



# Troop Year-End Report Prep Worksheet

([eForm](#) submission required)

May 1, 2024- April 30, 2025

**Please note:** This document is provided to help you prepare your answers ahead of time. This document is a planning tool, designed to mirror the questions asked on the Year-End Financial Report submission eForm. **This prep worksheet will not be collected.** Please complete and submit your responses via the [Year-End Financial Report eForm](#).

GSGLA's annual troop year-end report will provide your Service Unit and Council staff with an overview of the past year for your troop.

Within the report, each troop will share on the following for the year:

1. **Basic troop details.**
2. **What your troop accomplished over the year (troop activities).**
3. **What the troop leader has experienced & observed (through a survey).**
4. **Troop finances** (financial summary with some clarifying questions when applicable and uploading of two bank statements)

The information reported by your troop will provide insight that will assist GSGLA (volunteers and staff) in ensuring that troops have the information and access of resources needed to successfully facilitate the Girl Scout Leadership Experience, while also meeting the troop financial reporting requirements.

Please note, the Annual Troop Year-End Report must be submitted by June 30<sup>th</sup> of each year, and troops are required to submit annually to participate in any money-earning activities.

If you have questions or need assistance, please call us at (213) 213-0123 and ask to speak with your Membership Specialist.

### Submitter Contact Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Troop Number: \_\_\_\_\_ Service Unit: \_\_\_\_\_

### Troop Details

Troop Grade Level: \_\_\_\_\_

Grades in Troop:  
(Current Year)

☐ TK ☐ K ☐ 1 ☐ 2 ☐ 3  
☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8  
☐ 9 ☐ 10 ☐ 11 ☐ 12

### First Troop Leader Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

### Second Troop Leader Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

### Troop Treasurer Information (if applicable)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Number of  
Girl Members**

**Number of  
Adult Members**

**Number of years the  
troop has been active.**

Name of Meeting Location: \_\_\_\_\_ Location Zip Code: \_\_\_\_\_

Does the troop plan to continue next year? (Check one) ☐ Yes ☐ No ☐ Unsure

If no, please explain:

### Troop Activities This Past Year

How has the troop been meeting this past year? (Check one) ☐ In person ☐ Virtually ☐ Hybrid

**How many parent/family meetings  
did the troop have this year?**

**How many badges did the  
troop earn this year?**

What badges did your troop earn this year?

## Troop Activities This Past Year (Continued)

**How many Girl Scout Journeys  
did the troop complete?**

What Journeys and action projects did the troop complete?

**How many field trips, camping experiences,  
and/or events did the troop participate in?**

List of Outings and Dates:

**How many Community Service Projects  
did the troop complete?**

**Approximately how many hours did the troop  
spend serving the community?\***

Community Service Project Details:

\*This number should be the number of hours served multiplied by the number of troop girls that participated.  
e.g., If 10 hours of service were performed, and there are eight girls in the troop, the number entered should be 80.

## Troop Activities This Past Year (Continued)

What are you most proud of accomplishing with the troop this past year?

Do you have a troop story from this past year that you would like to share?\* ☐ Yes ☐ No

Story Details:

\*This story may be shared by GSGLA with members and/or the public.

**If you would like to include photos, you will have the option to upload up to five images. Photos must be in jpg, png, or pdf format and can be no larger than 20MB per file.**

## Troop Leader Survey

### About the Girl Scout Program

Please answer how much you (or the leader) agree or disagree with the following statements. Select your response. If you disagree with any of the statements, you will be asked to share why you do not agree.

The training provided by Girl Scouts was beneficial.

☐ Strongly Agree ☐ Agree ☐ Somewhat Agree ☐ Somewhat Disagree ☐ Disagree ☐ Strongly Disagree ☐ N/A

**Notes if disagreed:**

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In the Girl Scout program, I feel like I can make a difference.

☐ Strongly Agree ☐ Agree ☐ Somewhat Agree ☐ Somewhat Disagree ☐ Disagree ☐ Strongly Disagree ☐ N/A

**Notes if disagreed:**

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In the Girl Scout program, I am a role model for girls.

☐ Strongly Agree ☐ Agree ☐ Somewhat Agree ☐ Somewhat Disagree ☐ Disagree ☐ Strongly Disagree ☐ N/A

**Notes if disagreed:**

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I would recommend the Girl Scouts to other families.

☐ Strongly Agree ☐ Agree ☐ Somewhat Agree ☐ Somewhat Disagree ☐ Disagree ☐ Strongly Disagree ☐ N/A

**Notes if disagreed:**

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The troop is inclusive and diverse. We are open and accepting of new members, and value the benefits of having a diverse troop.

☐ Strongly Agree ☐ Agree ☐ Somewhat Agree ☐ Somewhat Disagree ☐ Disagree ☐ Strongly Disagree ☐ N/A

**Notes if disagreed:**

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I attend Service Unit Leader meetings regularly.

☐ Strongly Agree ☐ Agree ☐ Somewhat Agree ☐ Somewhat Disagree ☐ Disagree ☐ Strongly Disagree ☐ N/A

**Notes if disagreed:**

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I feel the Girl Scout program positively supports the girls' mental health.

☐ Strongly Agree ☐ Agree ☐ Somewhat Agree ☐ Somewhat Disagree ☐ Disagree ☐ Strongly Disagree ☐ N/A

**Notes if disagreed:**

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## Troop Leader Survey (Continued)

I get the support I need from Girl Scouts (GSGLA Staff & Volunteers). ☐ Strongly Agree ☐ Agree ☐ Somewhat Agree ☐ Somewhat Disagree ☐ Disagree ☐ Strongly Disagree ☐ N/A

### Notes if disagreed:

**If you marked somewhat disagree, disagree, or strongly disagree, please indicate which support area(s) listed below would be helpful.**

|  |   |  |                                     |
|--|---|--|-------------------------------------|
| <b>Assistance with registration.</b><br>(Check all that apply)   | <input type="checkbox"/> Camp   | <input type="checkbox"/> Events                | <input type="checkbox"/> Membership |
| <b>Check-in phone calls.</b><br>Please describe your needs:  |   |  |                                     |
| <b>Conflict Resolution.</b><br>Please describe your needs:   |   |  |                                     |
| <b>Help with Girl Scout Program delivery.</b><br>Please describe your needs:   |   |  |                                     |
| <b>Navigating product programs.</b><br>Please describe your needs:   |   |  |                                     |
| <b>Policy guidance.</b><br>Please describe your needs:   |   |  |                                     |
| <b>Training.</b> Please check all that apply:  |   | <b>Resources.</b> Please check all that apply: |                                     |
| <input type="checkbox"/> <b>Conflict Resolution</b><br><input type="checkbox"/> <b>Facilitating Badges</b><br><input type="checkbox"/> <b>Facilitating Girl Scout Journeys</b><br><input type="checkbox"/> <b>Facilitating Outdoor Activities</b><br><input type="checkbox"/> <b>Forms and policies</b><br><input type="checkbox"/> <b>Girl Scout progression</b><br><input type="checkbox"/> <b>Higher awards</b><br><input type="checkbox"/> <b>Making activities girl led</b><br><input type="checkbox"/> <b>Managing adult volunteers in the troop</b><br><input type="checkbox"/> <b>Product Program</b><br><input type="checkbox"/> <b>Troop finances</b><br><input type="checkbox"/> <b>Troop planning and management</b><br><input type="checkbox"/> <b>Volunteer Toolkit.</b><br><input type="checkbox"/> <b>Working with Girl Scouts in your troop</b><br><input type="checkbox"/> <b>Other:</b> _____ | <input type="checkbox"/> <b>Badge work</b><br><input type="checkbox"/> <b>Facilitating program</b><br><input type="checkbox"/> <b>Product programs</b><br><input type="checkbox"/> <b>Registration</b><br><input type="checkbox"/> <b>Resource translation</b><br><input type="checkbox"/> <b>Which language:</b> _____<br><input type="checkbox"/> <b>Safety Activity Checkpoints</b><br><input type="checkbox"/> <b>Volunteer Essentials</b><br><input type="checkbox"/> <b>Volunteer Toolkit (VTK)</b><br><input type="checkbox"/> <b>Working with girls with special needs</b><br><input type="checkbox"/> <b>Working with parents</b><br><input type="checkbox"/> <b>Other:</b> _____<br><input type="checkbox"/> <b>Do you need help finding resources? Y/N</b><br><input type="checkbox"/> <b>Do you need more resources? Y/N</b><br><input type="checkbox"/> <b>Are your resources difficult to navigate? Y/N</b> |  |                                     |

## Troop Leader Survey (Continued)

What, if any, questions or support needs do you have going into the next membership year?

Support needs:

**Please answer the following questions as they relate to the girls that you work with.**  
**Check all that apply:**

As a Girl Scout Leader, I have seen growth  
in the girls I work with as it relates to:

- ☐ A commitment to service within their community.
- ☐ Civic Engagement.
- ☐ Confidence.
- ☐ Demonstrating positive behavior outside of Girl Scout meetings.
- ☐ Engaging in leadership roles.
- ☐ Entrepreneurship.
- ☐ Grades in school.
- ☐ Interest in STEAM activities.
- ☐ Making new friends.
- ☐ Open to listening to others in the group.
- ☐ Willingness to try new things.
- ☐ Working together to test ideas.
- ☐ Other

Since becoming a Girl Scout Troop Leader, I  
have seen growth in myself as it relates to:

- ☐ Adapting plans to meet immediate needs.
- ☐ Awareness of needs within my community.
- ☐ Being a caregiver.
- ☐ Budgeting
- ☐ Collaborative engagement with others.
- ☐ Confidence
- ☐ Conflict management/resolutions.
- ☐ Making new friends.
- ☐ Motivating others.
- ☐ Presentation Skills
- ☐ Project Management
- ☐ Resilience
- ☐ Valuing diversity in thought.
- ☐ Willingness to try new things.
- ☐ Other

If you checked either "other" box above, please describe:

## Bank Account Information

If your troop does not have a bank account and does not collect or spend money, the troop will not be required to complete the questions within this section on the year-end eForm.

### Reminders:

1. The [Troop/Group/SU Ledger Summary](#) and [Troop Monthly Financial Summary](#) are great tools to use throughout the year to help summarize financial information.
2. If your troop has more than \$50, it **must** open a bank account. For assistance, contact the GSGLA customer care line at (213) 213-0123.
3. Upon review and/or based on random troop account audits, GSGLA may contact you for additional documentation (receipts, statements, etc.), retain all receipts and documentation for a **minimum of five years**.

### Bank Account Access

Date Bank Account Established: \_\_\_\_\_ Bank Name: \_\_\_\_\_

### Troop Bank Account Signers (minimum of two – maximum of five)

| Name | Position | Access (check all that apply)   |
|------|----------|---|
| 1.   |          | <input type="checkbox"/> Debit Card <input type="checkbox"/> Bank Statement |
| 2.   |          | <input type="checkbox"/> Debit Card <input type="checkbox"/> Bank Statement |
| 3.   |          | <input type="checkbox"/> Debit Card <input type="checkbox"/> Bank Statement |
| 4.   |          | <input type="checkbox"/> Debit Card <input type="checkbox"/> Bank Statement |
| 5.   |          | <input type="checkbox"/> Debit Card <input type="checkbox"/> Bank Statement |

## Income

|                               |    |                                 |    |
|-------------------------------|----|---------------------------------|----|
| Troops Beginning Balance*     | \$ | Cookie Program Proceeds         | \$ |
| Troop Dues Collected          | \$ | Donations/Sponsorships Received | \$ |
| Fall Product Program Proceeds | \$ |                                 |    |

\*For existing troops, the troop's beginning balance is the ending balance from the last submitted finance report. For new troops, this is the starting balance.

**Did the troop participate in any money earning projects/activities?** ☐ Yes ☐ No

Do not include fall or cookie program activities/proceeds.

**Troop Money Earning Proceeds** (if the troop participated) \$ \_\_\_\_\_



## Income (Continued)

Please list the money earning projects/activities that your troop participated in and the proceeds for each project/activity:

**Did the troop receive income from any additional sources?** ☐ Yes ☐ No

**Total Additional Income Received** (if the troop received additional income) \$\_\_\_\_\_

Please list additional sources of income and the income received for each source:

**Total Income** (total includes beginning balance and all income amounts entered above.) \$\_\_\_\_\_

## Expenses

|                                    |    |   |    |
|------------------------------------|----|---|----|
| GSUSA Membership Registrations*    | \$ | Troop Supplies (Snacks, crafts, etc.)             | \$ |
| Program Activities**               | \$ | Girl Scout Shop Purchases (Uniforms, books, etc.) | \$ |
| Service Projects                   | \$ | Donations***                                      | \$ |
| Troop Meeting Facility Use Fee**** | \$ |   |    |

\*Memberships paid for with troop funds.

\*\*Day/overnight trips, Council sponsored programs, service unit events/camporee, etc.

\*\*\*Donations to causes that the troop chose to donate to.

\*\*\*\*If meeting virtually, the cost of Zoom (or similar) may be included in this number.

**Did the troop have additional expenses not listed above?** ☐ Yes ☐ No

**Total Amount of Additional Expenses \$**\_\_\_\_\_

Please describe any additional expenses not listed and the amount.

**Total Expenses** (Total includes all expense amounts entered above.) \$\_\_\_\_\_

## Bank Statements

Troops will be required to upload two bank statements, prior to submitting, block out all but the last four numbers of your bank account number on the statement.

**Did your troop have a bank account in March?** ☐ Yes ☐ No

Troops that did not have a bank account in March will not be required to submit a March bank statement.

Please be prepared to submit the following:

1. The troop's **March bank statement**.
2. The troop's **April bank statement**.

### Balance and Reconcile

**Total Income** (Total includes beginning balance and all income amounts entered above.) \$ \_\_\_\_\_

**Total Expenses** (Total includes all expense amounts entered above.) \$ \_\_\_\_\_

**Ending Balance** (Total income minus total expenses.) \$ \_\_\_\_\_

**Current Bank Balance** (Enter the balance from your most recent bank statement.) \$ \_\_\_\_\_

**Does the ending bank balance match your April bank statement?** ☐ Yes ☐ No

Please explain why the ending balance does not match the balance on your April bank statement:

**Money Carry Over per Girl** (Current bank balance divided by the number of girl members in the troop as entered in the troop details section.) \$ \_\_\_\_\_

**Does your troop have more than \$100 per girl carrying over?** (Troops can only carry over a max of \$100 per girl unless the troop has a detailed program plan for funds.) ☐ Yes ☐ No

Please describe the plans for the remaining troop funds.