

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2024**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2024 calendar year, or tax year beginning **OCT 1, 2024** and ending **SEP 30, 2025**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>GIRL SCOUTS OF WISCONSIN SOUTHEAST INC</b>		<b>D</b> Employer identification number <b>39-0892833</b>
	Doing business as		<b>E</b> Telephone number <b>414-476-1050</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>14,587,970.</b>
	<b>131 S 69TH STREET</b>		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>MILWAUKEE, WI 53214</b>		<b>H(b)</b> Are all subordinates included? Yes No If "No," attach a list. See instructions
<b>F</b> Name and address of principal officer: <b>ANA SIMPSON</b> <b>SAME AS C ABOVE</b>			<b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527			
<b>J</b> Website: <b>WWW.GSWISE.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			<b>L</b> Year of formation: <b>1951</b> <b>M</b> State of legal domicile: <b>WI</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>EMPOWERING GIRLS TO BECOME LEADERS, CONFIDENT CHANGEMAKERS, AND CHAMPIONS OF A BETTER WORLD.</b>	
	<b>2</b> Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 22
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 22
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b> 164
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 6037
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 959.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b> 0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: 1,708,246. Current Year: 1,186,964.
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,154,579. 1,152,016.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	803,742. 885,680.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,681,541. 6,045,586.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,348,108. 9,270,246.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	231,267. 195,155.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,488,515. 5,206,530.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	461,958.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,775,998. 4,005,004.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,495,780. 9,406,689.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-147,672. -136,443.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: 32,880,929. End of Year: 33,635,882.
	<b>21</b> Total liabilities (Part X, line 26)	1,108,746. 1,181,287.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	31,772,183. 32,454,595.

**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.

<b>Sign Here</b>	Signature of officer <i>Nicole Best</i>	Date <i>1/27/2026</i>			
	<b>NICOLE BEST, BOARD CHAIR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Preparer's name <b>JILL M. BOYLE, CPA</b>	Preparer's signature <b>JILL M. BOYLE, CPA</b>	Date <b>02/04/26</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01246734</b>
	Firm's name <b>SIKICH LLC</b>	Firm's EIN <b>36-3168081</b>		Firm's address <b>17335 GOLF PARKWAY, SUITE 500 BROOKFIELD, WI 53045</b>	
Phone no. (262) 754-9400					

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: GIRL SCOUTS OF WISCONSIN SOUTHEAST, A 501(C)(3) NONPROFIT, IS THE PREEMINENT MEMBERSHIP-BASED ORGANIZATION DEDICATED TO HELPING ALL GIRLS DEVELOP THE CONFIDENCE, DETERMINATION, AND SKILLS NEEDED TO THRIVE IN TODAY'S WORLD. GIRL SCOUTING BUILDS GIRLS OF COURAGE,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [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, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,811,348. including grants of \$ 73,121. ) (Revenue \$ 261,063. ) MEMBERSHIP INVOLVES THE RECRUITMENT, TRAINING, SUPPORT, AND RETENTION OF GIRL MEMBERS AND ADULT MEMBERS WHO DELIVER THE GIRL SCOUT LEADERSHIP EXPERIENCE (GSLE) TO GIRLS IN GRADES K5-12. THE GSLE ENGAGES GIRL SCOUTS IN DISCOVERING SELF, CONNECTING WITH OTHERS, AND TAKING ACTION TO MAKE THE WORLD A BETTER PLACE. GIRL SCOUTS HELPS MEMBERS (1) DEVELOP THEIR FULL INDIVIDUAL POTENTIAL; (2) RELATE TO OTHERS WITH INCREASING UNDERSTANDING, SKILL, AND RESPECT; (3) DEVELOP VALUES TO GUIDE THEIR ACTIONS AND PROVIDE THE FOUNDATION FOR SOUND DECISION MAKING; AND (4) CONTRIBUTE TO THE IMPROVEMENT OF SOCIETY THROUGH THEIR ABILITIES, LEADERSHIP SKILLS, AND COOPERATION WITH OTHERS. THE LONG-TERM RESULT, OR THE LEADERSHIP DESTINATION, IS A GENERATION OF GIRLS WHO LEAD WITH COURAGE, CONFIDENCE, AND CHARACTER. BASED ON SELF-REPORTING OF RACE AND

4b (Code: ) (Expenses \$ 5,081,201. including grants of \$ 74,314. ) (Revenue \$ 6,934,033. ) THE GIRL SCOUT LEADERSHIP EXPERIENCE (GSLE) PROVIDES PERSONAL LEADERSHIP DEVELOPMENT OPPORTUNITIES TO GIRLS IN GRADES K5-12, WITH DEFINED OUTCOMES DIFFERENTIATED BY GRADE LEVEL. THE ORGANIZATION OFFERS AND PROMOTES FLEXIBLE OPPORTUNITIES FOR PARTICIPATION. EVENTS AND ACTIVITIES OFFERED SPAN A WIDE RANGE OF OPTIONS AND TOPICS THAT SUPPORT AND ENRICH EACH GIRL SCOUT'S EXPERIENCE, E.G., STEM (SCIENCE, TECHNOLOGY, ENGINEERING, MATH), OUTDOOR CAMPS, TRAVEL, ENVIRONMENTAL STEWARDSHIP, GLOBAL CITIZENSHIP, ARTS AND CULTURE, HEALTHY LIVING, ENTREPRENEURIAL SKILLS, LIFE SKILLS, COMMUNITY SERVICE, AND CAREER EXPLORATION. THESE EVENTS, ACTIVITIES, AND PROGRAMS ALSO PROVIDE OPPORTUNITIES FOR GIRL SCOUTS FROM VARIOUS COMMUNITIES TO MEET, CONNECT, AND WORK TOGETHER. STAFF, TOOLS, RESOURCE MATERIALS,

4c (Code: ) (Expenses \$ 572,656. including grants of \$ 47,720. ) (Revenue \$ 1,887. ) THE STAFF-LED COMMUNITY OUTREACH PROGRAM IS DELIVERED TO COMMUNITIES IN LIMITED-INCOME AND/OR DISPROPORTIONATELY AFFECTED AREAS IN MILWAUKEE, RACINE, AND KENOSHA (USING WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION DATA TO DETERMINE SCHOOLS WITH GREATEST NEED). THESE COMMUNITIES ARE UNDERSERVED BY RESOURCES AND DO NOT OFTEN HAVE ACCESS TO SIMILAR PROGRAMS. THE MAJORITY OF THESE GIRLS ARE GIRLS OF COLOR, IN GRADES K5-8.

STAFF-LED COMMUNITY OUTREACH UTILIZES SPECIALLY TRAINED GIRL SCOUT STAFF TO GUIDE AND INSPIRE GIRLS TO EXPLORE NEW THINGS AND GAIN PRACTICAL SKILLS. OUR STAFF GOES TO LOCAL COMMUNITY CENTERS, SCHOOLS, AND OTHER COMMUNITY EVENTS, TO PROVIDE SPECIALLY CURATED AND CULTURALLY COMPETENT PROGRAMMING TO GIRLS. GSWISE'S FOUR PILLARS STEM, LIFE

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 7,465,205.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part 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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (22), 1b (22), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WI
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) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
MICHELLE GOETSCH - 414-443-3976
131 S 69TH STREET, MILWAUKEE, WI 53214

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANA SIMPSON CHIEF EXECUTIVE OFFICER	50.00			X			182,502.	0.	50,571.	
(2) ASHLEY CARUSO CHIEF OPERATING OFFICER	50.00				X		144,103.	0.	8,639.	
(3) MICHELLE GOETSCH, CPA CHIEF FINANCIAL OFFICER	50.00			X			142,425.	0.	8,053.	
(4) THERESA BARRY MEMBER-AT-LARGE	1.00	X					0.	0.	0.	
(5) SOPHIA BEAUDOIN (AS OF 10/1/24) GIRL MEMBER-AT-LARGE	1.00	X					0.	0.	0.	
(6) RACHAEL CONRAD MEMBER-AT-LARGE	1.00	X					0.	0.	0.	
(7) KATHERINE FLEMMING (AS OF 10/1/ GIRL MEMBER-AT-LARGE	1.00	X					0.	0.	0.	
(8) MIKE GUTZLET (AS OF 10/1/2024) MEMBER-AT-LARGE	1.00	X					0.	0.	0.	
(9) AARON HENRY (AS OF 10/1/2024) MEMBER-AT-LARGE	1.00	X					0.	0.	0.	
(10) BRIGHID HILLMUTH (AS OF 1/28/25) MEMBER-AT-LARGE	1.00	X					0.	0.	0.	
(11) KATIE KAWCZYNSKI MEMBER-AT-LARGE	1.00	X					0.	0.	0.	
(12) REBECA LOPEZ MEMBER-AT-LARGE	1.00	X					0.	0.	0.	
(13) HANNAH LYBECK-SMOAK GIRL MEMBER-AT-LARGE	1.00	X					0.	0.	0.	
(14) AMY MARQUARDT MEMBER-AT-LARGE	1.00	X					0.	0.	0.	
(15) AMY MILLER (AS OF 10/1/24) MEMBER-AT-LARGE	1.00	X					0.	0.	0.	
(16) JACK MURPHY MEMBER-AT-LARGE	1.00	X					0.	0.	0.	
(17) GINA PASSAGE (AS OF 10/1/24) MEMBER-AT-LARGE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ELISABETH RASK (AS OF 10/1/24) MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(19) BABATU SHORT MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(20) SUE TRAN (AS OF 10/1/24) MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(21) NICOLE BEST BOARD CHAIR	2.00	X		X				0.	0.	0.
(22) KELLI WERNLUND TREASURER	2.00	X		X				0.	0.	0.
(23) KELLY FORTIER FIRST VICE-CHAIR	2.00	X		X				0.	0.	0.
(24) DEVON NORWOOD SECOND VICE-CHAIR	2.00	X		X				0.	0.	0.
(25) KERRY HOFFMAN SECRETARY	2.00	X		X				0.	0.	0.
<b>1b Subtotal</b> .....								469,030.	0.	67,263.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								469,030.	0.	67,263.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>	301,688.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	98,000.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	150,740.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	636,536.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 9,762.				
	<b>h Total.</b> Add lines 1a-1f .....			1,186,964.			
Program Service Revenue	<b>2 a</b> GIRL EVENT INCOME	<b>Business Code</b>					
		900099	918,358.	918,358.			
	<b>b</b> PROGRAM SERVICE FEES	900099	233,658.	233,658.			
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			1,152,016.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		683,905.			683,905.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	10,999.	810.		
			(ii) Personal				
				0.	0.		
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>	10,999.	810.			
	<b>d</b> Net rental income or (loss) .....			11,809.	11,809.		
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	1,024,470.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	822,695.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	201,775.				
	<b>d</b> Net gain or (loss) .....			201,775.		201,775.	
<b>8 a</b> Gross income from fundraising events (not including \$ 98,000. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		0.				
<b>b</b> Less: direct expenses .....	<b>8b</b>	340.					
<b>c</b> Net income or (loss) from fundraising events .....			-340.		-340.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		10,432,014.				
<b>b</b> Less: cost of goods sold .....	<b>10b</b>	4,494,689.					
<b>c</b> Net income or (loss) from sales of inventory .....			5,937,325.	5,937,325.			
Miscellaneous Revenue	<b>11 a</b> OTHER	<b>Business Code</b>					
		900099	93,040.	93,040.			
	<b>b</b> COMMUNITY EVENT PROVIDERS PARTNER	900099	3,752.	2,793.	959.		
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			96,792.				
<b>12 Total revenue.</b> See instructions .....			9,270,246.	7,196,983.	959.	885,340.	

**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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	195,155.	195,155.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	417,677.	51,351.	210,731.	155,595.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,870,353.	3,143,822.	643,341.	83,190.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	154,049.	125,857.	18,839.	9,353.
9 Other employee benefits	412,530.	331,529.	56,497.	24,504.
10 Payroll taxes	351,921.	264,782.	67,375.	19,764.
11 Fees for services (nonemployees):				
a Management				
b Legal	7,086.		7,086.	
c Accounting	37,000.		37,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	111,357.		111,357.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	441,990.	315,188.	50,821.	75,981.
12 Advertising and promotion	110,091.	86,559.	12,993.	10,539.
13 Office expenses	288,683.	248,545.	21,827.	18,311.
14 Information technology	250,080.	207,100.	25,852.	17,128.
15 Royalties				
16 Occupancy	440,337.	420,932.	12,831.	6,574.
17 Travel	239,082.	223,120.	14,682.	1,280.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	85,660.	23,224.	58,518.	3,918.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	672,392.	657,776.	9,664.	4,952.
23 Insurance	166,585.	137,362.	24,830.	4,393.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>FUNDING OF FROZEN PLAN</b>	383,280.	288,376.	73,378.	21,526.
b <b>INCENTIVES AND APPRECIATION</b>	335,843.	331,794.	2,915.	1,134.
c <b>FOOD AND PROGRAM SUPPLIES</b>	234,198.	231,491.	2,404.	303.
d <b>BANK &amp; CREDIT CARD FEES</b>	144,911.	127,862.	14,149.	2,900.
e All other expenses	56,429.	53,380.	2,436.	613.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>9,406,689.</b>	<b>7,465,205.</b>	<b>1,479,526.</b>	<b>461,958.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	15,012.
	<b>2</b> Savings and temporary cash investments .....	4,792,409.	<b>2</b>	5,033,555.
	<b>3</b> Pledges and grants receivable, net .....	286,238.	<b>3</b>	275,538.
	<b>4</b> Accounts receivable, net .....	61,462.	<b>4</b>	48,445.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	291,520.	<b>8</b>	314,799.
	<b>9</b> Prepaid expenses and deferred charges .....	210,448.	<b>9</b>	203,074.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 20,445,472.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 13,088,749.	<b>10c</b>	7,356,723.
	<b>11</b> Investments - publicly traded securities .....	19,701,431.	<b>11</b>	20,334,621.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	248,353.	<b>15</b>	54,115.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	32,880,929.	<b>16</b>	33,635,882.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	841,272.	<b>17</b>	941,065.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	246,964.	<b>19</b>	226,874.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	20,510.	<b>25</b>	13,348.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,108,746.	<b>26</b>	1,181,287.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	29,797,160.	<b>27</b>	30,627,119.
	<b>28</b> Net assets with donor restrictions .....	1,975,023.	<b>28</b>	1,827,476.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	31,772,183.	<b>32</b>	32,454,595.
	<b>33</b> Total liabilities and net assets/fund balances .....	32,880,929.	<b>33</b>	33,635,882.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,270,246.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,406,689.
3	Revenue less expenses. Subtract line 2 from line 1	3	-136,443.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,772,183.
5	Net unrealized gains (losses) on investments	5	818,855.
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	32,454,595.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	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? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2024)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2717806.	2236001.	1085720.	1708246.	1186964.	8934737.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	9450635.	11467489.	11313744.	11339913.	11595839.	55167620.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	12168441.	13703490.	12399464.	13048159.	12782803.	64102357.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	69,102.	63,378.	57,906.	50,425.	63,681.	304,492.
<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						0.
<b>c</b> Add lines 7a and 7b	69,102.	63,378.	57,906.	50,425.	63,681.	304,492.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						63797865.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6	12168441.	13703490.	12399464.	13048159.	12782803.	64102357.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	161,905.	235,495.	490,878.	696,305.	683,905.	2268488.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	161,905.	235,495.	490,878.	696,305.	683,905.	2268488.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	833.		750.	833.	833.	3,249.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	69,740.	31,933.	21,480.	134,659.	95,959.	353,771.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	12400919.	13970918.	12912572.	13879956.	13563500.	66727865.

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	95.61 %
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15	<b>16</b>	96.21 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	3.40 %
<b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17	<b>18</b>	2.71 %

**19a 33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section 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	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

**Part VI**

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

**SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:**

**SOURCES INCLUDE: TIMBER HARVESTING, INSURANCE CLAIM, CREDIT CARD REBATE, ETC**

2020 AMOUNT: \$ 69,740.

2021 AMOUNT: \$ 31,933.

2022 AMOUNT: \$ 21,480.

2023 AMOUNT: \$ 134,659.

2024 AMOUNT: \$ 95,959.

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

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

GIRL SCOUTS OF WISCONSIN SOUTHEAST INC

Employer identification number

39-0892833

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes     No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes     No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a**  Public exhibition **d**  Loan or exchange program
- b**  Scholarly research **e**  Other \_\_\_\_\_
- c**  Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	1,940,454.	1,401,584.	1,319,572.	1,585,662.	1,397,119.
<b>b</b> Contributions .....	156,591.	394,981.	7,827.	41,189.	6,250.
<b>c</b> Net investment earnings, gains, and losses .....	140,733.	234,690.	165,052.	-231,339.	252,143.
<b>d</b> Grants or scholarships .....	98,110.	90,801.	90,867.	75,940.	69,850.
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....	2,139,668.	1,940,454.	1,401,584.	1,319,572.	1,585,662.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 40.2840 %
- b** Permanent endowment 35.7160 %
- c** Term endowment 24.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| <b>(i)</b> Unrelated organizations? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> Related organizations? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment** Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		628,867.		628,867.
<b>b</b> Buildings .....		15,046,506.	10,140,357.	4,906,149.
<b>c</b> Leasehold improvements .....		57,078.	41,621.	15,457.
<b>d</b> Equipment .....		1,499,593.	1,257,809.	241,784.
<b>e</b> Other .....		3,213,428.	1,648,962.	1,564,466.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				7,356,723.

**Part VII Investments - Other Securities**

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 end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>OPERATING LEASE OBLIGATIONS</b>	<b>13,348.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>13,348.</b>

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 ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	9,977,744.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	818,855.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d .....	<b>2e</b>	818,855.
<b>3</b>	Subtract line 2e from line 1 .....	<b>3</b>	9,158,889.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	111,357.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b .....	<b>4c</b>	111,357.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	9,270,246.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	9,295,332.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d .....	<b>2e</b>	0.
<b>3</b>	Subtract line 2e from line 1 .....	<b>3</b>	9,295,332.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	111,357.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b .....	<b>4c</b>	111,357.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	9,406,689.

**Part XIII Supplemental Information**

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

**PART V, LINE 4:**

THE PRIMARY LONG TERM FINANCIAL OBJECTIVE FOR THE ORGANIZATION'S ENDOWMENTS IS TO PRESERVE THE REAL (INFLATION ADJUSTED) PURCHASING POWER OF THE ENDOWMENT ASSETS AND INCOME AFTER ACCOUNTING FOR ENDOWMENT SPENDING, INFLATION AND COSTS OF PORTFOLIO MANAGEMENT. INCOME FROM THESE ENDOWMENTS ARE TO BENEFIT GIRLS THROUGHOUT SOUTHEASTERN WISCONSIN OR AS DESIGNATED BY THE SPECIFIC DONOR.

**PART X, LINE 2:**

THE COUNCIL IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), AND SIMILAR PROVISIONS OF THE STATE INCOME TAX CODE. IN ADDITION, THE COUNCIL QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(L)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION.

THE COUNCIL FILES VARIOUS FEDERAL OR STATE NON-PROFIT TAX RETURNS. THE COUNCIL IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE EXAMINATIONS BY TAX AUTHORITIES FOR TAX YEARS PRIOR TO 2021





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		<b>DONOR DINNER</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	1	Gross receipts	98,000.		98,000.
	2	Less: Contributions	98,000.		98,000.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	340.		340.
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-340.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_







**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(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
ASSISTANCE FOR MEMBERSHIP DUES AND TROOP SUPPLIES	4923	122,191.	0.		
ASSISTANCE TO GIRLS FOR CAMPING AND DESTINATIONS	268	63,590.	0.		
ASSISTANCE TO GIRLS FOR COUNCIL EVENTS	22	404.	0.		
ASSISTANCE TO SERVICE UNITS AND TROOPS	31	8,970.	0.		

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

**PART I, LINE 2:**

MEMBERS CAN REQUEST NEED-BASED FINANCIAL ASSISTANCE FROM THE COUNCIL FOR MEMBERSHIP DUES, TROOP SUPPLIES, CAMPING, TRAVEL AND EVENTS THROUGH GIRL SCOUTS. FINANCIAL ASSISTANCE IS AWARDED AND TRACKED BASED ON STANDARD COUNCIL PROCEDURES. FUNDS ARE DISBURSED BY THE COUNCIL DIRECTLY TO GIRL SCOUTS OF THE USA FOR MEMBERSHIP DUES OR APPLIED AS A REDUCTION TO THE BALANCE DUE TO GIRL SCOUTS OF WISCONSIN SOUTHEAST FOR THE COUNCIL ACTIVITY FOR WHICH THE FUNDS WERE AWARDED. FUNDS ARE NOT DISTRIBUTED DIRECTLY TO THE INDIVIDUALS. FINANCIAL ASSISTANCE CAN ALSO BE PROVIDED TO TROOPS TO SUPPORT THEIR GIRL MEMBERS AND SERVICE UNITS TO SUPPORT VOLUNTEERS AND TROOPS WITHIN THEIR AREA. APPROPRIATE USAGE OF TROOP AND SERVICE UNIT FUNDS IS COMMUNICATED THROUGH VOLUNTEER TRAINING AND BROADLY MONITORED THROUGH THE REQUIREMENT OF ANNUAL CASH REPORTS. ALL PAYMENTS ARE MADE TO ORGANIZATIONS WITHIN THE UNITED STATES.

**SCHEDULE I, PART III**

ASSISTANCE IS GIVEN TO MEMBERS TOWARDS GIRL SCOUT USA MEMBERSHIP DUES, TROOP SUPPLIES, AND REGISTRATION FEES FOR CAMP, EVENTS AND

**Part IV Supplemental Information**

DESTINATIONS/GLOBAL TRIPS THROUGH GIRL SCOUTS. THE NUMBER OF RECIPIENTS REFLECTS THE NUMBER OF MEMBERS. FINANCIAL ASSISTANCE IS ALSO PROVIDED TO TROOPS OR SERVICE UNITS THAT SUPPORT TROOPS AND VOLUNTEERS. THE NUMBER OF RECIPIENTS REFLECTS THE NUMBER OF TROOPS OR SERVICE AREAS, WHICH EACH POSITIVELY IMPACT MULTIPLE MEMBERS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization <b>GIRL SCOUTS OF WISCONSIN SOUTHEAST INC</b>	Employer identification number <b>39-0892833</b>
---	---

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANA SIMPSON CHIEF EXECUTIVE OFFICER	(i)	182,502.	0.	0.	923.	49,648.	233,073.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ASHLEY CARUSO CHIEF OPERATING OFFICER	(i)	144,103.	0.	0.	8,639.	0.	152,742.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHELLE GOETSCH, CPA CHIEF FINANCIAL OFFICER	(i)	142,425.	0.	0.	8,053.	0.	150,478.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization <b>GIRL SCOUTS OF WISCONSIN SOUTHEAST INC</b>	Employer identification number <b>39-0892833</b>
---	---

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
 CONFIDENCE, AND CHARACTER, WHO MAKE THE WORLD A BETTER PLACE. GIRL  
 SCOUTS BRING THEIR DREAMS TO LIFE AND WORK TOGETHER TO BUILD A BETTER  
 WORLD. GIRL SCOUTS OF ALL BACKGROUNDS AND ABILITIES CAN BE  
 UNAPOLOGETICALLY THEMSELVES AS THEY DISCOVER THEIR STRENGTHS AND RISE  
 TO MEET NEW CHALLENGES. BACKED BY TRUSTED ADULT VOLUNTEERS, MENTORS,  
 AND MILLIONS OF ALUMS, GIRL SCOUTS LEAD THE WAY AS THEY FIND THEIR  
 VOICES AND MAKE CHANGES THAT AFFECT THE ISSUES MOST IMPORTANT TO THEM.  
 WITH PROGRAMS IN KENOSHA, MILWAUKEE, OZAUKEE, RACINE, WALWORTH,  
 WASHINGTON, AND WAUKESHA COUNTIES, GIRL SCOUTS OF WISCONSIN SOUTHEAST  
 GIVES EVERY GIRL SCOUT IN OUR COUNCIL THE CHANCE TO REACH THEIR FULL  
 LEADERSHIP POTENTIAL.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  
 ETHNICITY, GIRLS OF COLOR MAKE UP 13% OF THE COUNCIL'S GIRL MEMBERSHIP  
 WITH 23% WHO DID NOT REPORT RACE OR CHOSE NOT TO SHARE, AND 8% IDENTIFY  
 AS HISPANIC. GIRLS AND ADULTS PARTICIPATING IN GIRL SCOUTS ARE  
 SUPPORTED BY COUNCIL-PROVIDED FINANCIAL ASSISTANCE FOR MEMBERSHIP DUES,  
 TRAINING FEES, AND MATERIALS. MEMBERSHIP TOTALS FOR 2025 (OCTOBER 1,  
 2024 SEPTEMBER 30, 2025) WERE 12,425 GIRLS AND 6,194 ADULTS. THE  
 COUNCIL HAD A GIRL MEMBERSHIP RETENTION RATE OF 64.4%.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
 EQUIPMENT, AWARDS, AND VENUES, INCLUDING COUNCIL-OWNED PROGRAM  
 PROPERTIES, ARE AVAILABLE AND INCLUDED IN THE GSLE PROGRAM DELIVERY. IN  
 2025, 3,443 GIRLS PARTICIPATED IN IMMERSIVE CAMP EXPERIENCES AND 7,511  
 GIRLS ATTENDED COUNCIL-LED EVENTS. 324 GIRLS EARNED GIRL SCOUT GOLD,  
 SILVER, AND BRONZE AWARDS, PROVIDING MORE THAN 9,690 HOURS OF SERVICE  
 TO THEIR LOCAL COMMUNITIES. FINANCIAL ASSISTANCE IS PROVIDED FOR  
 PROGRAM FEES, CAMPING FEES, AND TRANSPORTATION COSTS FOR REGIONAL,  
 NATIONAL, AND INTERNATIONAL OPPORTUNITIES. GSLE REVENUES INCLUDE INCOME  
 FROM PROGRAM-RELATED PRODUCTS AND SUPPLIES SALES, PROGRAM FEES, AND  
 RENTALS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
 SKILLS, OUTDOORS, AND ENTREPRENEURSHIP ARE THE FOUNDATION OF THE  
 PROGRAMS AND SERVICES PROVIDED.  
 THE PROGRAM ENCOMPASSES MANY DIFFERENT PATHWAYS OF PARTICIPATION IN THE  
 GSLE CURRICULUM THAT OCCURS YEAR-ROUND AND PROVIDES FINANCIAL  
 ASSISTANCE, BILINGUAL MATERIALS, AND CUSTOMIZED CURRICULUM. GIRLS CAN  
 PARTICIPATE IN OUT-OF-SCHOOL-TIME STAFF-LED GIRL SCOUT TROOPS, SERIES  
 PROGRAMS, SUMMER WORKSHOPS, AND CAMP EXPERIENCES. BILINGUAL STAFF  
 PROVIDE SELECT PROGRAMMING IN BOTH ENGLISH AND SPANISH.  
 IN 2025, THE GIRL SCOUT MEMBERS PARTICIPATING IN THE GIRL SCOUT  
 LEADERSHIP EXPERIENCE THROUGH THE STAFF-LED COMMUNITY OUTREACH PROGRAM  
 INCREASED TO 2,095 GIRLS, FROM 2,017 IN 2024. WHILE THIS PROGRAM IS  
 SUPPORTED IN VARIOUS WAYS THROUGHOUT THE COUNCIL, EXPENSES REPORTED  
 HERE REFLECT ONLY DIRECT PROGRAM COSTS.

FORM 990, PART VI, SECTION A, LINE 6:  
 THE BYLAWS OF GIRL SCOUTS OF WISCONSIN SOUTHEAST PROVIDE FOR MEMBERS OF THE  
 CORPORATION. MEMBERS OF THE CORPORATION CONSIST OF VOTING MEMBERS OF THE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization GIRL SCOUTS OF WISCONSIN SOUTHEAST INC	Employer identification number 39-0892833
--	--

BOARD OF DIRECTORS, VOTING MEMBERS OF THE BOARD DEVELOPMENT(NOMINATING) COMMITTEE, ADULT DELEGATES ELECTED BY GEOGRAPHICAL REGIONS, AND GIRL DELEGATES ELECTED BY GEOGRAPHIC REGIONS. MEMBERS OF THE CORPORATION ELECT OFFICERS AND MEMBERS OF THE BOARD, DELEGATES TO THE NATIONAL COUNCIL, CONSIDER PROPOSED AMENDMENTS TO BYLAWS, AND CONSIDER OTHER BUSINESS APPROPRIATE TO COME BEFORE THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:  
MEMBERS ELECT THE BOARD OF DIRECTORS, WHICH IS THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:  
THE 990 RETURN IS PREPARED BY AN INDEPENDENT AUDIT FIRM AND REVIEWED BY BOTH THE CFO AND A MEMBER(S) OF THE GIRL SCOUTS OF WISCONSIN SOUTHEAST. AUDIT COMMITTEE. AFTER APPROVAL OF THE FINAL DRAFT, AN ELECTRONIC COPY OF THE FINAL RETURN IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS AS PART OF THE CONSENT AGENDA OF THE JANUARY BOARD MEETING. A HARD COPY IS PLACED IN THE COUNCIL'S PUBLIC VIEWING FILE AND IS MADE AVAILABLE ON OUR WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12C:  
ALL OFFICERS, DIRECTORS AND COMMITTEE MEMBERS OF GIRL SCOUTS OF WISCONSIN SOUTHEAST ARE REQUIRED ANNUALLY TO COMPLETE AND SIGN THE COUNCIL'S CONFLICT OF INTEREST DISCLOSURE STATEMENT. EXECUTED STATEMENTS ARE RECEIVED AND REVIEWED BY THE CHAIR OF THE BOARD AND THE CHIEF EXECUTIVE OFFICER. BOARD ACTIONS ARE MONITORED TO ENSURE BOARD MEMBERS EXCUSE THEMSELVES FROM PARTICIPATING IN, DISCUSSING, AND VOTING ON MATTERS WHEN A PERSONAL CONFLICT ARISES. CONTRACTS, PURCHASE ORDERS, AND OTHER STAFF ACTIVITIES ARE REGULARLY MONITORED BY THE CEO AND FINANCE AREA OF POTENTIAL CONFLICTS WITH ESTABLISHED POLICY. GIRL SCOUTS OF WISCONSIN SOUTHEAST CONTRACTS WITH A WHISTLEBLOWER HOTLINE TO ALLOW ANY OFFICER, DIRECTOR, STAFF OR VOLUNTEER ACCESS TO A CONFIDENTIAL VEHICLE TO REPORT POTENTIAL ABUSES OF THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:  
A DESIGNATED TASK GROUP OF THE BOARD OF DIRECTORS ANNUALLY MEETS TO REVIEW THE PERFORMANCE OF GIRL SCOUTS OF WISCONSIN SOUTHEAST'S CEO. SALARY INCREASES ARE DETERMINED BASED ON MERIT AND MARKET, USING EXTERNAL SALARY COMPENSATION SURVEYS AND TOOLS. THE CEO REVIEWS THE SALARY OF THE CFO AND COO IN COMPARISON WITH POSITIONS AT SIMILAR NOT-FOR-PROFIT ORGANIZATIONS IN THE REGION AND A Payscale COMPENSATION TOOL. FOR OTHER STAFF, GIRL SCOUTS OF WISCONSIN SOUTHEAST HAS ADOPTED AND UTILIZES JOB GRADE LEVELS AND APPLICABLE SALARY RANGES AND USES THE Payscale COMPENSATION TOOL FOR BENCHMARKING. IN 2023 A COMPENSATION STUDY WAS PERFORMED BY A CONSULTANT TO REVIEW AND UPDATE COMPENSATION RANGES. THE RESULTS WERE USED AS A FACTOR FOR ANNUAL PAY INCREASES.

FORM 990, PART VI, SECTION C, LINE 19:  
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS OF GIRL SCOUTS OF WISCONSIN SOUTHEAST ARE AVAILABLE FOR PUBLIC VIEWING AT THE COUNCIL'S ADMINISTRATIVE OFFICE LOCATED AT 131 S. 69TH STREET, MILWAUKEE, WISCONSIN.