Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ■ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

ΑI	For the	e 2021 calendar year, or tax year beginning 00111 , 2021 and 6	enaing 🕃	DEP 30, 2022	
В	Check if applicab	C Name of organization GIRL SCOUTS - ARIZONA CACTUS-PINE		D Employer identifi	cation number
	Addre chang	e COUNCIL, INC.			
	Name	Doing business as		86-01333	97
	Initial return Final		Room/suite		
	return termir	h_		602-452-	
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	29,898,984.
	return Applio			H(a) Is this a group r	
	tion pendi	F Name and address of principal officer: DOFE CAMARGO		for subordinates	
	-		507	H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o te: ► WWW.GIRLSCOUTSAZ.ORG	or 527	1	list. See instructions
		forganization: X Corporation Trust Association Other	I Voor	of formation: 1936	on number ► M State of legal domicile: AZ
Pi	art I	Summary	L feal	or iorination. ±230[1	VI State of legal domiche, AZ
		Briefly describe the organization's mission or most significant activities: AS TH	IE PRE	EMINENT LEA	DERSHIP
S	'	DEVELOPMENT ORGANIZATION FOR GIRLS, THE G.	TRL SO	COUT (CONT'D	ON SCH O)
Jan	2	Check this box if the organization discontinued its operations or dispose			
Activities & Governance	3	•		3	21
ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			21
٥ŏ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			196
ij	6	Total number of volunteers (estimate if necessary)			6943
ξį	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			
ĕ	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			_
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		5,422,602.	8,125,577.
	9	Program service revenue (Part VIII, line 2g)		696,220.	578,658.
š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		653,164.	299,833.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,375,132.	10,124,649.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,147,118.	19,128,717.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		53,327.	152,582.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,756,744.	6,200,346.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ē	b	Total fundraising expenses (Part IX, column (D), line 25) 620,54	10.		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,665,056.	6,132,189.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,475,127.	
	19	Revenue less expenses. Subtract line 18 from line 12		2,671,991.	6,643,600.
Net Assets or	g		Ве	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		43,805,529.	47,485,972.
LAS P	21	Total liabilities (Part X, line 26)		3,789,551.	2,496,027.
		Net assets or fund balances. Subtract line 21 from line 20		40,015,978.	44,989,945.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
		Lune Camaro		Data	
Sig		Signature of officer)		Date 01.	19.2023
Hei	re	LUPE CAMARGO, BOARD CHAIR			
		Type or print name and title		Date Check	PTIN
	_	Print/Type preparer's name Preparer's signature		2	
Paid		BRENDA ANN BLUNT, CPA	[C	01/19/23 self-employ	
	parer	Firm's name EIDE BAILLY LLP		Fírm's EIN ▶	45-0250958
use	Only	Firm's address 2355 E CAMELBACK RD, STE 900		D. 40	0 215 1040
		PHOENIX, AZ 85016-9065		Phone no. 4 8	0-315-1040
Ma	y the l	RS discuss this return with the preparer shown above? See instructions			X Yes No

86-0133397 Page 2

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: GIRL SCOUTING BUILDS GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER, WHO
	MAKE THE WORLD A BETTER PLACE.
	IMME THE WORLD IT BETTER TENCE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 \$6, 354, 744. including grants of \$26, 332.) (Revenue \$10, 536, 326.)
	GIRL PROGRAM: THE GIRL SCOUT LEADERSHIP EXPERIENCE INCLUDES ENGAGING,
	CHALLENGING, AND IMPACTFUL PROGRAMS THAT HELP GIRLS DEVELOP A STRONG
	SENSE OF SELF WHILE CONNECTING WITH OTHERS AND TAKING ACTION TO IMPROVE
	THEIR COMMUNITIES. GIRL SCOUTS LEAD THEIR OWN ADVENTURE AND JOIN WITH
	OTHERS IN AN ALL-GIRL ENVIRONMENT TO CHOOSE THE ACTIVITIES THAT
	INTEREST THEM MOST. GIRLS GAIN IMPORTANT SKILLS THROUGH HANDS-ON
	PROGRAMS IN FOUR AREAS: STEM, OUTDOORS, LIFE SKILLS, AND
	ENTREPRENEURSHIP. OUTDOOR SKILL DEVELOPMENT, INCLUDING DAY AND
	OVERNIGHT CAMP EXPERIENCES AT THE COUNCIL'S FOUR CAMPS, IS A HALLMARK
	OF THE GIRL SCOUT PROGRAM. THE GIRL SCOUT COOKIE PROGRAM IS ALSO AT THE
	CORE OF GIRL SCOUTING, DEVELOPING VITAL FINANCIAL LITERACY AND
	ENTREPRENEURIAL SKILLS WHILE PROVIDING GIRLS A MEANS (CON'T ON SCH O)
4b	(Code:) (Expenses \$2, 305, 297. including grants of \$) (Revenue \$)
	MEMBERSHIP SUPPORT PROVIDES RESOURCES AND SERVICES TO RECRUIT AND
	RETAIN GIRL MEMBERS AND SUPPORT TROOP AND SERVICE UNIT VOLUNTEERS
	THROUGHOUT THE COUNCIL'S JURISDICTION. FOR THE 2021/2022 MEMBERSHIP
	YEAR, THE COUNCIL HAD 11,550 GIRL MEMBERS ACTIVE IN 977 TROOPS AND
	PROGRAM CENTERS.
	(Code:) (Expenses \$1, 391, 388. including grants of \$126, 250.) (Revenue \$ 16, 264.)
4c	(Code:) (Expenses \$1,391,388.e. including grants of \$126,250.e.) (Revenue \$16,264.e.) VOLUNTEER SUPPORT PROVIDES SERVICES AND RESOURCES TO RECRUIT, MANAGE,
	AND RETAIN A STRONG CORPS OF VOLUNTEERS WHO PROVIDE DIRECT PROGRAM
	DELIVERY TO GIRLS. VOLUNTEER SUPPORT ALSO INCLUDES VITAL PROGRAM AND
	SAFETY TRAINING TO ENSURE A WELL-EQUIPPED CADRE OF DIVERSE VOLUNTEERS
	WHO ARE ESSENTIAL TO OUR SUCCESS. THE COUNCIL HAD 6,943 ADULT MEMBERS
	DURING THE 2021/2022 MEMBERSHIP YEAR. GRANTS INCLUDED \$33,440 FOR DUES
	ASSISTANCE TO TROOP CO-LEADERS TO ENCOURAGE ADULT VOLUNTEER SUPPORT.
	INDIBILITIES TO TROOF OF BEINDING TO BROOKENS ADOLF VOLUMITHER BUTTOKES
<u></u>	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \(\) 10,051,429.
	Total program convice expenses y

Form 990 (2021) COUNCIL, INC.
Part IV Checklist of Required Schedules

1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 2 is the organization required to complete Schedule B, Schedule of Contributors? See instructions 3 Did the organization required to complete Schedule B, Schedule of Contributors? See instructions 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f)) election in effect during the fast year? If "Yes," complete Schedule C, Part I 5 Is the organization as esticin 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Part Pros. 1981 III "Yes," complete Schedule C, Part II 6 Did the organization assettine 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Part Pros. 1981 III "Yes," complete Schedule D, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part III 6 Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 7 Did the organization maintain and collections of violors of art, historical trausures, or other similar assets? III "Yes," complete Schedule D, Part IV 8 Did the organization report an amount in Part X, line 21, for escrov or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount for interesting questions is "Yes," then complete Schedule D, Part VI 11 If the organization report an amount for investments - other securities in Part X, line 10? "Yes," complete Schedule D, Part VI 12 Did the organization report an amount for other lastill					
If Yes, 'complete Schedule A 1 X	4	le the expenientian described in section E01(a)(2) or 4047(a)(1) (ather then a private foundation)?		Yes	No
2 Is the organization required to complete Schedule 8, Schedule of Contributions 7 See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? (**P***e***e***e***e***e***e***e***e***e	1		,	x	
3 Did the organization engage in direct or indirect positical campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I I Section 501(k) organizations. Did the organization engage in lobbying activities, or have a section 501(k) election in effect out office? If "Yes," complete Schedule C, Part II I Set the organization assection 501(k)	2	•			
public office? **I **Yes**** competes Schedule C, Part I* \$ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f) election in effect during the tax year? *If *Yes***, complete Schedule C, Part II (*) is the organization as election of Inc(s)(s), or 501(c)(s), or 501(c)(s), or 501(c)(s), or 501(c)(s), organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 If *If *Yes**, complete Schedule C, Part II (*) 6 Did the organization maintain any donor advised funds or any smillar funds or accounts? *If *Yes**, complete Schedule D, Part I (*) 7 Did the organization maintain any donor advised funds or any smillar funds or accounts? *If *Yes**, complete Schedule D, Part I (*) 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If *Yes**, complete Schedule D, Part I (*) 9 Did the organization interaction of works of art, historical treasures, or other similar assets? *If *Yes**, complete Schedule D, Part I (*) 10 Did the organization organization amount in Part X, ine 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, oredit repair, or debt negotiation services? *If *Yes**, complete Schedule D, Part I (*) 10 Did the organization in decetiv or through a related organization, hold assets in donor-restricted endowments? *If *Yes**, complete Schedule D, Part V (*) 11 If the organization server on any of the following questions is *Yes*, then complete Schedule D, Part V (*) 12 Did the organization report an amount for interh server is experted in Part X, line 10? *If *Yes**, complete Schedule D, Part V (*) 13 Did the organization report an amount for interh server is experted in Part X, line 10? *If *Yes**, complete Schedule D, Part V (*) 14 Did the organization report an amount for other isacts in Part X, line 15? *If *Yes**, complete Schedule D, Part X (*				21	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part III 5 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98.197 If "Yes," complete Schedule C, Part III 6 Did the organization maintain and your advised funds or any similar amounts as defined in Rev. Proc. 98.197 If "Yes," complete Schedule C, Part III 7 Did the organization receive or hold a conservation dos or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic attractures? If "Yes," complete Schedule D, Part II 7 Did Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X: or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 8 Did the organization, directory for though a related organization, hold assets in donor-restricted endowments or in quast endowments? If "Yes," complete Schedule D, Part V 9 Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V 9 Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V 9 Did the organization report an amount for investments - order resoluted in Part X, line 107 If "Yes," complete Schedule D, Part V 9 Did the organization report an amount for other assets in Part X, line 120, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part V 9 Did the organization is	3		٦		x
during the tax year? ("Yes," complete Schedule C, Part II 5 is the organization a section Solit(4), 801(6)(8), 601(6)(8), 601(6)(8) 601(4		ٿ		
s the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Price. 96-187 If "Yes," complete Schedule C, Part III Did the organization martinal any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation assement, including assements to be preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7	•		4		х
similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historical areas, or historical treasures, or other similar assetts? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization in port an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on listed in Part X or provide credit conselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV and the organization in cliently or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V as a spiciobale. Did the organization ineport an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V as a spiciobale. Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V as a spiciobale of In Part X, line 16? If "Yes," complete Schedule D, Part V as a spiciobale of In Part X, line 16? If "Yes," complete Schedule D, Part V as a spiciobale of In Part X, line 16? If "Yes," complete Schedule D, Part X as a spiciobale of In Part X, line 16? If "Yes," complete Schedule D, Part X as a spiciobale of In Part X, line 16? If "Yes," complete Schedule D, Part X as a spiciobale of In Part X, line 16? If "Yes," complete Schedule D, Part X as a spiciobale of In Part X, line 16? If "Yes," complete Schedule D, Part X as a spiciobale of In Part X, line 16? If "Yes," complete Schedule D, Part X as a spiciobale of In Part X, line 16? If "Yes," complete Schedule D, Part	5				
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provide advice on the distribution or investment of amounts in such funds or account?" if "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? if "Yes," complete Schedule D, Part II B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II I Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasis endowments? I "Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for investments - organized in Part X, line 10? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for investments - organized in Part X, line 10? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for other assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11 Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11 Did the organization shalp and a school described in section 170(b)(I)(N)(I)(N)(I)(N)(I)(N)(I)(6				
7 Did the organization receive or hold a conservation assement, including assements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II' 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II' 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X: or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV' 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part IV' 11 If the organization asserve to any of the following questions is 'Yes,' then complete Schedule D, Part VI, IV, VIII, VIII, IX, or X, as applicable. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VII' 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII asset reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII asset reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII asset reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X iii Line 25% If 'Yes,' complete Schedule D, Part X iii Line 25% If 'Yes,' complete Schedule D, Part X iii Line 25% If 'Yes,' complete Schedule D, Part X iii Line 25% If 'Yes,' complete Schedule D, Part X iii Line 25% If 'Yes,' complete Schedule D, Part X iii Line 25% If 'Yes,' complete Schedule D, Part X iii Line 25% If 'Yes,' complete Schedule D, Part X iii Line 25% If 'Yes,' complete Schedule D, Part X iii Line 25% If 'Yes,' complete Schedule D, Part X iii Line 25% If 'Yes,' complete Schedul	_		6		Х
the environment, historic land areas, or historic structure? // "Yes," complete Schedule D, Part II. 8	7				
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? #"Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X: or provide credit counseling, debt management, credit repair, or debt negotiation services? #"Yes," complete Schedule D, Part IV 9 X Y 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? #"Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? #"Yes," complete Schedule D, Part IV 11 Did the organization report an amount for investments - other securities in Part X, line 10? #"Yes," complete Schedule D, Part IV 11 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? #"Yes," complete Schedule D, Part IV 11 Did the organization report an amount for other assets in Part X, line 15; that is 5% or more of its total assets reported in Part X, line 16? #"Yes," complete Schedule D, Part IV 11 Did the organization report an amount for other liabilities in Part X, line 15; that is 5% or more of its total assets reported in Part X, line 16? #"Yes," complete Schedule D, Part IV 11 Did the organization is eparate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability or uncertain tax positions under Flink 8 (ASY AVI) #"Yes," complete Schedule D, Part X 11 Did the organization answered "No" to line 12a, then completing Schedule D, Part X and XI is optional 11 X II S Use the organization report an amount for other liabilities in Part X, line 16? #"Yes," complet			7		Х
Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization or sanswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, X, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 116	8				
9 Did the organization report an amount for Part X, line 21, for escrow or outsdellal account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? ## "Yes," complete Schedule D, Part IV 10			8		Х
## "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10	9	, , , , , , , , , , , , , , , , , , ,			
Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 II X V 11 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 II X X 12 Did the organization report an amount for investments - organization in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 II X X 14 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 II X X 15 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 II X X 11 II		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? "Yes," complete Schedule D, Part V		If "Yes," complete Schedule D, Part IV	9		X
If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11d	10				
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column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Z 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	17				
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X			17		Х
1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	18				
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X		1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II 21 X	19				
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		complete Schedule G, Part III	19		
Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	20a		20a		X
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
7 77 II reel complete conceane il alter and il illiminimi	21				
		domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		

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Form 990 (2021) COUNCIL, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3,7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			3,7
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			177
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	0=		v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	000		x
29	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	•	29		-25
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization required the complete schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	,	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	JZ_		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		<u> </u>
J 1	Part V. line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	t 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	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	<u> </u>
		_	$\Omega\Omega\Omega$	

Form 990 (2021) COUNCIL, INC.

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

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 196						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
- Cu	any contributions that were not tax deductible as charitable contributions?	6a		x			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	U.D					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
·	to file Form 8282?	7c		x			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	,,					
٠ ۵	5:11	7e		х			
f		7f		X			
g							
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h					
Ü		8					
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.						
а		9a					
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:	30					
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
-	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15	L	х			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		<u> </u>			
	If "Yes," complete Form 6069.						

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INC.

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 21 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 21 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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. Indicate how you made these available. Check all that apply X Upon request X Own website Another's website ___ Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records DENA CUNNINGHAM - 602-452-7042

85004

119 E CORONADO RD, PHOENIX, AZ

Form 990 (2021) 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, 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 ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Posi			200	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		an	compensation	compensation	amount of		
	week		cer an	d a di	irecto	r/trus1	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	ord	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	ruste	l trus		ee (ee	nedu		1099-NEC)	1099-NEC)	organization and related
	below	dual t	ıtiona	L	nploy	st cor	16	1000 1420)		organizations
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			3
(1) TAMARA WOODBURY	40.00									
CHIEF EXECUTIVE OFFICER EMERITUS				Х				189,846.	0.	19,854.
(2) CAROL ACKERSON	40.00									
SR ASSOCIATE, TRANSITIONAL SUPPORT						X		131,305.	0.	22,162.
(3) CHRISTINA SPICER	40.00									
INTERIM CO-CHIEF EXECUTIVE OFFICER				Х				126,522.	0.	18,933.
(4) MARY MITCHELL	40.00									
INTERIM CO-CHIEF EXECUTIVE OFFICER				Х				125,338.	0.	19,232.
(5) DENA CUNNINGHAM	40.00									
CHIEF FINANCIAL OFFICER				Х				110,734.	0.	16,690.
(6) MATTHEW THESING	40.00									
SENIOR DIRECTOR OF OPERATIONS						X		100,845.	0.	22,982.
(7) LUPE CAMARGO	4.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(8) SUSAN TRUJILO	4.00									
1ST VICE CHAIRPERSON		Х		Х				0.	0.	0.
(9) JAVIER TORRES	4.00									
2ND VICE CHAIRPERSON, MEMBER AT LARGE		Х		Х				0.	0.	0.
(10) GORDON LEWIS	4.00									
SECRETARY		Х		Х				0.	0.	0.
(11) BRIAN HEMMERLE	4.00									
TREASURER		Х		Х				0.	0.	0.
(12) ALICE PIKE	4.00									
MEMBER-AT-LARGE (FROM MAY)		Х						0.	0.	0.
(13) AMBER KANAZBAH CROTTY	4.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(14) ANA COLOMBO	4.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(15) DEB GULLETT	4.00									
MEMBER-AT-LARGE (THRU APRIL)		Х						0.	0.	0.
(16) EMMI KELLOGG	4.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(17) GEMA DUARTE LUNA	4.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
										Form 990 (2021)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B)			(C)					(D) (E)			(F)		
Name and title	Average	١,,		Posi	ition			Reportable	Reportable		Es	timate	ed
	hours per	box	, unles	heck r ss per	son is	s both	an	compensation	compensatio	- 1	an	nount	of
	week	offi	cer an	nd a di	recto	r/trust	tee)	from	from related			other	
	(list any	ector						the	organization		com	pensa	tion
	hours for	or dir	gy.			ted		organization	(W-2/1099-MIS	SC/		om the	
	related organizations	ıstee	truste		9	pens		(W-2/1099-MISC/	1099-NEC)		•	anizati	
	below	ual tn	ional		ploye	t com		1099-NEC)				d relati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	0115
(18) JENNIFER FARNER	4.00				_								
MEMBER-AT-LARGE (THRU APRIL)		Х						0.		0.			0.
(19) JENNIFER HO	4.00												
MEMBER-AT-LARGE (FROM MAY)		Х						0.		0.			0.
(20) JENNY HOLSMAN TETREAULT	4.00												
MEMBER-AT-LARGE		Х						0.		0.			0.
(21) JERYSE KELLY	4.00												
MEMBER-AT-LARGE		Х						0.		0.			0.
(22) KAREN STEVENSON	4.00												
MEMBER-AT-LARGE		Х						0.		0.			0.
(23) KATHLEEN SCHNIER	4.00												
MEMBER-AT-LARGE		Х						0.		0.			0.
(24) MEGAN PITAS	4) MEGAN PITAS 4.00												
MEMBER-AT-LARGE (FROM MAY)		Х						0.		0. 0.			
(25) MIGUEL ACERO	4.00												
MEMBER-AT-LARGE		Х						0.		0.			0.
(26) NICOLE LOMIBAO	4.00	1											_
MEMBER-AT-LARGE (FROM MAY)		Х						0.		0.			0.
1b Subtotal							>	784,590.		0.	11	9,8!	
c Total from continuation sheets to Part V							▶	0.		0.			0.
d Total (add lines 1b and 1c)					<u></u>		<u> </u>	784,590.		0.	11	9,8!	53.
2 Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable)			_
compensation from the organization													6
												Yes	No
3 Did the organization list any former officer	, director, trust	ee, k	еу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the s	•							•	· ·				
and related organizations greater than \$15											4	X	
5 Did any person listed on line 1a receive or	•				•			•					37
rendered to the organization? If "Yes," cor	nplete Schedul	e J fo	or su	ıch <u>r</u>	perso	on .					5		X
Section B. Independent Contractors	mnonootod inc	lone	nder	ot oo	ntra	note:	-0 +h	nat rappiyad mara than th	100 000 of com	\onoc+	ion f		
Complete this table for your five highest countered the organization. Report compensation for										ensat	ion iro	וווכ	
the organization. Report compensation for (A)	une calendar ye	ai E	iiuii	ıy W	iti I O	VVII	1111	the organization's tax y	cai.		((``	
Name and business	address							Description of s	ervices	С		رر nsatioı	n
TIM DENMAN DRA OUTDOOR GI	RTLLING	CO	MР	ΔN	v -		\dashv	•			-		

(A) Name and business address	(B) Description of services	(C) Compensation
TIM DENMAN DBA OUTDOOR GRILLING COMPANY,		0.50 000
3820 W HAPPY VALLEY RD, STE 141-201,	CATERING	263,288.
DEREK ENGINEERING DBA DEREK BUILDERS,		
22601 N 17TH AVE, SUITE 150, PHOENIX, AZ	ENGINEERING	177,393.
AMERICAN TECHNOLOGY SPECIALISTS, 550 W.		
BASELINE RD., SUITE 102-467, MESA, AZ	IT SERVICES	171,316.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 COUNCIL,	INC.								86-013	3391
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, aı	nd H	ligh	est	Compensated Employe	ees (continued)	
(A) Name and title	(B) Average							(E) Reportable	(F) Estimated	
	hours per week (list any hours for related organizations below line)	stee or director	Institutional trustee	all Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(27) PELE PEACOCK FISCHER MEMBER-AT-LARGE (THRU APRIL)	4.00	Х						0.	0.	0.
(28) RIDA ABBASI MEMBER-AT-LARGE (THRU APRIL)	4.00	х						0.	0.	0.
(29) ROBERT REDER MEMBER-AT-LARGE	4.00	х						0.	0.	0.
(30) SUSAN PANGANIBAN O'MALLEY	4.00									
MEMBER-AT-LARGE (31) TIM CASTRO	4.00	Х						0.	0.	0.
MEMBER-AT-LARGE (THRU MAY)		Х						0.	0.	0.
Total to Part VII, Section A, line 1c										

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GIRL SCOUTS - ARIZONA CACTUS-PINE

Form 990 (2021) COUNCIL, INC.
Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to any line	a in this Dart VIII			
		Officer if Schedule O contains a respon	se of flote to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns 1a	28,454.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
E G	С	Fundraising events 1c	152,773.				
ifts ar A		Related organizations 1d					
s, G	е	Government grants (contributions) 1e	1,282,586.				
Sign		All other contributions, gifts, grants, and					
but		similar amounts not included above 1f	6,661,764.				
n di	g	4 6	11,266.				
Sol	h	Total. Add lines 1a-1f	>	8,125,577.			
			Business Code				
ø	2 a	CAMP FEES	900099	522,336.	522,336.		
z e	b	PROGRAM SERVICE FEES	900099	36,887.	36,887.		
Se	С	VOLUNTEER TRAINING	900099	11,840.	11,840.		
am	d	CAMP RENTS	900099	7,595.	7,595.		
Program Service Revenue	е						
P	f	All other program service revenue					
	g	Total. Add lines 2a-2f	>	578,658.			
	3	Investment income (including dividends, int	erest, and				
		other similar amounts)	>	338,423.			338,423.
	4	Income from investment of tax-exempt bon	d proceeds 🕨				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	>				
	7 a	Gross amount from sales of (i) Securities	es (ii) Other				
		assets other than inventory 7a 4,613,24	19.				
	b	Less: cost or other basis					
ıne		and sales expenses 7b 4,651,83					
Revenue	С	Gain or (loss) 7c	00.				
	d	Net gain or (loss))	-38,590.			-38,590.
her	8 a	Gross income from fundraising events (not					
₹		including \$ 152,773. of					
		contributions reported on line 1c). See					
		* *************************************	8a 32,738.				
			8b 58,067.				
		Net income or (loss) from fundraising event	s	-25,329.			-25,329.
	9 a	Gross income from gaming activities. See					
			9a				
			9b				
		Net income or (loss) from gaming activities	_				
	10 a	Gross sales of inventory, less returns	10a 14,865,930.				
			10b 6,060,361.	0.005.560	0.005.560		
\rightarrow	С	Net income or (loss) from sales of inventory		8,805,569.	8,805,569.		
<u>s</u>		EMDIOVEE DEMENSION OPEDIS	Business Code	1 100 202	1 100 202		
eor	11 a		900099	1,168,363.	1,168,363.		175 630
Miscellaneous Revenue	b		900099	175,638.			175,638.
3ev	С		900099	408.			408.
Mis		All other revenue		1 244 425			
		Total. Add lines 11a-11d	·····	1,344,409.	4055555	-	150
	12	Total revenue. See instructions	>	19,128,717.	10552590.	0.	450,550.

COUNCIL, INC. Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	15,962.	15,962.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	136,620.	136,620.		
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,	COA 071	440 050	215 402	20 200
	trustees, and key employees	694,871.	449,059.	215,492.	30,320.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	3,974,599.	3,253,091.	466,588.	254,920.
7	Other salaries and wages	3,314,333.	3,433,031.	400,300.	434,340.
8	Pension plan accruals and contributions (include	459,432.	62,659.	392,793.	3 000
•	section 401(k) and 403(b) employer contributions)	737,484.	616,877.	69,432.	3,980. 51,175.
9 10	Other employee benefits	333,960.	265,046.	48,631.	20,283.
11	Payroll taxes Fees for services (nonemployees):	333,300.	203,040.	40,031.	20,203
а	` , ,				
	Management Legal	17,560.	14,149.	2,456.	955.
	Accounting	41,810.	11/1130	41,810.	
	Lobbying	11,0101		11,0101	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	68,619.	301.	68,318.	
g		•		, i	
J	column (A), amount, list line 11g expenses on Sch 0.)	497,897.	335,801.	86,832.	75,264.
12	Advertising and promotion				
13	Office expenses	124,250.	104,526.	13,894.	5,830.
14	Information technology				
15	Royalties				
16	Occupancy	644,032.	617,112.	19,382.	7,538.
17	Travel	182,127.	172,938.	6,764.	2,425.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots				
19	Conferences, conventions, and meetings	74,716.	59,658.	10,415.	4,643.
20	Interest	210,499.	164,125.	35,293.	11,081.
21	Payments to affiliates	1 040 185	000 045	172 465	CB 4CE
22	Depreciation, depletion, and amortization	1,240,177.	999,247.	173,465.	67,465.
23	Insurance	457,609.	370,288.	62,869.	24,452.
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.)				
а	SUPPLIES AND INCENTIVES	1,836,432.	1,799,126.	17,861.	19,445.
b	MISCELLANEOUS	511,508.	423,525.	57,702.	30,281.
c	PRINTING AND PUBLICATIO	149,112.	121,681.	19,681.	7,750.
d	POSTAGE AND SHIPPING	49,785.	44,959.	2,479.	2,347.
е	All other expenses	26,056.	24,679.	991.	386.
25	Total functional expenses. Add lines 1 through 24e	12,485,117.	10,051,429.	1,813,148.	620,540.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

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	LA	Balarioc officet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			8,208,872.	1	12,504,362.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			2,150,282.	3	2,305,785.
	4	Accounts receivable, net			68,438.	4	83,107.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
Ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			190,794.	8	197,725.
As	9				227,456.	9	225,841.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	33,191,740.			
	b	Less: accumulated depreciation	10b	33,191,740. 15,490,035.	18,111,400.	10c	17,701,705.
	11	Investments - publicly traded securities			13,822,896.	11	12,447,485.
	12	Investments - other securities. See Part IV, line 1			1,025,391.	12	851,599.
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	1,168,363.
	16	Total assets. Add lines 1 through 15 (must equa			43,805,529.	16	47,485,972.
	17	Accounts payable and accrued expenses	528,804.	17	598,335.		
	18	Grants payable		18			
	19	Deferred revenue			321,218.	19	439,618.
	20	Tax-exempt bond liabilities			1,641,104.	20	1,408,403.
	21	Escrow or custodial account liability. Complete F				21	
Ø	22	Loans and other payables to any current or form	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
abil		controlled entity or family member of any of thes	e perso	ons		22	
Ï	23	Secured mortgages and notes payable to unrelate	ted thire	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pay	ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			1,298,425.	25	49,671.
	26	Total liabilities. Add lines 17 through 25			3,789,551.	26	2,496,027.
		Organizations that follow FASB ASC 958, check	ck here	• ► X			
Ses		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			37,585,582.	27	42,315,739.
Ba	28	Net assets with donor restrictions			2,430,396.	28	2,674,206.
pu		Organizations that do not follow FASB ASC 95	58, che	ck here 🕨 🗌			
Ē		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc	ome, o	or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			40,015,978.	32	44,989,945.
_	33				43,805,529.	33	47,485,972.

Form **990** (2021)

Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u> 19</u>	,12	8,7	<u> 17.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		,48		
3	Revenue less expenses. Subtract line 2 from line 1	3		,64		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,01		
5	Net unrealized gains (losses) on investments	5	<u> </u>	,66	9,6	33.
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	44	,98	9,9	45.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Aud	tit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	iit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

GIRL SCOUTS - ARIZONA CACTUS-PINE

OMB No. 1545-0047

2021
Open to Public

ation. Inspection
Employer identification number
86-0133397

				INC.						6-	-0133397
Par	t I	Reason for Public (Charity	Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.		
The c	rgan	ization is not a private found	ation bed	cause it is: (For lines 1 through 12, c	heck only	one box.)				
1 [A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school described in sect	ion 170(l	o)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)					
3		A hospital or a cooperative	hospital	service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organiz	ation ope	erated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the	e hospital's name,
		city, and state:									
5		An organization operated for	or the bei	nefit of a co	llege or university owned	d or operat	ed by a go	vernmental u	nit describe	ed i	in
•		section 170(b)(1)(A)(iv). (C	Complete	Part II.)	,	•	, ,				
6		A federal, state, or local gov			nental unit described in	section 17	70(b)(1)(A)	(v).			
7		An organization that norma		_					ne general r	oub	olic described in
•		section 170(b)(1)(A)(vi). (C	•		1				3		
8		A community trust describe	•	-	(1)(A)(vi). (Complete Par	t II.)					
9	ī	An agricultural research org					ed in coniu	nction with a	land-grant	col	lleae
• (or university or a non-land-g					_		-		-
		university:	J. a					,			
10	X	An organization that norma	Ilv receiv	es (1) more	than 33 1/3% of its supr	ort from c	ontribution	s. membersh	in fees, and	d a	ross receipts from
		activities related to its exem	•						-	_	•
		income and unrelated busin	•		•						-
		See section 509(a)(2). (Con			(loop booker) or ready in a				,		
11		An organization organized a	-	-	ively to test for public sa	fetv. See	section 50)9(a)(4).			
12		An organization organized a	-		•	•			rrv out the	ונומ	rposes of one or
'		more publicly supported or	-		•	•			•	-	•
		lines 12a through 12d that	-								
а		Type I. A supporting orga					-		-	aivi	ina
		the supported organization		-	·	•	-			-	-
		organization. You must o		-				10.00.11.00.010		- 10 10	
b		Type II. A supporting org	-			tion with its	s supporte	d organizatio	n(s), by hay	/inc	1
-		control or management o		-				-		_	
		organization(s). You mus	-			шо ролоо			900 00.101		
С		☐ Type III functionally inte	-			in connect	tion with.	and functional	lv integrate	ed v	with.
		its supported organization	-						.,		······
d		Type III non-functionally			•				ted organiz	zati	ion(s)
-		that is not functionally int	•	• •				• •	•		* *
		requirement (see instructi	-	_		•		=			
е		Check this box if the orga	•		-				II. Type III		
		functionally integrated, or						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, . , p =		
f	Fnte	er the number of supported of			inany introgration cupper in					ſ	
		vide the following information	•		ed organization(s).						
		i) Name of supported		i) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of	fmonetary		(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	su	ipport (see instructions)
					above (see instructions))					T	
										T	
										t	
_										\vdash	

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third, t	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop						>
	ction C. Computation of Publi					Г	
	Public support percentage for 2021 (li		•	***		14	<u>%</u>
	Public support percentage from 2020					15	%
16a	33 1/3% support test - 2021. If the o				14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts		•	-	•	· ·	▶ □
	meets the facts-and-circumstances te	-		*	-		
b	10% -facts-and-circumstances test	ū				•	U% or
	more, and if the organization meets th						. —
40	organization meets the facts-and-circu			•	• • •		₹¦
18	Private foundation. If the organization	n aid not check a	box on line 13, 16a	a, 16b, 1/a, or 17b	o, check this box a	na see instructions	PL

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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.)

Sec	ction A. Public Support	clow, picase comp	note i art ii.j					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Gifts, grants, contributions, and membership fees received. (Do not		1824498.			0105577	20014612	
	include any "unusual grants.")	4043276.	1024490.	1498660.	5422602.	81233//•	20914613.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	17233809.	17248715.	16625148.	11912798.	15444588.	78465058.	
3	Gross receipts from activities that							
	are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	21277085.	19073213.	18123808.	17335400.	23570165 .	99379671.	
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	86,605.	39,543.	69,152.	35,786.	47,175.	278,261.	
k	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.	
c	Add lines 7a and 7b	86,605.	39,543.	69,152.	35,786.	47,175.	278,261.	
8	Public support. (Subtract line 7c from line 6.)	-				-	99101410.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
9	Amounts from line 6	21277085.	19073213.	18123808.	17335400.	<u> 23570165.</u>	99379671.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	192,415.	213,131.	200,964.	258,500.	338,423.	1203433.	
t	Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	192,415.	213,131.	200,964.	258,500.	338,423.	1203433.	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,111.	3,053.	16,194.	3,893.	176,047.	200,298.	
13	Total support. (Add lines 9, 10c, 11, and 12.)	21470611.	19289397.	18340966.	17597793.	24084635.	100783402	
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, 1	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,	
_							>	
Sec	ction C. Computation of Publi	ic Support Per	centage					
	Public support percentage for 2021 (I		•	olumn (f))		15	98.33 %	
	Public support percentage from 2020					16	98.57 %	
	ction D. Computation of Inves					Г. _ Т	1 10 0	
	Investment income percentage for 20					17	1.19 % 1.08 %	
	Investment income percentage from a 33 1/3% support tests - 2021. If the					18 3 1/304 and line 1		
198							▶ ▼	
b	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
	line 18 is not more than 33 1/3%, che	· ·			•	•		
20	Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check th	is box and see inst	tructions		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	За		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
lule	A (Forn	n 990)	2021

	GIRL SCOUTS - ARIZONA CACTUS-PINE			
	edule A (Form 990) 2021 COUNCIL, INC.	86-013339	7 Ра	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or	ne or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off	icers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	·			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). Stion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	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	4		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insti	ructions).		
a				
b				
C	5 The state of the state	ty (see instruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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

За

GIRL SCOUTS - ARIZONA CACTUS-PINE

Schedule A (Form 990) 2021 COUNCIL, INC. 86-0133397 Page 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	•
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

_	dule A (Form 990) 2021 COUNCIL, INC.	()(0) 0			6-0133397 Page 7				
Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sect	on D - Distributions				Current Year				
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1					
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported							
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive							
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2021 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount	T	ı	10					
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021				
1	Distributable amount for 2021 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2021 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2021								
a	From 2016								
b	From 2017								
c	From 2018								
d	From 2019								
е	From 2020								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2021 distributable amount								
<u>_i</u>	Carryover from 2016 not applied (see instructions)								
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2021 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2021 distributable amount								
c	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2022. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
а	Excess from 2017								
b	Excess from 2018								
С	Excess from 2019								
d	Excess from 2020								
	Excess from 2021								

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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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: INSURANCE CLAIM INCOME 2017 AMOUNT: \$ 1,111. 2018 AMOUNT: \$ 3,053. 2019 AMOUNT: \$ 15,908. 3,197. 2020 AMOUNT: \$ 2021 AMOUNT: \$ 175,639. MISCELLANEOUS INCOME 286. 2019 AMOUNT: \$ 696. 2020 AMOUNT: \$ 2021 AMOUNT: \$ 408.

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization **Employer identification number** GIRL SCOUTS - ARIZONA CACTUS-PINE COUNCIL, INC. 86-0133397 Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	$\boxed{\mathbf{X}}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Ob sale if your arraning	ation is account by the Consul Puls of Special Puls
•	ation is covered by the General Rule or a Special Rule . 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
-	ization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or many one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509 contributor, o	ization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; 90-EZ, line 1. Complete Parts I and II.
contributor, o	ization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ducational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering Imn (b) instead of the contributor name and address), II, and III.
year, contribution is checked, expurpose. Dor	ization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., n't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively aritable, etc., contributions totaling \$5,000 or more during the year
answer "No" on Part I'	tion that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must V, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify le filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number GIRL SCOUTS - ARIZONA CACTUS-PINE COUNCIL, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,800,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>150,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$ <u>2,275,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$110,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Name, address, and ZIF + 4	\$ 65,042.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$111,309.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	\$ 60,056.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	Humo, dudi 655, dilu Eif T T	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Humo, audi 655, and £ii T T	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
13		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
14_		\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
15		\$35,000.	Person X Payroll		
(a)	(b)	(c)	(d)		
	Name, address, and ZIP + 4	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
17		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
18		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
19		\$17,688.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
20	Hame, address, and Zn + 4	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
21	- Training additions, and Early 1	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
	Name, address, and ZIP + 4	\$14,873.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
23	Training assets 500; till till 1 1	\$13,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
24		\$11,345.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
25	Name, address, and ZIF + +	\$ <u>14,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d) Type of contribution			
No. 26	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
27		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No. 28	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
29	ivanie, audiess, and ZIF + +	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
30	Haine, audiess, and ZIF + +	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
31_		\$10,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
32		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)				
33		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No. 34	Name, address, and ZIP + 4	Total contributions \$ 5,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
35	rame, address, and Elf T T	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
36	Name, address, and ZIP + 4	Total contributions \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
37_		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
38	Hame, address, and Zn + +	\$\$,	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
39		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d) Type of contribution		
40	Name, address, and ZIP + 4	Total contributions \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
41		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
42		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

86-0133397

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
43		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
44		- - \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
45		- \$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No. 46	Name, address, and ZIP + 4	Total contributions - \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
47		5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
48		\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

86-0133397

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a)	(b)	(c)	(d)				
No. 49	Name, address, and ZIP + 4	\$ 8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
50		\$5,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
51		\$5,000.	Person X Payroll				
(a)	(b)	(c)	(d)				
No. 52	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
53		\$5,138.	Person Payroll Noncash X (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
54		\$5,071.	Person Payroll Noncash X (Complete Part II for noncash contributions.)				

Name of organization

GIRL SCOUTS - ARIZONA CACTUS-PINE

COUNCIL, INC.

Employer identification number

86-0133397

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
55		\$\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Nume, address, and 2n + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c) Total contributions	(d)			
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization

GIRL SCOUTS - ARIZONA CACTUS-PINE

COUNCIL, INC.

Employer identification number

86-0133397

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	32 SHARES APPLE INC STOCK			
53				
		\$5,138.	11/19/21	
(a)		(c)		
No.	(b)	FMV (or estimate)	(d)	
from	Description of noncash property given	(See instructions.)	Date received	
Part I	100 GVIDEG DEL GLODI. DOVIEW GEOGRA			
54	187 SHARES DFA GLOBAL EQUITY STOCK	<u> </u>		
		-		
		\$5,071.	06/24/22	
(a)				
No.	(b)	(c)	(d)	
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received	
Part I		(See mandenons.)		
		_		
		-		
	-	<u> </u>		
		—		
(a)				
No.	(b)	(c) FMV (or estimate)	(d)	
from	Description of noncash property given	(See instructions.)	Date received	
Part I		(eee mendenene.)		
		_		
		<u> </u>		
		— <u> </u>		
		\$		
(a)				
No.	(b)	(c)	(d)	
from	Description of noncash property given	FMV (or estimate)	Date received	
Part I		(See instructions.)		
	-			
		\$		
(-)				
(a) No.	(h)	(c)	(4)	
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received	
Part I	Beest Past of Honorous property given	(See instructions.)	2410 1 0001104	
		<u> </u>		
		_		
		¢		

Employer identification number

Name of organization

GIRL SCOUTS - ARIZONA CACTUS-PINE 86-0133397 COUNCIL, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

GIRL SCOUTS - ARIZONA CACTUS-PINE COUNCIL, INC.

Employer identification number 86-0133397

Га	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		S of Accounts. Complete if the
		(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 w	vriting that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)	
	Preservation of land for public use (for example, recreat	, <u> </u>	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 qualific	ed conservation contribution in the forn	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	_
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cor	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserv	ration easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	e statement and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial stater	ments that describes the
	organization's accounting for conservation easements.		
Ра	rt III Organizations Maintaining Collections of		other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publ		•
	service, provide in Part XIII the text of the footnote to its finance		
b	, ,		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financ	ial gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 900 Part V		C

	t III Organizations Maintaining Co		t. Hist	orical Tre	asures. o	r Othe	r Sin		ets 6			ge ∠
3	Using the organization's acquisition, accession									onunue	(u)	
3		in, and other record	s, criecr	carry or tire	ollowing tha	i illane s	sigrillic	ani use oi	115			
_	collection items (check all that apply):		. —	Looporovo	hanaa neaae							
a	Public exhibition	d			hange progr							
b	Scholarly research	е	•	Otner								
C	Preservation for future generations					,						
4	Provide a description of the organization's co								art XIII.			
5	During the year, did the organization solicit or				•						$\overline{}$	
Dar	t IV Escrow and Custodial Arrange								<u> </u>			No
Fai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		ete it the	e organizatio	n answered	"Yes" or	1 Form	1990, Part	iv, line s	, or		
			lion (for	oontribution.	thar	aata nat	inalus	lad				
ıa	Is the organization an agent, trustee, custodia								Ye	_		No
L	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a								16	:5		NO
b	ii Yes, explain the arrangement in Part XIII a	ina complete the fol	ilowing t	able.			Г		Δm	ount		
_	Designing belongs						\vdash	40	AIII	ount		
C	Beginning balance							1c 1d				
u	Additions during the year							1e				
f	Distributions during the year Ending balance							1f				
) 2a	Did the organization include an amount on Fo								Ye			No
	If "Yes," explain the arrangement in Part XIII.						-				一	140
Par												
		(a) Current year		Prior year	(c) Two year			ree years b	ack (e)	Four ye	ears b	ack
1a	Beginning of year balance	, , ,	`		, ,		, ,					
b	Contributions											
c	Net investment earnings, gains, and losses											
d	Grants or scholarships											
	Other expenditures for facilities											
_	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curre	ent vear end balance	e (line 1	a. column (a)) held as:				•			
а	Board designated or quasi-endowment	•	%	<i>3</i> , (,	•							
b	Permanent endowment											
С												
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.										
За	Are there endowment funds not in the posses	sion of the organiza	ation tha	t are held ar	nd administe	red for th	he org	anization				
	by:									Y	es	No
	(i) Unrelated organizations								3	a(i)		
	(ii) Related organizations								3	a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on S	chedule R?					[3b		
4	Describe in Part XIII the intended uses of the											
Par	t VI Land, Buildings, and Equipme	ent.										
	Complete if the organization answered	"Yes" on Form 990), Part I\	/, line 11a. S	See Form 990	, Part X	, line 1	0.				
	Description of property	(a) Cost or o		(b) Cost	or other	(c) A	Accum	ulated	(d)	Book v	alue	
		basis (investr	nent)	basis	(other)	de	eprecia	ation				
1a	Land				3,294.					743,		
b	Buildings	l l		29,30	3,070.	12,	995	,344.	16,	307,	72	6.
С	Leasehold improvements											
d	Equipment	l l			9,856.			,499.		273,		
е	Other			1,43	5,520.			,192.		377,		
Total	. Add lines 1a through 1e. (Column (d) must ed	nual Form 990. Part	X. colun	nn (B). line 1	0c.)			🔻	17,	701,	70	5.

Part VII Investments - Other Securities.	•	80-	-U13339/ Page
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11h 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-vear market value
(1) Financial derivatives	(c) Doon value	(c) meaned or variation over or one	. , ,
(2) Closely held equity interests			
(3) Other			
(A)			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 000 Port IV line	a 11a Saa Farm 000 Dart V lina 12	
			of year market value
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	•	
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. line 25.	
(a) Description of liability			(b) Book value
			(2) 20011 14.14.0
(1) Federal income taxes (2) DUE TO GIRL SCOUTS USA			15,872
2127E11 1216E 211127E			33,799
			33,133
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			40 654
Total, (Column (b) must equal Form 990, Part X, col. (R) line	25)	▶	49,671

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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, LINE 4B - OTHER ADJUSTMENTS:

INTEREST AND DIVIDENDS - OTHER OPERATING REVENUE ON

FINANCIAL STATEMENTS

338,423.

GIRL SCOUTS - ARIZONA CACTUS-PINE COUNCIL, INC. 86-0133397 Page 5 Schedule D (Form 990) 2021 Part XIII | Supplemental Information (continued) REALIZED GAIN OR LOSS ON SECURITIES - OTHER OPERATING REVENUE ON STMTS -38,590. SMALL BUSINESS ADMINSTRATION LOAN INCOME - OTHER OPERATING REVENUE ON STMTS 1,282,586. EMPLOYEE RETENTION CREDIT INCOME - OTHER OPERATING REVENUE ON STMTS 1,168,363. 2,750,782. TOTAL TO SCHEDULE D, PART XI, LINE 4B PART XII, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EVENT EXPENSE 58,067.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization GIRL SCOUTS - ARIZONA CACTUS-PINE Employer identification number COUNCIL, INC. 86-0133397 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

_		le G (Form 990) 2021 COUNCII				0133397 Page 2
Pa	ırt I	- In the second				
		of fundraising event contributions and gr				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				BADGE BASH	1	(add col. (a) through
			THE COOKIES (event type)	FY23 (event type)	(total number)	col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	45,595.	80,333.	59,583.	185,511.
Re	'	aross receipts	237333	3373331	33,73331	100,0111
	2	Less: Contributions	35,419.	72,333.	45,021.	152,773.
					-	-
	3	Gross income (line 1 minus line 2)	10,176.	8,000.	14,562.	32,738.
	4	Cash prizes				
	_	Namedalani				
တ္	5	Noncash prizes				
euse	6	Rent/facility costs	750.			750.
x be	ľ					
Direct Expenses	7	Food and beverages	575.			575.
ÖİR						
	8	Entertainment				
	9	Other direct expenses		232.	21,474.	56,742.
	10					58,067.
Da		Net income summary. Subtract line 10 from			· · · · · · · · · · · · · · · · · · ·	-25,329.
Г	ırt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
		ψ13,000 0111 01111 330 LZ, iii1e 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
	1	Gross revenue				
es						
enses	2	Cash prizes				
Expenses						
ect Expenses	2	Cash prizes Noncash prizes				
Direct Expenses	2	Cash prizes				
ಕ	2	Cash prizes Noncash prizes				
ಕ	2 3 4	Cash prizes Noncash prizes Rent/facility costs				
ಕ	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs			Yes % No	
ಕ	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No			
ಕ	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No		No No	
ಕ	2 3 4 5 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	h 5 in column (d)	No No	No No	
ಕ	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	h 5 in column (d)	No No	No No	
Direct	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	h 5 in column (d)7 from line 1, column (d)	No No	No	
6 Direct	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	No h 5 in column (d) from line 1, column (d) ucts gaming activities:	No No	No P	Yes No
a 6 Direct	2 3 4 5 6 7 8 Enterties	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conditions.	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No States?	No P	Yes No
a 6 Direct	2 3 4 5 6 7 8 Enterties	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line interest the state(s) in which the organization conducted the organization licensed to conduct gaming and	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No States?	No P	☐ Yes ☐ No
a b Direct	2 3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line interest the state(s) in which the organization conduct the organization licensed to conduct gaming at No," explain:	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	states?	No ►	
9 a b	2 3 4 5 6 7 8 Ent Ist	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condithe organization licensed to conduct gaming at the state organization licensed to conduct gaming at the state organization licensed to conduct gaming at the state organization licensed to conduct gaming at the organization	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these sevoked, suspended, or te	states?	No ►	
9 a b	2 3 4 5 6 7 8 Ent Ist	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line interest the state(s) in which the organization conduct the organization licensed to conduct gaming at No," explain:	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these sevoked, suspended, or te	states?	No ►	

GIRL SCOUTS - ARIZONA CACTUS-PINE

Sch	nedule G (Form 990) 2021	COUNCIL,	INC.	86-03	133397	Page 3
11	Does the organization conduct ga		nonmembers?		Yes	☐ No
12			a trust, or a member of a partnership or other entity forme		Yes	☐ No
13	Indicate the percentage of gaming					
					13a	%
					13b	%
			res the organization's gaming/special events books and r		•	
	Address					
15	a Does the organization have a conf	tract with a third pa	ty from whom the organization receives gaming revenue?	,	Yes	No
ŀ	o If "Yes," enter the amount of game	ing revenue receive	d by the organization 🕨 \$ and the	amount		
	of gaming revenue retained by the	third party 🕨 🕏 💄				
(If "Yes," enter name and address	of the third party:				
	Name >					
16	Gaming manager information:					
	Name ▶					
	Gaming manager compensation	\$				
	Description of services provided	-				
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
á	•	state law to make	charitable distributions from the gaming proceeds to			
	retain the state gaming license?				Yes	☐ No
ŀ			e law to be distributed to other exempt organizations or sp			
_	organization's own exempt activit					
Pa			he explanations required by Part I, line 2b, columns (iii) ar ovide any additional information. See instructions.	ıd (v); and Part	III, lines 9,	9b, 10b,

GIRL SCOUTS - ARIZONA CACTUS-PINE

Schedule 6	G (Form 990) COUNCIL, INC.	86-0133397 Page 4
Part IV	Supplemental Information (continued)	<u> </u>
	(continued)	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

Open to Public

OMB No. 1545-0047

Inspection GIRL SCOUTS - ARIZONA CACTUS-PINE Name of the organization **Employer identification number** COUNCIL, INC. 86-0133397 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) CITY OF MESA PO BOX 1466 DISOLUTION AGREEMENT -86-6000252 CHARTER CITY MESA, AZ 85211-1466 0 ASPIRE ACADEMY 15,962. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

LEADERSHIP, STAFF IN THE MEMBERSHIP AREA AND IN THE PROGRAM AREAS TO ENSURE

THAT THE ASSISTANCE IS USED FOR THE PURPOSE DESCRIBED IN THE APPLICATION.

Page 2

Part III

COUNCIL, INC.

(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
DUES ASSISTANCE	3254	68,220.	0.		
PROGRAM ASSISTANCE	672	60,900.	0.		
SCHOLARSHIPS	7	7,500.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
ALL INDIVIDUAL ASSISTANCE RECIPIEN	rs must e	E EITHER C	IRL OR ADU	LT MEMBERS	
OF THE ORGANIZATION. EACH TYPE OF	INDIVIDUA	L ASSISTAN	ICE HAS A D	OCUMENTED	
PROCESS WITH MULTIPLE STEPS INCLUD	ING VOLUN	TEER OVERS	SIGHT AND D	OCUMENTATION	
FOR APPROVAL OF AN AWARD. THE INDIV	JIDUALS A	RE MONITOR	RED BY VOLU	NTEER	

Part IV Supplemental Information
NUMBER OF RECIPIENTS ARE FROM THE TRACKING SOFTWARE USED FOR EACH
PROGRAM. ANALYTICS WERE USED TO CONFIRM THE COUNTS.

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

GIRL SCOUTS - ARIZONA CACTUS-PINE COUNCIL, INC.

Employer identification number 86-0133397

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 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. Written employment contract Compensation committee X Compensation survey or study Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee 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: X **a** Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 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: X a The organization? 6a X 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 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 X 7 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 Х 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2021

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

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

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

	(B) Breakdown of V	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TAMARA WOODBURY	(i)	189,846.	0.	0.	7,652.	13,860.	211,358.	0.
CHIEF EXECUTIVE OFFICER EMERITUS	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CAROL ACKERSON	(i)	131,305.	0.	0.	5,401.	18,072.	154,778.	0.
SR ASSOCIATE, TRANSITIONAL SUPPORT	(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)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							<u> </u>

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

Attach to Form 990.

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

2021
Open to Public Inspection

Name of the organization

GIRL SCOUTS - ARIZONA CACTUS-PINE COUNCIL, INC.

Employer identification number 86-0133397

Par	t I Bond Issues SE	E PART VI	FOR COLUMN	N (A) CONT	'INUAT'	ONS								
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	ie price	(f) Description	on of purpose	(g) De	feased	(h) On of is:		(i) Po finan	
									Yes	No	Yes	No	Yes	No
	THE INDUSTRIAL						CAPITAL							
ΑI	DEVELOPMENT AUTHORITY OF	52-2038405	NONE	03/11/15	9,937	,500.	EXPENDIT	URES		X		Х		X
_B														
<u>_C</u>														
D														
Par	t II Proceeds					1								
				A	- 000		В	C				D		
1					5,933.									
2	Amount of bonds legally defeased				7					-				
3				9,93	7,500.									
4	•				2.25									
5	· · · · · · · · · · · · · · · · · · ·				2,365.									
6	Proceeds in refunding escrows			1.6	6,417.									
7	•				0,41/.									
8	•									-				
9	Working capital expenditures from proceeds			0.65	8,718.									
10	Capital expenditures from proceeds				5,710.									
11	Other spent proceeds Other unspent proceeds									-				
<u>12</u> 13	Year of substantial completion				017					-				
13	rear or substantial completion			Yes	No No	Yes	No	Yes	No		Yes		No	
14	Were the bonds issued as part of a refunding	ssue of tax-exempt h	onds (or	163	110	162	140	163	NO		163		140	
••	if issued prior to 2018, a current refunding issued	· · · · · · · · · · · · · · · · · · ·	• •		Х									
15	Were the bonds issued as part of a refunding is													
	issued prior to 2018, an advance refunding iss				Х									
16	Has the final allocation of proceeds been mad	•		X										
17	Does the organization maintain adequate bool		port the											
	final allocation of proceeds?			X										

COUNCIL, INC.

Par	t III Private Business Use								
			Α		в		С	Г	D
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X						
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								•
	other than a section 501(c)(3) organization or a state or local government		.00 %		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		.00 %		%		%		%
6	Total of lines 4 and 5		.00 %		%		%		%
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	X							
Par	t IV Arbitrage								
			Α		В	(С	Γ	D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х						
2	If "No" to line 1, did the following apply?		•						
	Rebate not due yet?		Х						
	Exception to rebate?	X							
	No rebate due?		Х						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
3	Is the hond issue a variable rate issue?		Х						

Page 2

Part IV Arbitrage (continued)								
	A		E	3		Ç)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						<u> </u>
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								<u> </u>
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X							
Part V Procedures To Undertake Corrective Action								
		A	Е	3		С	C)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under						1		
applicable regulations?	X					1		
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instr	uctions.					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME:								
THE INDUSTRIAL DEVELOPMENT AUTHORITY OF THE CITY	OF PHO	ENIX, A	RIZONA					
						,	,	
						,	,	
						,	,	
					_			

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Name of the organization

GIRL SCOUTS - ARIZONA CACTUS-PINE COUNCIL, INC.

Employer identification number 86-0133397

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

MISSION IS TO BUILD GIRLS OF COURAGE, CONFIDENCE AND CHARACTER WHO MAKE

THE WORLD A BETTER PLACE. GIRL SCOUTS-ARIZONA CACTUS-PINE COUNCIL

PROVIDES LEADERSHIP DEVELOPMENT FOR K-12 GIRLS ACROSS CENTRAL AND

NORTHERN ARIZONA.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

STARTING IN FY22, THE EFFORTS THAT HAD PREVIOUSLY BEEN CALLED OUT UNDER

THE "COMMUNITY ACTIVITIES" HAS NOW BEEN INCORPORATED IN THE ONGOING

ACTIVITIES ACROSS THE THREE PRIMARY PURPOSES (GIRL PROGRAM, MEMBERSHIP

SUPPORT AND VOLUNTEER SUPPORT).

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

TO FUND THEIR TROOP AND PROGRAM ACTIVITIES. WHILE THE PANDEMIC

CONTINUED TO AFFECT IN-PERSON PROGRAMMING DURING MUCH OF THIS FISCAL

YEAR, GSACPC CONTINUED TO OFFER PROGRAMS VIRTUALLY TO KEEP GIRLS

ENGAGED, CONNECTED AND WORKING TOWARD THEIR GIRL SCOUT GOALS. WE BEGAN

RESUMING SMALL-GROUP IN-PERSON PROGRAMMING DURING THE SECOND HALF OF

THE YEAR. AFTER HAVING TO CANCEL SUMMER CAMP IN SUMMER 2020, WE WERE

ABLE TO BRING IN-PERSON CAMP BACK IN SUMMER OF 2021 WITH REDUCED

CAPACITY TO MAINTAIN HEALTH AND SAFETY PROTOCOLS.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE MAY EXERCISE THE POWERS OF THE BOARD BETWEEN BOARD
MEETINGS, EXCEPT IT MAY NOT ADOPT THE BUDGET OR TAKE ANY ACTION WHICH IS
CONTRARY TO, OR A SUBSTANTIAL DEPARTURE FROM, THE DIRECTION ESTABLISHED BY

Employer identification number 86-0133397

THE BOARD, OR WHICH REPRESENTS A MAJOR CHANGE IN THE AFFAIRS, BUSINESS OR

POLICY OF THE COUNCIL. ANY ACTIONS THE EXECUTIVE COMMITTEE TAKES THAT

RISES TO THE LEVEL OF EXERCISING THE POWERS OF THE BOARD MUST BE REPORTED

TO THE BOARD AND SUBMITTED TO THE BOARD FOR FORMAL RATIFICATION.

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

THE MEMBERS OF THE COUNCIL CONSIST OF ALL PERSONS RESIDING WITHIN THE

GEOGRAPHIC JURISDICTION OF THE COUNCIL AND WHO ARE REGISTERED MEMBERS IN

GOOD STANDING OF THE GIRL SCOUTS OF THE UNITED STATES OF AMERICA ("GSUSA").

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

VOTING MEMBERS OF THE COUNCIL ("VOTING MEMBERS") ELECT THE OFFICERS OF THE

COUNCIL, THE MEMBERS-AT-LARGE OF THE BOARD OF DIRECTORS, AND A MINIMUM OF 2

NON-VOTING "GIRL MEMBERS" (FEMALE MEMBERS FROM 14 TO 18 YEARS OF AGE) TO

THE BOARD OF DIRECTORS AT THE ANNUAL MEETING.

VOTING MEMBERS OF THE COUNCIL ARE ELECTED BY THE ADULT, VOLUNTEER MEMBERS

OF EACH GOVERNING AREA AND THE GIRL MEMBERS WITHIN EACH GOVERNING AREA WHO

ARE AT LEAST 14 YEARS OF AGE ON SEPTEMBER 30 OF THE YEAR PRIOR TO THE

ANNUAL MEETING.

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

ONLY VOTING MEMBERS OF THE COUNCIL MAY VOTE ON AMENDMENTS TO THE ARTICLES
OF INCORPORATION OR AMENDMENTS TO THE BYLAWS.

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

THE FORM 990 IS REVIEWED BY SENIOR MANAGEMENT AND COPIES ARE PROVIDED TO

BOTH THE BOARD OF DIRECTORS' EXECUTIVE COMMITTEE AND FINANCE COMMITTEE FOR

Schedule O (Form 990) 2021 Page **2**

Name of the organization GIRL SCOUTS - ARIZONA CACTUS-PINE COUNCIL, INC.

Employer identification number 86-0133397

FURTHER REVIEW AND APPROVAL, PRIOR TO SUBMITTAL TO THE FULL BOARD OF DIRECTORS.

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

THE ORGANIZATION HAS A VERY ROBUST ANNUAL PROCESS FOR IDENTIFYING CONFLICTS
OF INTEREST. THE CEO AND THE CHIEF FINANCIAL AND OPERATIONS OFFICER ARE
INVOLVED WITH THE OPERATION OF ALL ORGANIZATIONAL ACTIVITIES WHICH ALLOWS
FOR MONITORING OF POTENTIAL CONFLICTS OF INTEREST. AS A SECONDARY BACKUP, A
LETTER AND QUESTIONNAIRE ARE SENT TO THE BOARD OFFICERS AND THE SENIOR
EXECUTIVES ASKING THEM TO SIGN OFF ON THEIR KNOWLEDGE OF POTENTIAL
REPORTABLE TRANSACTIONS THROUGHOUT THE ORGANIZATION.

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

COMPENSATION, WHEN ADJUSTED, IS BASED ON SURVEYS DONE BY THE GIRL SCOUTS OF
THE USA (ANNUAL STUDIES) AND ARIZONA STATE UNIVERSITY ON NONPROFITS IN
ARIZONA BY COUNTY AND SIZE. THE EXECUTIVE COMMITTEE SERVES AS THE
COMPENSATION COMMITTEE AND THE BOARD OF DIRECTORS REVIEWS THE
RECOMMENDATIONS OF THE EXECUTIVE COMMITTEE WITH RESPECT TO CEO
COMPENSATION. THE CEO HAS THE RESPONSIBILITY FOR COMPENSATION OF OTHER
OFFICERS AND KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

THIS INFORMATION IS AVAILABLE UPON REQUEST. THESE ITEMS MAY BE VIEWED IN

PERSON BY VISITING THE CORPORATE OFFICE AND VIEWING THE "PUBLIC REVIEW

DOCUMENT BOOKS", WHICH INCLUDE COPIES OF THESE ITEMS AND ARE MADE AVAILABLE

AT THE FRONT DESK. ADDITIONALLY, FINANCIAL INFORMATION IS PROVIDED IN THE

ANNUAL REPORT THAT IS DISTRIBUTED AT THE ANNUAL MEETING.