### EXTENDED TO AUGUST 15, 2024

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## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection OCT 1. 2022 A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change GIRL SCOUTS HEART OF THE SOUTH Name change 62-0502197 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 825 VALLEYBROOK DR 102 (800)624-4185termin-ated City or town, state or province, country, and ZIP or foreign postal code 6,750,362. **G** Gross receipts \$ Amended MEMPHIS, TN 38120 H(a) Is this a group return Applica-F Name and address of principal officer: VENUS CHANEY Yes X No for subordinates? pending SAME AS C ABOVE **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)(4947(a)(1) or (insert no.) If "No," attach a list. See instructions WWW.GIRLSCOUTSHS.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 1955 M State of legal domicile: TN Part I Summary Briefly describe the organization's mission or most significant activities: GIRL SCOUTING BUILDS GIRLS OF Activities & Governance COURAGE, CONFIDENCE, AND CHARACTER, WHO MAKE THE WORLD A BETTER oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 25 Number of voting members of the governing body (Part VI, line 1a) 25 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 6702 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 1,569,962. 55,780. 461,600. Contributions and grants (Part VIII, line 1h) Revenue 99,473. Program service revenue (Part VIII, line 2g) 150,272. 159,013. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 3,042,300. 3,528,067. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,818,314. 4,248,153. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 4,125.24,879. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,938,021. 2,038,769. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,128,007. 1,343,922. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,170,901. 3,306,822. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,647,413. 941,331. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 12,552,324. 15,324,436. 20 Total assets (Part X, line 16) 1,834,000. 275,559. 21 Total liabilities (Part X, line 26) 12,276,765. 13,490,436. 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 VENUS CHANEY, Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature CHRISTA JIN YAO PUTMAN P01849782 Paid Firm's EIN 62-1804252 WATKINS UIBERALL, PLLC Preparer Firm's name Use Only Firm's address 1661 AARON BRENNER DR., STE 300 Phone no. (901) 761-2720MEMPHIS, TN 38120

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

Page **2** 

Par	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:	
	GIRL SCOUTING BUILDS GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER, WI	10
	MAKE THE WORLD A BETTER PLACE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	37
		X No
	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, a	ınd
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$2,759,921. including grants of \$24,879. ) (Revenue \$3,618,19)	<u> </u>
	GIRL SCOUTING IS ONE PROGRAM, GIRL SCOUT LEADERSHIP EXPERIENCE. THE	
	GIRL SCOUTS HEART OF THE SOUTH SERVES YOUNG WOMEN, AGES 5-17 IN A 59	9
	COUNTY AREA IN THREE STATES. THE COUNCIL RECRUITS AND TRAINS	
	VOLUNTEERS, PLANS EVENTS, OPERATES CAMPS AND PROVIDE YEAR-ROUND	
	PROGRAMS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4-		
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 2,759,921.	
	Form <b>9</b> 9	<b>90</b> (2022)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u> </u>	
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			ا ۔۔
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,,
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			\ <sub>3,7</sub>
	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			<b>.</b>
	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,	_		<b>.</b>
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	Х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	22	
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	D 414	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
•	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	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	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or 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			ا ۔۔
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			ا ۔۔
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			17
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_ v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	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			X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Δ.

	rt IV Checklist of Required Schedules (continued)		Yes	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cabadida I David	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?			,
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		1
OZ.	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UZ		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes " complete Schedule R. Part V. line 2	35b		1

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34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			

	and the contraction of the companies of the country and the contraction of the country and the					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0			
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	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	

232004 12-13-22

### GIRL SCOUTS HEART OF THE SOUTH Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 75			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	<b>2</b> b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial		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 A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	l l	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		
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.		0-		
a			9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		ЭD		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	110			
-	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t 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 ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

232005 12-13-22

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	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 25	5		
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		Х
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		Х
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?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	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?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
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			
	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 TN , MS			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	)s only	) avail	able
	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, at	nd fina	ncial	
	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			
	CAROL STARR - (901)767-1440			
	825 VALLEYBROOK DRIVE, STE 102, MEMPHIS, TN 38120			

## 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)		nout	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	more	<b>)</b> than is bot	one	Reportable compensation	Reportable	Estimated amount of
	hours per week					or/trus		from	compensation from related	other
	(list any	or director						the	organizations	compensation
	hours for related	e or di	tee			Highest compensated employee		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	In divid ual trustee	Institutional trustee		yee	umbeu		1099-NEC)	1000 (120)	and related
	below	vidual	itution	Ser	Key employee	hest co	ner			organizations
42.	line)	ib ib	Inst	Officer	Key	Hig	윤			
(1) MELANIE SCHILD	40.00	4		\				150 001	0	0
IMMEDIATE PAST CEO	40.00			Х		_		158,001.	0.	0.
(2) VENUS CHANEY	40.00	4		x				147,201.	0.	7,698.
(3) LORI PATTON	1.00			^				147,201.	0.	7,030.
(3) LORI PATTON CHAIR	1.00	X		x				0.	0.	0.
(4) SHARON YOUNGER	1.00	^		^				0.	0.	<u> </u>
FIRST VICE CHAIR	1.00	x		x				0.	0.	0.
(5) JIL GREENE	1.00									
SECOND VICE CHAIR		X		x				0.	0.	0.
(6) DR. DIVYA CHOUDHARY	1.00							-		
SECRETARY/FINANCE COMMITTEE CHAIR		X		Х				0.	0.	0.
(7) NANCY COCHRAN	1.00									
TREASURER		Х		Х				0.	0.	0.
(8) TRACEY ZERWIG FORD	1.00									
BOARD DEVELOPMENT COMMITTEE CHAIR		Х		Х				0.	0.	0.
(9) CASEY CONDRA	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(10) LEONIE HEFLEY	1.00							_	_	_
MEMBER AT LARGE		Х						0.	0.	0.
(11) ABI RAYBURN	1.00	ļ								
MEMBER AT LARGE	1 00	Х						0.	0.	0.
(12) BISHOP PHOEBE ROAF	1.00	١								0
MEMBER AT LARGE	1 00	Х						0.	0.	0.
(13) CYNTHIA BRADFORD	1.00	Į.,							0	0
MEMBER AT LARGE	1 00	Х						0.	0.	0.
(14) DEBRA WEST	1.00	x						0.	0.	0.
MEMBER AT LARGE	1.00	^				-		0.	0.	0.
(15) DIEGO LEJWA MEMBER AT LARGE	1.00	x						0.	0.	0.
(16) GINA SWEAT	1.00	^						0.	· ·	<u> </u>
MEMBER AT LARGE	1.00	X						0.	0.	0.
(17) KEITH FULCHER	1.00	<del>  ^</del> `							<u> </u>	<u></u>
MEMBER AT LARGE		x						0.	0.	0.
	1					_			<u> </u>	- 000

232007 12-13-22

(F)

(D)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(B)

Name and title	Average hours per week	box	not c	ss pe	more erson	than is bo or/trus	th an	Reportable compensation from	Reportable compensation from related	1		stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MIS( 1099-NEC)		fi org an	pensa rom th janizat d relat anizati	ation e tion ted
(18) LORETTA RUDD	1.00												_
MEMBER AT LARGE		Х						0.		0.			0.
(19) MADELEINE TAYLOR	1.00												_
MEMBER AT LARGE	1 00	Х						0.		0.			0.
(20) REAGAN TAYLOR FONDREN	1.00												•
MEMBER AT LARGE	1 00	Х						0.		0.			0.
(21) ROSEMARIE FAIR	1.00										ĺ		•
MEMBER AT LARGE	1 00	Х						0.		0.			0.
(22) PAMELA EVANS	1.00										ĺ		_
EX-OFFICIO ADVISOR		Х						0.		0.			0.
(23) AMANDA CHILD	1.00										ĺ		_
MEMBER AT LARGE		Х						0.		0.			0.
(24) DESI FRANKLIN	1.00							_			ĺ		_
MEMBER AT LARGE		Х						0.		0.			0.
(25) LANA SUITE	1.00										ĺ		
MEMBER AT LARGE		Х						0.		0.			0.
(26) CHERYL PESCE	1.00										ĺ		
MEMBER AT LARGE		Х						0.		0.			0.
1b Subtotal								305,202.		0.		7,6	98.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								305,202.		0.		7,6	98.
Total number of individuals (including but n     compensation from the organization	ot limited to th	ose	liste	ed a	bov	e) w	ho ı	received more than \$100	0,000 of reportable	;			2
										ſ		Yes	No
3 Did the organization list any former officer,		-	•		•	-		•	•				
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or a	•					•		ted organization or indiv	idual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	per	son					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	•	•							. ,	ens	ation '	from	
the organization. Report compensation for	the calendar y	ear (	endi	ng v	vith	or w	vithi	T T	year.				
<b>(A)</b> Name and business	addraga	NT/	<b>`</b>	-				( <b>B)</b> Description of s	onico	_	)) ocmo:	<b>C)</b> nsatio	n
Name and business	audiess	14(	INC					Description of s	lei vices		ompe	iisalio	"11
									+				
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	ste	I d above) who received n	nore than				
\$100,000 of compensation from the organi						0							
SEE PART VII, SECTION	N A CONT	CIL	NUZ	AT.	ΙŌ	N	SH	EETS			Form	<b>990</b> (	2022)

232008 12-13-22

	OUTS HEAD	K.T.	01	<u>'</u>	LHI	<u>:</u>	300	JTH	62-050	<u> </u>
Part VII Section A. Officers, Directors, T		nplo	oyee			ligh	est			
(A) Name and title	(B) Average hours	(cl	heck	Pos	C) ition that		ly)	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) VICTORIA RAGLAND	1.00	x						0.	0.	0
EMBER AT LARGE		Α						0.	0.	
otal to Part VII, Section A, line 1c										

	1 990 rt <b>V</b>					TS F	EART OF	THE SOUTH		62-0502	197	Page <b>9</b>
Га	I L V							ing in this Dout VIII				
			Check if Schedule O	conta	ins a re	sponse	or note to any II	(A)  Total revenue	Related or exempt	(C) Unrelated business revenue	Révenue ex	xcluded under
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in	ribution grants	1 1 1 1 1 1 1 1 1 1	c d e	63,925 397,675	- - - -				
Son		_	Total. Add lines 1a-1f		_			461,600.				
	2		VARIOUS PROGRAMS				Business Code 900099	,				
Program Service Revenue		c d e f	All other program service									
			Total. Add lines 2a-2f					99,473.				
	3		Investment income (include other similar amounts) Income from investment of	ding o	dividenc	ls, inter	est, and oroceeds	159,310.			159	9,310.
			Gross rents Less: rental expenses	6a 6b		Real	(ii) Personal					
			Rental income or (loss)  Net rental income or (loss)	6c								
			Gross amount from sales of assets other than inventory	7a	(i) Sec		(ii) Other					
evenue		С	Less: cost or other basis and sales expenses Gain or (loss)	7b 7c			297 -297					
Other R			Net gain or (loss)	ig eve	ents (not c 1c). See	t of		-297.				-297.
		С	Less: direct expenses  Net income or (loss) from  Gross income from gamin	fundı	raising e	8b						8,975.
	ı	b	Part IV, line 19 Less: direct expenses Net income or (loss) from			9a						
	10	а	Gross sales of inventory, I and allowances	ess r	eturns	10a		_				
		С	Net income or (loss) from	sales	of inve	ntory .		3,280,600.	3,280,600.			
Miscellaneous Revenue		a b	OTHER REVENUE				Business Code	238,492.	238,492.			
eve		С										
Mis		d	All other revenue									
			Total. Add lines 11a-11d					238,492.				
	12		Total revenue. See instruction	ns				4,248,153.	3,618,565.	0.	16	7,988.

232009 12-13-22

Form **990** (2022)

167,988.

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Dο	not include amounts reported on lines 6b,	se or note to any line in (A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	24 970	24 970		
_	individuals. See Part IV, line 22	24,879.	24,879.		
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,	312,899.	260 582	26,913.	16,404
_	trustees, and key employees	314,033.	269,582.	20,913.	10,404
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 007 246	026 720	02 517	E7 001
7	Other salaries and wages	1,087,246.	936,728.	93,517.	57,001
8	Pension plan accruals and contributions (include	262 206	210 246	27 204	17 746
_	section 401(k) and 403(b) employer contributions)	263,296.	218,246.	27,304.	17,746
9	Other employee benefits	164,528.	148,895.	4,477.	11,156
10	Payroll taxes	110,052.	91,222.	11,412.	7,418
11	Fees for services (nonemployees):				
а	Management				
b		0.4 850		0.4 550	
С	Accounting	24,750.		24,750.	
d	Lobbying				
е	· · · · · · · · · · · · · · · · · · ·				
f	Investment management fees				
g	,				
	column (A), amount, list line 11g expenses on Sch 0.)	212,597.	135,719.	70,532.	6,346
12	Advertising and promotion	36,137.	36,137.		
13	Office expenses	154,195.	141,338.	2,639.	10,218
14	Information technology				
15	Royalties				
16	Occupancy	500,497.	414,862.	51,902.	33,733
17	Travel	63,219.	57,210.	639.	5,370
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,950.	11,442.	6,051.	457
20	Interest	214.	178.	22.	14
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	118,976.	98,619.	12,338.	8,019
23	Insurance	84,354.	70,124.	8,618.	5,612
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а		60,458.	51,857.	5,212.	3,389
b	VEHICLE AND EQUIPMENT M	56,060.	40,279.	7,564.	8,217
С	MISCELLANEOUS	10,240.	9,085.	627.	528
d	POSTAGE AND SHIPPING	4,275.	3,519.	488.	268
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,306,822.	2,759,921.	355,005.	191,896
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

### Part X Balance Sheet

Part	^_	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			7,323,145.	1	8,392,158
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			81,000.	3	33,362
	4	Accounts receivable, net	27,290.	4			
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs	antial o	contributor, or 35%			
		controlled entity or family member of any of thes	se pers	ons		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	d in sec	ction 4958(c)(3)(B)		6	
SIS	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			64,607.	8	52,191
⋖	9	Prepaid expenses and deferred charges			7,845.	9	9,963
1	10a	Land, buildings, and equipment: cost or other		4 040 000			
		basis. Complete Part VI of Schedule D	10a	4,013,838.	1 000 000		1 100 001
	b	Less: accumulated depreciation		2,823,834.	1,299,278.	10c	1,190,004
1	11	Investments - publicly traded securities			3,749,159.	11	4,150,436
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets	0	14	1 406 222		
	15	Other assets. See Part IV, line 11			0.	15	1,496,322
	16	Total assets. Add lines 1 through 15 (must equ			12,552,324. 272,078.	16	15,324,436
	17	Accounts payable and accrued expenses	2/2,0/0.	17	258,830		
	18	Grants payable	3,481.	18	64,307		
	19	Deferred revenue			3,401.	19	04,307
	20	Tax-exempt bond liabilities		(0		20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subsi				22	
, ا E	23	controlled entity or family member of any of thes Secured mortgages and notes payable to unrela				23	
	23 24	Unsecured notes and loans payable to unrelate				24	
	 25	Other liabilities (including federal income tax, pa					
1	_0	parties, and other liabilities not included on lines					
		of Schedule D		. Complete Fart X	0.	25	1,510,863
2	26	<b>Total liabilities.</b> Add lines 17 through 25			275,559.	26	1,834,000
		Organizations that follow FASB ASC 958, che			·		
Se		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			11,936,097.	27	13,431,050
<u>e</u>   2	28	Net assets with donor restrictions			340,668.	28	59,386
בַ		Organizations that do not follow FASB ASC 9					
[		and complete lines 29 through 33.					
၀္မ ၂ ဥ	29	Capital stock or trust principal, or current funds				29	
, še	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	come,	or other funds		31	
<u>8</u> 3	32	Total net assets or fund balances			12,276,765.	32	13,490,436
3	33	Total liabilities and net assets/fund balances			12,552,324.	33	15,324,436

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>1,24</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,30		
3	Revenue less expenses. Subtract line 2 from line 1	3				31.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12	2,27		
5	Net unrealized gains (losses) on investments	5		27	2,3	40.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	13	3,49	0,4	36.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 separat	e basi	s,			
	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	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	Ο.			
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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	udit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				_	000	

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

GIRL SCOUTS HEART OF THE SOUTH 62-0502197 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	569,826.	404,106.	837,955.	1569962.	461,600.	3843449.
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	560 006	101 106		4560060	161 600	2010110
	Total. Add lines 1 through 3	569,826.	404,106.	837,955.	1569962.	461,600.	3843449.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2042440
	Public support. Subtract line 5 from line 4.						3843449.
	ction B. Total Support	1			_	1	
	ndar year (or fiscal year beginning in)	(a) 2018 569,826.	(b) 2019 404,106.	(c) 2020 837, 955.	(d) 2021 1569962.	(e) 2022 461,600.	(f) Total 3843449.
	Amounts from line 4	309,040.	404,100.	037,955.	1309904.	401,000.	3043449.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	33,273.	30,570.	68,385.	150,272.	159,310.	441,810.
_	and income from similar sources	33,213.	30,370.	00,303.	130,272.	139,310.	441,010.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						4285259.
	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities,	eta (esa inetruetia	ono)			12 29	,395,475.
12	First 5 years. If the Form 990 is for the	· ·		fourth or fifth tax		L .	733371731
10	organization, check this box and <b>stor</b>						
Sec	ction C. Computation of Publ						
	Public support percentage for 2022 (			column (f))		14	89.69 %
	Public support percentage from 2021					15	92.77 %
	33 1/3% support test - 2022. If the					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and <b>stop he</b>	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances tes	<b>t - 2021.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and <b>st</b>	op here. Explain in	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		S

Schedule A (Form 990) 2022

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

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

Section A. Public Support	elow, please com	ipiete i ait ii.)				
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and				, ,		.,
membership fees received. (Do not						
include any "unusual grants.")						
<b>2</b> Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
in a second and a setting 540						
					+	
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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)			faculta au fifth tac			<u> </u>
<b>14 First 5 years.</b> If the Form 990 is for the	•		Ť			ion,
check this box and stop here  Section C. Computation of Public		oroontago				
-					145	
15 Public support percentage for 2022 (I						
16 Public support percentage from 2021 Section D. Computation of Invest					16	
•					11	
17 Investment income percentage for 20						•
18 Investment income percentage from 2					18	
19a 33 1/3% support tests - 2022. If the						17 is not
more than 33 1/3%, check this box ar						L
<b>b 33 1/3% support tests - 2021.</b> If the	organization did	not check a box o	n line 14 or line 19a	a, and line 16 is r	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	top here. The orga	anization qualifies a	as a publicly supp	oorted organization	<u>L</u>
20 Private foundation. If the organizatio	n did not check a	a box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
_		
3с		
4a		
<del>4</del> a		
41		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9с		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A famil	ly 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			
		n Part VI.	11c		
Sect	ion B	B. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) wely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the	e organization operate for the benefit of any supported organization other than the supported			
	•	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rised, or controlled the supporting organization.	2		
Seci	ion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		oported organization(s).  D. All Type III Supporting Organizations	1		
Seci	ם ווטוו	All Type III Supporting Organizations		V	N
	D: al 4la a			Yes	No
		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	_		
		zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
	_	son of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
	•	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
Sect		. Type III Functionally Integrated Supporting Organizations			
		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а		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.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activiti	ies Test. Answer lines 2a and 2b below.		Yes	No
а	Did sul	bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	ne organization was responsive to those supported organizations, and how the organization determined			
	that th	ese activities constituted substantially all of its activities.	2a		
b	Did the	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		I the reasons for the organization's position that its supported organization(s) would have engaged in			
	these a	activities but for the organization's involvement.	2b	igsqcup	
3	Parent	of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the	e 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 | 232025 12-09-22 | Schedule A (Form 990) 2022

6	2-	0	5	0	21	L 9	7	Page	6

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

Schedule A (Form 990) 2022

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

GIRL SCOUTS HEART OF THE SOUTH

**Employer identification number** 62-0502197

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) z oner aansea ranae	(2)
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	L	ed 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 of		
Pai			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	•	
_	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ea	<u> </u>	
5	Does the organization have a written policy regarding the pe		Yes No
6	violations, and enforcement of the conservation easements is Staff and volunteer hours devoted to monitoring, inspecting,		
U	Starr and volunteer riodis devoted to morntoning, inspecting,	Thandling of Violations, and emorcing const	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	ion easements during the year
-	,og,g,g,		ion cacomonic daming and year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(I	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of public service,
	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 tre		gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	5 IUI FUIIII 99U.	Schedule D (Form 990) 2022

232051 09-01-22

Pai	t III Organizations Maintaining C	collections of Ar	t, Historica	l Treası	ures, or Ot	her	Similar A	sset	<b>S</b> (continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of	the follow	wing that mak	e sign	ificant use o	of its		
	collection items (check all that apply):									
а	Public exhibition	d	Loan or	exchange	e program					
b	Scholarly research	е	Other_							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they furt	ner the or	ganization's e	xemp	t purpose in	Part	XIII.	
5	During the year, did the organization solicit o	r receive donations of	of art, historical	treasures	s, or other sim	ilar as	sets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organizatior	's collecti	ion?				Yes	☐ No
Pai	t IV Escrow and Custodial Arran	-	te if the organi	zation ans	swered "Yes"	on Fo	rm 990, Par	t IV, li	ne 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi								ı	37
	on Form 990, Part X?							. 🖳	Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	lowing table:						A	
									Amount	
	Beginning balance						1c			
	Additions during the year						1d			
_	Distributions during the year						1e			
f	Ending balance						1f			77
	Did the organization include an amount on Fo					-	?	. 🖳	Yes	X No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete i				Two years back		Thron years h	and I	(a) Four	voare back
	<b>.</b>	(a) Current year	(b) Prior yea			+		-	(e) rour y	
_	Beginning of year balance	45,070.	44,8		44,856	+	44,5	92.		43,736.
b	Contributions	1 001		110						056
	Net investment earnings, gains, and losses	1,921.		10.	4	+		264.		856.
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses	46,991.	45 (	7.0	44.000		44.0	15.6		44 500
_	End of year balance	,	45,0		44,860	•	44,8	556.		44,592.
2	Provide the estimated percentage of the curr	rent year end balanc	· ·	nn (a)) nei	id as:					
_	Board designated or quasi-endowment	0/	_%							
b	Permanent endowment	%								
С		%								
•	The percentages on lines 2a, 2b, and 2c sho	•								
Зa	Are there endowment funds not in the posse	ession of the organiza	ation that are n	eid and ad	aministerea to	r tne			Г	res No
	organization by:									res No
	(i) Unrelated organizations								3a(i)	X
	(ii) Related organizations								3a(ii)	
				e K?					3b	
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment tunas.							
ı aı	Complete if the organization answere		Part IV line 1	1a See Fo	orm 990 Part	X line	<u>-</u> 10			
	Description of property	(a) Cost or of		Cost or ot		-	mulated		(d) Book	volue
	Description of property	basis (investn		asis (othe			ciation		(u) book	value
	Land	<del>'</del>	iciti) B	280,6	,	герге	JIGUOTI		280	,639.
	Land		1 2	838,2		13	3,006.			,269.
	Buildings			550,2	_,	<u>, + J</u>	<del>5,000.</del>	<del>                                     </del>	, , ,	, 200.
	Leasehold improvements			478,5	586.	44	1,582.	<del>                                     </del>	37	,004.
d	Equipment Other		<del>                                     </del>	416,3			9,246.	$\vdash$		,092.
	Other		Y column (P)				-	1		,004.
TOLA	Aud mies la timough le. (Column (a) must e	yuari onn 330, Parl	∧, colultili (B), l	100.)				<del></del>	_ , 0	, , , , , , , ,

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 GIRL SCOUTS  Part VIII Investments - Other Securities.	HEART OF THE	0	2-0502197 Page
Complete if the organization answered "Yes	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1) ROU ASSET			1,496,322
(2)			, , , , ,
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
<b>「otal.</b> (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		1,496,322
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	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) SHORT TERM LEASE LIABILIT			215,851
(3) LONG TERM LEASE LIABILITY	(		1,295,012

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	SHORT TERM LEASE LIABILITY	215,851.
(3)	LONG TERM LEASE LIABILITY	1,295,012.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,510,863.

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

Schedule D (Form 990) 2022

	Complete if the organization answered "Yes" on Form 990, Part IV, lir				4,520,823.
1	Total revenue, gains, and other support per audited financial statements			1	4,320,023.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ء ا	272,340.		
a	Net unrealized gains (losses) on investments		212,540.		
b	Donated services and use of facilities				
q	Recoveries of prior year grants  Other (Describe in Port VIII.)		330.		
d	Other (Describe in Part XIII.)			2e	272,670.
е 3	Add lines 2a through 2d			3	4,248,153.
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:				1,210,1330
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b				-	
	Other (Describe in Part XIII.) Add lines 4a and 4b	"		40	0.
с 5	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i>			4c	4,248,153.
	t XII Reconciliation of Expenses per Audited Financial St			_	
I G	Complete if the organization answered "Yes" on Form 990, Part IV, lir		ii Experiece per	ricta	• • • • • • • • • • • • • • • • • • • •
1	Total expenses and losses per audited financial statements			1	3,307,152.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	· · · · · · · · · · · · · · · · · · ·
– a	Donated services and use of facilities	2a			
b	Prior year adjustments				
C	Other losses				
d	Other (Describe in Part XIII.)		330.		
e				2e	330.
_	Add lines 2a through 2d			3	3,306,822.
3	Subtract line 2e from line 1			3	3,300,022.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	اءا			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
				1. 1	Λ
	Add lines 4a and 4b			4c	_
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			4c 5	0. 3,306,822.
5 Pa	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Part I, line 1</i> <b>t XIII Supplemental Information.</b>	8.)		5	3,306,822.
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.)4; Part IV, lines 1b	and 2b; Part V, line	5	3,306,822.
<b>5 Pa</b> Prov	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Part I, line 1</i> <b>t XIII Supplemental Information.</b>	8.)4; Part IV, lines 1b	and 2b; Part V, line	5	3,306,822.
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.)4; Part IV, lines 1b	and 2b; Part V, line	5	3,306,822.
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.)4; Part IV, lines 1b	and 2b; Part V, line	5	3,306,822.
Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.)4; Part IV, lines 1b	and 2b; Part V, line	5	3,306,822.
Par Providence	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT XI, LINE 2D - OTHER ADJUSTMENTS:	8.)4; Part IV, lines 1b	and 2b; Part V, line	5	3 , 306 , 822 • X, line 2; Part XI,
Par Providence	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	8.)4; Part IV, lines 1b	and 2b; Part V, line	5	3 , 306 , 822 • X, line 2; Part XI,
Par Providence	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT XI, LINE 2D - OTHER ADJUSTMENTS:	8.)4; Part IV, lines 1b	and 2b; Part V, line	5	3,306,822.
Provinces Provinces PAI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT XI, LINE 2D - OTHER ADJUSTMENTS:  ECIAL EVENTS	8.)4; Part IV, lines 1b	and 2b; Part V, line	5	3 , 306 , 822 • X, line 2; Part XI,
Provinces Provinces PAI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT XI, LINE 2D - OTHER ADJUSTMENTS:	8.)4; Part IV, lines 1b	and 2b; Part V, line	5	3 , 306 , 822 <b>.</b> X, line 2; Part XI,
PAI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT XI, LINE 2D - OTHER ADJUSTMENTS:  ECIAL EVENTS  RT XII, LINE 2D - OTHER ADJUSTMENTS:	8.)4; Part IV, lines 1b	and 2b; Part V, line	5	3,306,822.  X, line 2; Part XI,
PAI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT XI, LINE 2D - OTHER ADJUSTMENTS:  ECIAL EVENTS	8.)4; Part IV, lines 1b	and 2b; Part V, line	5	3,306,822.  X, line 2; Part XI,
PAI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT XI, LINE 2D - OTHER ADJUSTMENTS:  ECIAL EVENTS  RT XII, LINE 2D - OTHER ADJUSTMENTS:	8.)4; Part IV, lines 1b	and 2b; Part V, line	5	3,306,822.  X, line 2; Part XI,
PAI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT XI, LINE 2D - OTHER ADJUSTMENTS:  ECIAL EVENTS  RT XII, LINE 2D - OTHER ADJUSTMENTS:	8.)4; Part IV, lines 1b	and 2b; Part V, line	5	3,306,822.  X, line 2; Part XI,
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PAI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT XI, LINE 2D - OTHER ADJUSTMENTS:  ECIAL EVENTS  RT XII, LINE 2D - OTHER ADJUSTMENTS:	8.)4; Part IV, lines 1b	and 2b; Part V, line	5	3,306,822.  X, line 2; Part XI,
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### SCHEDULE I (Form 990)

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

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

Department of the Treasury Internal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

OMB No. 1545-0047

Name of the organization  GIRL SCOU	TS HEART	OF THE SOU	гн				Employer identification number 62-0502197
Part I General Information on Grants a		<u> </u>					<u> </u>
Does the organization maintain records							
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to recipient that received more than					anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<ul><li>2 Enter total number of section 501(c)(3) a</li><li>3 Enter total number of other organization</li></ul>							

(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
MEMBERSHIP ASSISTANCE	230	24,879.	. 0.		
Part IV Supplemental Information. Provide the information rea	l quired in Part I, lin	ne 2; Part III, column	l n (b); and any other a	l dditional information.	
SCHEDULE I, PAGE 1, PART 1, LINE 2	2				
GRANT FUNDING IS ONLY GIVEN FOR SO	CHOLARSHI	PS FOR DUE	S OF THE G	IRL	
SCOUTS. ACTUAL FUNDS ARE NOT DIST	TRIBUTED	TO INDIVID	DUALS.		

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

### SCHEDULE 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.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

GIRL SCOUTS HEART OF THE SOUTH

Employer identification number 62-0502197

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PLACE.

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

ALL ADULTS AND GIRLS OVER THE AGE OF 14 ARE ELIGIBLE TO VOTE FOR MEMBERS OF THE BOARD AND NOMINATING COMMITTEE.

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

DECISIONS THAT ARE SUBJECT TO THE APPROVAL OF THE MEMBERS ARE CHANGES IN BY-LAWS AND ELECTING BOARD AND NOMINATING COMMITTEE MEMBERS.

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

SENIOR DIRECTOR OF FINANCE REVIEWS DOCUMENT FOR ACCURACY THEN SUBMITS TO

CEO AND TREASURER FOR REVIEW. A COPY OF THE 990 IS ALSO MADE AVAILABLE TO

THE BOARD TO REVIEW.

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

STAFF AND BOARD MEMBERS ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST UPON EMPLOYMENT AND ANNUALLY.

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

COMPENSATION IS DECIDED UPON BY REVIEWING THE EMPLOYEE'S JOB DESCRIPTIONS,

INPUT FROM OUT NATIONAL ORGANIZATION AND THEIR CONSULTANTS, AND COMPARABLE

POSITIONS FROM OUTSIDE THE ORGANIZATION ARE REVIEWED THIS IS ALL DONE TO

MAKE SURE THAT THE COUNCIL IS GIVING COMPARABLE PAY FOR COMPARABLE WORK.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** GIRL SCOUTS HEART OF THE SOUTH 62-0502197 THE CEO COMPENSATION IS HANDLED BY THE BOARD OF DIRECTORS. ALL OTHER EMPLOYEE SALARIES ARE APPROVED BY THE BOARD OF DIRECTORS IN THE BUDGET PROCESS. FORM 990, PART VI, SECTION C, LINE 19: ANNUAL REPORTS WITH FINANCIAL INFORMATION, 990 AND AUDIT ARE AVAILABLE ON WEBSITE. ALL FINANCIAL DOCUMENTS ARE AVAILABLE FROM SENIOR DIRECTOR OF FINANCE TO THE PUBLIC IN MEMPHIS OFFICE. FORM 990, PART XII, LINE 2C THIS PROCESS IS THE SAME AS THE PRIOR YEAR.