GIRL SCOUTS HEART OF THE HUDSON, INC.

13-2985898

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		\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 57,839.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## GIRL SCOUTS HEART OF THE HUDSON, INC.

13-2985898

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
323453 12-26			Schedule B (Form 990) (2023)

Name of organization **Employer identification number** GIRL SCOUTS HEART OF THE HUDSON, INC. 13-2985898 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

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

Attach to Form 990.

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

OMB No. 1545-0047

2023
Open to Public Inspection

Name of the organization

GIRL SCOUTS HEART OF THE HUDSON, INC.

Employer identification number 13-2985898

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Similar Fund	s or Acc	counts. Complete if the
		(a) Donor advis	sed funds	(b)	) Funds and other accounts
1	Total number at end of year	, ,		,	-
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the assets h	neld in donor adv	rised funds	
	are the organization's property, subject to the organization's	-			
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for a	any other purpos	e conferrin	g
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Y	es" on Form 990	, Part IV, li	ne 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	)		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation	of a histori	cally important land area
	Protection of natural habitat		Preservation	of a certifie	ed historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contri	bution in the forr	n of a cons	
	day of the tax year.			- 1	Held at the End of the Tax Year
а	Total number of conservation easements				2a
b				·····	2b
С	Number of conservation easements on a certified historic stru				2c
d	Number of conservation easements included on line 2c acqui				
	on a historic structure listed in the National Register				2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by th	ne organiza	ation during the tax
	year				
4	Number of states where property subject to conservation eas			<del>-</del>	
5	Does the organization have a written policy regarding the per				
_	violations, and enforcement of the conservation easements it				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing co	nservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and e	enforcing conserv	ation ease	ements during the year
_				(L) (A) (D) (i)	
8	Does each conservation easement reported on line 2d above				□ Vaa □ Na
•	and section 170(h)(4)(B)(ii)?				
9					
	balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements.	lote to the organization	S III Iai ICiai Statei	Herits that	describes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Tr	easures, or C	Other Sir	nilar Assets.
	Complete if the organization answered "Yes" on Form		ŕ		
1a	If the organization elected, as permitted under FASB ASC 95		venue statement	and balan	ce sheet works
	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan	•	•		1
b	If the organization elected, as permitted under FASB ASC 95				sheet works of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items.	,			
	(i) Revenue included on Form 990, Part VIII, line 1				\$
2	If the organization received or held works of art, historical trea				
	the following amounts required to be reported under FASB A			J / I=-	
а	Revenue included on Form 990, Part VIII, line 1				\$
	Assets included in Form 990, Part X				

332051 09-28-23

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

Schedule D (Form 990) 2023

5,832,622.

e Other

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

	-			_	
Part VII	Investn	nents -	Other	Secu	ırities

Complete if the organization answered "Ye	- II F 000 D+ IV	/ Paradala Ora Farma 000 Dart // Parado
Complete it the organization answered "Ye	es" on Form 990. Part IV	V line 11b See Form 990 Part X line 12
Complete in the organization anowered the	, o o o o o o o o o o o o o o o o o o o	v, mio 1 18: 666 1 61111 666, 1 art 71, mio 12:

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
T. I. (0 I (1) I I I 000 D I V I 40 I (D))		

Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))

Part VIII Investments - Program Related.

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col (h) must equal Form 900 Part Y line 13 col (B))		

Total. (Col. (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) EMPLOYEE RETENTION TAX CREDIT	765,564.
(2) DEPOSITS AND DEFERRED CHARGES	23,025.
(3) CASH ADVANCE	850.
(4) RIGHT-OF-USE ASSETS	162,334.
(5) BENEFICIAL INTEREST IN PERPETUAL TRUST	130,518.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,082,291.

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) LEASE LIABILITIES	163,060
(3) GIFT CARDS LIABILITY	269,346.
(4) PROGRAM CREDITS PAYABLE	32,889.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. line 25. col. (B))	465,295.

<sup>2.</sup> 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 ... X

#### PART V, LINE 4:

GSHH CURRENTLY MAINTAINS VARIOUS DONOR-RESTRICTED ENDOWMENT FUNDS WHOSE

PURPOSES ARE TO PROVIDE LONG TERM SUPPORT FOR THE PROGRAMS OF GIRL SCOUTS

HEART OF THE HUDSON, INC. THE INCOME FROM THE ENDOWMENT FUNDS CAN BE USED

TO SUPPORT GIRL SCOUT PROGRAMS, TRAINING, AND CAPITAL IMPROVEMENT.

#### PART X, LINE 2:

WHEN INCOME TAX RETURNS ARE FILED, SOME TAX POSITIONS TAKEN ARE HIGHLY
CERTAIN TO BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE
OTHER TAX POSITIONS ARE SUBJECT TO UNCERTAINTY ABOUT THE TECHNICAL MERITS
OF THE POSITION OR THE AMOUNT OF THE POSITION'S TAX BENEFIT THAT WOULD BE
ULTIMATELY SUSTAINED. THE PORTION OF THE BENEFITS ASSOCIATED WITH THE TAX
POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS PREVIOUSLY DESCRIBED
IS REFLECTED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE
ACCOMPANYING STATEMENTS OF FINANCIAL POSITION AND INCLUDES, WHERE
APPLICABLE, ACCRUED INTEREST AND/OR PENALTIES ATTRIBUTABLE TO THE
UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION RECOGNIZES THE TAX BENEFITS
FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE
TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES.
MANAGEMENT HAS CONCLUDED THAT THE ORGANIZATION HAS NOT TAKEN ANY MATERIAL
UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT IN ITS FINANCIAL
STATEMENTS.

#### PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN PERPETUAL

TRUST 16,893.

#### PART V ENDOWMENT FUNDS

THE FINANCIAL STATEMENTS OF THE ORGANIZATION HAVE BEEN RESTATED TO

DECREASE NET ASSETS WITH DONOR RESTRICTIONS TO CORRECT THE ALLOCATION OF

EARNINGS IN THE ENDOWMENT. THE ENDOWMENTS FUNDS ON PART V WERE ALSO

RESTATED TO MATCH THE RESTATED FINANCIAL STATEMENTS.

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

GIRL SCOU	13-2985898										
Part I General Information on Grants and Assistance											
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection					
criteria used to award the grants or assis	stance?						X Yes No				
2 Describe in Part IV the organization's pro											
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any											
recipient that received more than	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
Name and address of organization or government	<b>(b)</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				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  3 Enter total number of other organizations listed in the line 1 table											

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
FINANCIAL ASSISTANCE TO MEMBERS	125	95,625.	0.						
		,							
Part IV Supplemental Information. Provide the information red	uuired in Part I, lin	e 2; Part III, column	(b); and any other ac	I Iditional information.					
PART I, LINE 2:									
ASSISTANCE IS PROVIDED AS A REDUCTION OF AMOUNTS PAID TO THE ORGANIZATION									
SO NO MONITORING OF THE USE OF FUN	DS IS NEC	ESSARY.							
SCHEDULE I, PART IV									
FINANCIAL ASSISTANCE IS AWARDED FOUR WAYS:									
1. FUNDING OF GIRL SCOUTS MEMBERSHIP FEE AT \$25 EACH									
2. ASSISTANCE WITH THE PURCHASE OF UNIFORM COMPONENTS, EARNED BADGES &									
	ONTROKI	COMI OMEMIA	, EARINED D	ADCED &					
INSIGNIA									

### 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.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

GIRL SCOUTS HEART OF THE HUDSON, INC.

13-2985898

Employer identification number

Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year did any never listed on Form 000 Part VIII Section A line to with respect to the filing			
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:			
•		4a		Х
a h	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
Ĭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	10		
	The state of the s			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		37	
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u> </u>

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

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) HELEN WRONSKI	(i)	140,000.	5,000.	0.	0.	48,000.	193,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
BONUSES ARE AT THE DISCRETION OF THE CEO. THEY ARE BASED UPON WORK
PERFORMANCE OBSERVED OR ACHIEVED BEYOND THE NORMAL EXPEXTATIONS OR AGREED
UPON PLANS.

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GIRL SCOUTS HEART OF THE HUDSON, INC.

Employer identification number 13-2985898

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:				
GIRL SCOUTS HEART OF THE HUDSON, INC. (GSHH) IS GOVERNED BY A MAXIMUM				
18 MEMBER VOLUNTEER BOARD OF DIRECTORS AND AN EXPERIENCED MANAGEMENT				
STAFF. GSHH COVERS DUTCHESS, ORANGE, PUTNAM, ROCKLAND, SULLIVAN,				
ULSTER, AND WESTCHESTER COUNTIES SERVING URBAN, SUBURBAN, AND RURAL				
AREAS. WITHIN THE 4,767 SQUARE MILE JURISDICTION, GSHH HAS REGIONAL				
OFFICES IN MONTGOMERY, NEW CITY, NEW ROCHELLE, TUCKAHOE EASTCHESTER,				
AND WAPPINGERS FALLS. IN ADDITION, GSHH MAINTAINS SIX GIRL SCOUT HOUSES				
AND FOUR CAMP PROPERTIES. WITHIN OUR FOOTPRINT, GSHH SERVES OVER 13,000				
GIRLS IN GRADES K THROUGH 12. GIRL SCOUT TROOPS ARE THE PRIMARY METHOD				
THROUGH WHICH GIRLS PARTICIPATE. GSHH HAS OVER 2,000 TROOPS. IN				
ADDITION, GSHH SERVES APPROXIMATELY 1,500 GIRLS IN UNDERSERVED				
COMMUNITIES.				

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IN 2024, 115 CADETTE GIRL SCOUTS EARNED THEIR SILVER AWARD, THE SECOND

HIGHEST AWARD IN GIRL SCOUTING, BY DEDICATING OVER 6,450 HOURS TO

IMPROVE THEIR COMMUNITIES. ADDITIONALLY, 65 SENIOR AND AMBASSADOR GIRL

SCOUTS EARNED THEIR GOLD AWARD, THE HIGHEST ACHIEVEMENT IN GIRL

SCOUTING; COMBINED THESE OUTSTANDING YOUNG WOMEN WORKED OVER 16,250

HOURS TO MAKE THE WORLD A BETTER PLACE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

WE ALSO OFFER EXPERIENCES IN THE AREAS OF THE OUTDOORS, AND

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

Name of the organization

GIRL SCOUTS HEART OF THE HUDSON, INC.

Employer identification number
13-2985898

ENTREPRENEURSHIP.

GIRLS WHO ARE UNABLE TO PARTICIPATE DUE TO FINANCIAL OR OTHER
CONSTRAINTS ARE SERVED VIA PROGRAM STAFF OF GSHH.

THEY ALSO CAN RECEIVE FINANCIAL ASSISTANCE WITH TRANSPORTATION, DUES,

UNIFORMS, AND PROGRAM MATERIALS. GIRL SCOUT HOUSES AND/OR PROPERTIES

ARE USED AS LOCATIONS WHENEVER POSSIBLE. GIRL SCOUTS HEART OF THE

HUDSON ALSO DELIVERS PROGRAMMING AT LOCAL SCHOOLS, HOUSES OF WORSHIP,

COMMUNITY CENTERS, AND HOUSING FACILITIES. WE ALSO PARTNER WITH OTHER

YOUTH SERVING AGENCIES ON PROGRAMS THAT PROMOTE LEADERSHIP DEVELOPMENT.

EVERY ATTEMPT IS MADE TO OFFER THESE GIRL SCOUTS A COMPLETE AND

WELL-ROUNDED EXPERIENCES. THEREFORE, GIRL SCOUTS HEART OF THE HUDSON

COVERS THE COSTS OF THESE PROGRAMS, INCLUDING, BUT NOT LIMITED TO,

HIRING STAFF TO WORK WITH THE GIRLS IN THESE SETTINGS, UNIFORM PIECES,

AND PROGRAM SUPPLIES.

THE BENEFITS OF GIRL SCOUTING ARE WELL-KNOWN AND WELL-DOCUMENTED. GIRL

SCOUTS ARE GROUNDBREAKERS, BIG THINKERS, AND ROLE MODELS. THEY ARE

GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER WHO MAKE THE WORLD A BETTER

PLACE. THEY FIND THE STRENGTH AND CONFIDENCE TO LEAD THE WAY, EVERY DAY

- AND CREATE MEANINGFUL CHANGE IN THEMSELVES AND THEIR COMMUNITIES. OUR

PROGRAMMING INTRODUCES GIRLS TO ESSENTIAL CONCEPTS SUCH AS FINANCIAL

LITERACY AND PROBLEM SOLVING, PROMOTES SELF-ESTEEM AND GROUP

COLLABORATION, AND GIVES GIRLS THE TOOLS THEY NEED TO EMPOWER

THEMSELVES AND OTHERS.

**Employer identification number** Name of the organization 13-2985898 GIRL SCOUTS HEART OF THE HUDSON, INC.

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

ARTICLE II MEMBERSHIP SECTION 2.1 MEMBERSHIP. PERSONS WHO ARE MEMBERS OF THE GIRL SCOUT MOVEMENT AND ARE REGISTERED WITH THE COUNCIL ARE MEMBERS OF THE COUNCIL, BUT ONLY MEMBERS 16 YEARS OF AGE AND OLDER ARE ELIGIBLE TO BE DELEGATES. EMPLOYEES ARE NOT ELIGIBLE TO VOTE. ONLY THE FOLLOWING MEMBERS SHALL BE ENTITLED TO VOTE AT THE ANNUAL MEETING AND SPECIAL MEETINGS OF THE COUNCIL (REFERRED TO HEREIN AS "DELEGATES"): A. EACH SERVICE UNIT MAY SELECT NO LESS THAN TWO DELEGATES AND SUCH ADDITIONAL DELEGATES AND ALTERNATIVE DELEGATES AS DETERMINED BY THE BOARD BASED UPON THE GIRL MEMBERSHIP OF THE SERVICE UNIT AS OF SEPTEMBER 30 OF EACH YEAR. THE NUMBER OF DELEGATES MAY BE ADJUSTED ANNUALLY TO ASSURE COMPLIANCE WITH SECTION 2.1E BELOW. DELEGATES SHALL HAVE A TERM OF THREE YEARS AND UNTIL THEIR SUCCESSORS ARE SELECTED. SERVICE UNITS MAY FILL THE UNEXPIRED TERMS OF DELEGATES WHO RESIGN OR DO NOT PERFORM THEIR DUTIES, OR ARE NO LONGER MEMBERS OF THE GIRL SCOUT MOVEMENT THROUGH THE COUNCIL. B. UP TO FIVE (5) DELEGATES-AT-LARGE SELECTED BY THE BOARD DEVELOPMENT COMMITTEE IF IT IS DETERMINED THAT THERE IS A SEGMENT OF MEMBERSHIP THAT IS SUBSTANTIALLY UNREPRESENTED AMONG THE DELEGATES SELECTED BY THE SERVICE UNITS AND WOULD THEREFORE HAVE NO VOICE IN THE POLICY DECISIONS OF THE COUNCIL WITHOUT SUCH DELEGATE-AT-LARGE REPRESENTATION. C. DIRECTORS OF THE BOARD AND MEMBERS OF THE BOARD DEVELOPMENT COMMITTEE, ALL OF WHOM SHALL BE EX-OFFICIO DELEGATES WITH THE RIGHT TO VOTE. D. NATIONAL COUNCIL DELEGATES WHO ARE OF VOTING AGE. E. THE TOTAL NUMBER OF DELEGATES SHALL NOT BE LESS THAN TWO (2) DELEGATES PER SERVICE UNIT. AT LEAST TWO-THIRDS (2/3) OF THE DELEGATES SHALL BE SELECTED BY THE SERVICE 2 UNITS. ALL DELEGATES SHALL SERVE ONLY FOR THE TERM TO WHICH THEY HAVE BEEN SELECTED AND ONLY FOR AS LONG AS THEY ARE REGISTERED WITH THE GIRL SCOUT MOVEMENT THROUGH THE COUNCIL. A RECORD OF THE NAMES OF THE DELEGATES SHALL BE PREPARED BY THE SECRETARY OF THE

Name of the organization

GIRL SCOUTS HEART OF THE HUDSON, INC.

Employer identification number 13-2985898

COUNCIL, REFERRED TO HEREIN AS THE SECRETARY, NO MORE THAN FIFTY (50) AND NO LESS THAN THEN (10) DAYS PRIOR TO THE DATE OF THE ANNUAL MEETING (HEREIN "RECORD DATE").

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

THE VOTING MEMBERS OF THE CORPORATION:

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

DIRECTORS, THE MEMBERS OF THE COUNCIL BOARD DEVELOPMENT COMMITTEE, THE

DELEGATES TO THE NATIONAL COUNCIL OF GIRL SCOUTS OF THE UNITED STATES OF

AMERICA AND, IF VACANCIES OCCUR, PERSONS TO FILL VACANCIES AMONG THOSE

DELEGATES.

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

THE VOTING MEMBERS OF THE CORPORATION:

- DETERMINE GENERAL LINES OF DIRECTION FOR GIRL SCOUTING WITHIN THE

  JURISDICTION OF THE COUNCIL BY RECEIVING AND RESPONDING TO REPORTS AND

  INFORMATION FROM THE BOARD OF DIRECTORS.
- AMEND THE ARTICLES OF INCORPORATION AND BYLAWS.
- TAKE ALL OTHER ACTION REQUIRING A MEMBERSHIP VOTE AS DEFINED IN THE BYLAWS.
- ATTEND AND PARTICIPATE IN DELEGATE MEETINGS.
- REPORT ON DELEGATE DISCUSSION TO THE COMMUNITIES.
- CONDUCT SUCH OTHER BUSINESS AS MAY, FROM TIME TO TIME, COME BEFORE THE MEMBERS.

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

GIRL SCOUTS HEART OF THE HUDSON INC. HAS ITS FORM 990 PREPARED BY AN

OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO

Name of the organization

GIRL SCOUTS HEART OF THE HUDSON, INC.

Employer identification number 13-2985898

ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. AFTER THE

FORM 990 HAS BEEN PREPARED, IT IS REVIEWED BY THE CEO, AND AUDIT COMMITTEE.

BEFORE THE 990 IS FILED WITH THE INTERNAL REVENUE SERVICE, IT IS SUBMITTED

TO THE BOARD MEMBERS FOR COMMENTS AND A SPECIALLY CALLED MEETING IS HELD BY

THE BOARD OF DIRECTORS TO REVIEW THE FORM 990. AFTER THE 990 IS APPROVED BY

ALL MEMBERS OF THE BOARD OF DIRECTORS, THE 990 IS ELECTRONICALLY FILED.

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

ANNUAL DISCLOSURES ARE MADE BY ALL MEMBERS OF THE EMPLOYEES, BOARD, BOARD

STANDING COMMITTEES, AND THE BOARD DEVELOPMENT COMMITTEE OF ANY DIRECT OR

INDIRECT BENEFITS THEY OR MEMBERS OF THEIR FAMILY ARE RECEIVING, OR WILL

RECEIVE, AS THE RESULT OF AN AGREEMENT BY THE COUNCIL WITH ANY OUTSIDE

PARTY.

ANY POTENTIAL CONFLICT OF INTEREST, NO MATTER HOW INSIGNIFICANT, SHALL BE
DISCLOSED IN WRITING TO THE BOARD CHAIR BY THE PERSON CONCERNED PRIOR TO
ENGAGING IN A CONFLICT OF INTEREST ACTION. WHEN ANY SUCH CONFLICT OF
INTEREST IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD, THE
INTERESTED PERSON SHALL CALL IT TO THE ATTENTION OF THE BOARD CHAIR OR,
WHEN IT ARISES DURING THE COMMITTEE MEETING, TO THE CHAIR OF THE COMMITTEE,
AND SUCH PERSON SHALL NOT VOTE ON THE MATTER. MOREOVER, THE PERSON HAVING
THE CONFLICT SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD OR COMMITTEE IS
MEETING AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATIONS OR DECISION
REGARDING THE MATTER UNDER CONSIDERATION. THE MINUTES OF THE MEETING OF THE
BOARD OR COMMITTEE SHALL REFLECT THAT A CONFLICT OF INTEREST WAS DISCLOSED
AND THAT THE INTERESTED PERSON WAS NOT PRESENT DURING THE FINAL DISCUSSION
OR VOTE AND DID NOT VOTE. WHEN THERE IS A DOUBT AS TO WHETHER A CONFLICT OF
INTEREST EXISTS. THE MATTER SHALL BE RESOLVED BY VOTE OF THE BOARD OR

Name of the organization

GIRL SCOUTS HEART OF THE HUDSON, INC.

Employer identification number
13-2985898

COMMITTEE, EXCLUDING THE INTERESTED PERSON.

ANY MATTER THAT ARISES INVOLVING A QUESTION OR INTERPRETATION RELATING TO

THIS CONFLICT OF INTEREST SHOULD BE SUBMITTED IN WRITING TO THE BOARD CHAIR

FOR DECISION OR REFERRAL TO THE BOARD OR ITS EXECUTIVE COMMITTEE FOR

DECISION, WHERE APPROPRIATE.

IN THE EVENT THAT A POTENTIAL CONFLICT OF INTEREST IS NOT DISCLOSED, THE

MATTER SHALL BE REFERRED TO THE BOARD OR ITS EXECUTIVE COMMITTEE FOR

DETERMINATION OF CONTINUED MEMBERSHIP OF THE INDIVIDUAL CONCERNED ON THE

BOARD OF DIRECTORS, A BOARD STANDING COMMITTEE, OR THE BOARD DEVELOPMENT

COMMITTEE.

AN EMPLOYEE WHO HAS AN ACTUAL OR POTENTIAL CONFLICT MUST DISCLOSE THIS

INFORMATION TO THE ORGANIZATION AS SOON AS POSSIBLE SO THAT THE

ORGANIZATION CAN PUT SAFEGUARDS IN PLACE TO PROTECT ALL PARTIES.

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

CEO COMPENSATION

COMPENSATION FOR THE CEO IS UNDER THE RESPONSIBILITY OF THE BOARD OF

DIRECTORS (BOD). EACH YEAR, THE BOD ESTABLISHES A CEO PERFORMANCE

EVALUATION COMMITTEE. THIS COMMITTEE REVIEWS THE PERFORMANCE OF THE CEO,

AND INCLUDES A REVIEW BY SELECT MANAGEMENT AND/OR LEADERSHIP LEVEL STAFF

WHO REPORT DIRECTLY TO THE CEO, AS SELECTED BY THE BOD.

KEY EMPLOYEE AND OFFICERS COMPENSATION

GIRL SCOUTS HEART OF THE HUDSON, INC. HAS A CUSTOMIZED SALARY STRUCTURE

THAT WAS DEVELOPED IN CONJUNCTION WITH THE GIRL SCOUTS USA (GSUSA)

<u>Schedule O (Form 990) 2023</u> Page **2** 

Name of the organization  GIRL SCOUTS HEART OF THE HUDSON, INC	•	Employer identification number 13-2985898
COMPENSATION TEAM. IT IS BASED ON OUR COUNCIL SIZE	, THE COS	ST OF THE LABOR
MARKET (ABOVE NATIONAL AVERAGE FOR THE NORTHEASTER	N US) ANI	D STAFFING
STRUCTURES RELEVANT TO GIRL SCOUT COUNCILS.		
FORM 990, PART VI, SECTION C, LINE 19:		
THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR	PUBLIC II	NSPECTION AS
REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENU	E CODE.	IT IS POSTED ON
GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES.	GSHH AL	SO MAKES THEIR
FORM 990 AVAILABLE ON THEIR WEBSITE AND UPON REQUE	ST. IN A	DDITION, THE
FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY,	ARTICLES	S OF
INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON	WRITTEN I	REQUEST AT OR BY
CALLING THE ORGANIZATION DIRECTLY.		
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN PER	PETUAL	
TRUST		16,893.