** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

ΑI	For the	e 2022 calendar year, or tax year beginning $$ OCT $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	ling Si	EP 30, 2023			
B	Check if applicable	C Name of organization GIRL SCOUTS - ARIZONA CACTUS-PINE		D Employer identif			
	Addres change						
	Name change	Doing business as		86-01333	397		
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 119 E CORONADO RD	m/suite	E Telephone number 602-452-			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	30,352,062.		
	return						
	return Application	F name and address of principal officer: SUSAN IROUTIDO		for subordinate			
	pendin	SAME AS C ABOVE		H(b) Are all subordinates			
T -	Tax-exe	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) or	527	If "No," attach	a list. See instructions		
J	Websit	e: WWW.GIRLSCOUTSAZ.ORG		H(c) Group exemption	on number		
K	orm of	organization; X Corporation Trust Association Other	L Year o	of formation: 1936	M State of legal domicile: AZ		
	art I	Summary			-		
	1	Briefly describe the organization's mission or most significant activities: AS THE	PREI	EMINENT LEA	DERSHIP		
Activities & Governance		DEVELOPMENT ORGANIZATION FOR GIRLS, THE GIR					
na	2	Check this box if the organization discontinued its operations or disposed of	of more t	than 25% of its net as	ssets.		
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		з	21		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			21		
တို	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			175		
/itie	6	Total number of volunteers (estimate if necessary)			7871		
듅	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_ ⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)		8,125,577.			
	9	Program service revenue (Part VIII, line 2g)		578,658.	716,837.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		299,833.	1,060,097.		
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,124,649.	10,053,536.		
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		19,128,717.	14,250,989.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		152,582.	173,594.		
	1	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)		6,200,346.	8,025,032.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
e e	. b	Total fundraising expenses (Part IX, column (D), line 25) 552,513.					
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,132,189.	7,472,652.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,485,117.	15,671,278.		
		Revenue less expenses. Subtract line 18 from line 12		6,643,600.	-1,420,289.		
20	20 21 22		Beg	jinning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		47,485,972.			
ASS	21	Total liabilities (Part X, line 26)		2,496,027.	2,257,542.		
<u>e</u>	22	Net assets or fund balances. Subtract line 21 from line 20		44,989,945 .	44,832,402.		
Pa	art II	Signature Block					
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedules and			y knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer f	nas any knowledge.			
		Signature of officer	11	Data			
Sign Signature of officer Here SUSAN TRUJILLO, BOARD CHAIR Frujik Date January 18, 2024							
Her	e	SUSAN TRUJILLO, BOARD CHAIR Type or print name and title		- January	10, 2021		
			Ιn	ate Check	PTIN		
D - ! -		Print/Type preparer's name Preparer's signature		if			
Paid		BRENDA ANN BLUNT, CPA BRENDA ANN BLUNT,	CPIO.	1/18/24 self-emplo			
	parer	Firm's name EIDE BAILLY LLP Firm's address 2355 E CAMELBACK RD, STE 900		Firm's EIN 4	15-0250958		
use	Only			Di	20_215_1040		
		PHOENIX, AZ 85016-9065		Phone no. 4 8	30-315-1040		
May	y tne IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: GIRL SCOUTING BUILDS GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER, WHO
	MAKE THE WORLD A BETTER PLACE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
 4а	(Code:) (Expenses \$7 , 942 , 401including grants of \$30 , 935) (Revenue \$10 , 809 , 887)
	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 TO FUND THEIR TROOP AND PROGRAM (CONT'D ON SCH O)
4b	(Code:) (Expenses \$ 3 , 461 , 046 • _ including grants of \$ 0 •) (Revenue \$ 6 , 694 •)
	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 2022/2023 MEMBERSHIP
	YEAR, THE COUNCIL HAD 12,531 GIRL MEMBERS ACTIVE IN 940 TROOPS AND
	PROGRAM CENTERS.
4c	(Code:) (Expenses \$1,667,850including grants of \$142,659) (Revenue \$ 22,000)
	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 7,871 ADULT MEMBERS
	DURING THE 2022/2023 MEMBERSHIP YEAR. GRANTS INCLUDED \$43,692 FOR DUES
	ASSISTANCE TO TROOP CO-LEADERS TO ENCOURAGE ADULT VOLUNTEER SUPPORT.
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 13,071,297.

GIRL SCOUTS - ARIZONA CACTUS-PINE

Form 990 (2022) COUNCIL, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۰		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		X
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		X
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	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	х	
	g			

GIRL SCOUTS - ARIZONA CACTUS-PINE

Form 990 (2022) 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	Х	_
24a	31 1			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	X	L
b	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			۱
	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			
	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			
	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%			
	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			3,7
	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? If			3,7
_	"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		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If		v	
	"Yes," complete Schedule L, Part IV	28c	Х	х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
~4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II	32		_^
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
25.0	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D	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?	330		
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31		37		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		
30	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai		1 30		
	Check if Schedule O contains a response or note to any line in this Part V			
	Chock is Contidued Contidued a responde of frete to day line in this fact v		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1b	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
C	(gambling) winnings to prize winners?	10	x	

Form 990 (2022) 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 175			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_	37	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	X	
b			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required	l _		, v
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7.		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e 7f		X
· ·	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file for				
g h	If the organization received a contribution of qualified intellectual property, did the organization file Fo If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		/!!		
Ü		by the	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the appropriate and a second control of the second control of		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	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	l I			
	organization is licensed to issue qualified health plans	13b	4		
	Enter the amount of reserves on hand	13c			37
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				_v
	excess parachute payment(s) during the year?		15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	incomo?	40		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		$\stackrel{\wedge}{\vdash}$
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

86-0133397

INC. Page 6 Form 990 (2022) 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 No_ Yes 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 6 Did the organization have members or stockholders? 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 Own website X Upon request 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

85004

DENA CUNNINGHAM - 602-452-7042

119 E CORONADO RD, PHOENIX, AZ

Page 7

COUNCIL, INC. Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

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

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

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

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

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

Name and title	Check this box if neither the organization nor any related or						npen	sate					
Namine and duties	(A)	(B)							(D)	(E)	(F)		
Officer and a develor/trusteet Officer and a develor/trusteet	Name and title	1	(do not check more than of							•			
Content Cont										•			
CO-CHIST EXECUTIVE													
CO-CHIST EXECUTIVE		1 '	direct				_			•	•		
CO-CHIST EXECUTIVE			9e 0r	stee			nsate			,			
CO-CHIST EXECUTIVE			truste	al tru		yee	nd mo		1 '	, , , , , , , , , , , , , , , , , , , ,	_		
CO-CHIST EXECUTIVE		below	idual	ution	la e	oldwa	est co	ler.	·		organizations		
CO-CHIEF EXECUTIVE		line)	Indiv	Instit	Offic	Key 6	High	Form					
CO	(1) CHRISTINA SPICER	40.00											
CO-CHIEF EXECUTIVE	CO-CHIEF EXECUTIVE				X				162,547.	0.	20,636.		
CHIEF FINANCIAL OFFICER	(2) MARY MITCHELL	40.00											
CHIEF FINANCIAL OFFICER	CO-CHIEF EXECUTIVE				Х				159,408.	0.	21,143.		
(4) MATTHEW THESING	(3) DENA CUNNINGHAM	40.00											
X	CHIEF FINANCIAL OFFICER				Х				124,001.	0.	17,819.		
STATHERINE AHMED	(4) MATTHEW THESING	40.00											
SR DIRECTOR, HR AND ORG. LEARNING	SENIOR DIRECTOR OF OPERATIONS						X		104,750.	0.	31,430.		
CARDING	(5) CATHERINE AHMED	40.00											
BOARD CHAIR (THRU APRIL)	SR DIRECTOR, HR AND ORG. LEARNING						X		104,746.	0.	20,279.		
(7) SUSAN TRUJILO - BOARD CHAIR 4.00 (FROM APR)/1ST VICE CHAIR(OCT-APR) X X 0. 0. 0. (8) JAVIER TORRES 4.00 X X 0. 0. 0. 2ND VICE CHAIRPERSON X X 0. 0. 0. 0. (9) GORDON LEWIS 4.00 X X 0. 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. (10) BRIAN HEMMERLE 4.00 X X 0. 0. 0. 0. TREASURER X X 0.<	(6) LUPE CAMARGO	4.00											
STATE STAT	BOARD CHAIR (THRU APRIL)		X		X				0.	0.	0.		
Reference	(7) SUSAN TRUJILO - BOARD CHAIR	4.00											
X	(FROM APR)/1ST VICE CHAIR(OCT-APR)		X		X				0.	0.	0.		
SECRETARY	(8) JAVIER TORRES	4.00								_	_		
X	2ND VICE CHAIRPERSON		X		X				0.	0.	0.		
TREASURER	(9) GORDON LEWIS	4.00											
X	SECRETARY		X		Х				0.	0.	0.		
MEMBER - AT - LARGE	(10) BRIAN HEMMERLE	4.00											
MEMBER-AT-LARGE X 0. 0. 0. (12) AMBER KANAZBAH CROTTY 4.00 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. (13) ANA COLOMBO 4.00 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. (14) ASHLEY DICKERSON X 0. 0. 0. MEMBER-AT-LARGE (FROM MAY) X 0. 0. 0. (15) EMMI KELLOGG 4.00 0. 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. 0. (16) JENNIFER HO 4.00 0. 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. 0. (17) JENNY HOLSMAN TETREAULT 4.00 0. 0. 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. 0. 0. 0.	TREASURER		X		Х				0.	0.	0.		
MEMBER KANAZBAH CROTTY	(11) ALICE PIKE	4.00											
MEMBER-AT-LARGE X 0. 0. 0. (13) ANA COLOMBO 4.00 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. (14) ASHLEY DICKERSON 4.00 0. 0. 0. MEMBER-AT-LARGE (FROM MAY) X 0. 0. 0. (15) EMMI KELLOGG 4.00 0. 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. 0. (16) JENNIFER HO 4.00 0. 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. 0.	MEMBER-AT-LARGE		Х						0.	0.	0.		
(13) ANA COLOMBO 4.00 MEMBER-AT-LARGE X 0. 0. 0. (14) ASHLEY DICKERSON 4.00 X 0. 0. 0. MEMBER-AT-LARGE (FROM MAY) X 0. 0. 0. (15) EMMI KELLOGG 4.00 X 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. 0. (16) JENNIFER HO 4.00 X 0. 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. 0. 0.	(12) AMBER KANAZBAH CROTTY	4.00											
MEMBER-AT-LARGE X 0. 0. 0. (14) ASHLEY DICKERSON 4.00 0. 0. 0. MEMBER-AT-LARGE (FROM MAY) X 0. 0. 0. (15) EMMI KELLOGG 4.00 0. 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. 0. (16) JENNIFER HO 4.00 0. 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. 0.	MEMBER-AT-LARGE		Х						0.	0.	0.		
(14) ASHLEY DICKERSON 4.00 MEMBER-AT-LARGE (FROM MAY) X 0. 0. 0. (15) EMMI KELLOGG 4.00 X 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. 0. (16) JENNIFER HO 4.00 X 0. 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. 0.	(13) ANA COLOMBO	4.00											
MEMBER-AT-LARGE (FROM MAY) X 0. 0. 0. (15) EMMI KELLOGG 4.00 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. (16) JENNIFER HO 4.00 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. (17) JENNY HOLSMAN TETREAULT 4.00 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0.	MEMBER-AT-LARGE		Х						0.	0.	0.		
(15) EMMI KELLOGG 4.00 MEMBER-AT-LARGE X 0. 0. 0. (16) JENNIFER HO 4.00 X 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. 0. (17) JENNY HOLSMAN TETREAULT 4.00 X 0. 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. 0. 0.	(14) ASHLEY DICKERSON	4.00											
MEMBER-AT-LARGE X 0. 0. 0. (16) JENNIFER HO 4.00 X 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. 0. (17) JENNY HOLSMAN TETREAULT 4.00 X 0. 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. 0. 0.	MEMBER-AT-LARGE (FROM MAY)		Х						0.	0.	0.		
(16) JENNIFER HO 4.00 MEMBER-AT-LARGE X 0. 0. 0. (17) JENNY HOLSMAN TETREAULT 4.00 X 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. 0.	(15) EMMI KELLOGG	4.00											
MEMBER-AT-LARGE X 0. 0. 0. (17) JENNY HOLSMAN TETREAULT 4.00 X 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. 0.	MEMBER-AT-LARGE		Х						0.	0.	0.		
MEMBER-AT-LARGE 4.00 X 0. 0.	(16) JENNIFER HO	4.00											
MEMBER-AT-LARGE X 0. 0. 0.	MEMBER-AT-LARGE		Х						0.	0.	0.		
	(17) JENNY HOLSMAN TETREAULT	4.00											
_ 000 (2020)	MEMBER-AT-LARGE		X						0.	0.			

Form 990 (2022) COUNCIL,	TIVC.								80-0133	391 Page 0
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(D)	(E)	(F)							
Name and title	Average	(do		Pos heck			nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation	amount of
	week		Jer ar	lu a u	recto	i / ii us	iee)	from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		99/	mpen		1099-NEC)	1099-1120)	and related
	below	dualt	ution	<u></u>	Key employee	st co	ы			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			· ·
(18) JERYSE KELLY	4.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(19) KAREN STEVENSON	4.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(20) KATHLEEN SCHNIER	4.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(21) MEGAN PITAS	4.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(22) MIGUEL ACERO	4.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(23) NICOLE LOMIBAO	4.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(24) PELE PEACOCK FISCHER	4.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(25) ROBERT REDER	4.00									
MEMBER-AT-LARGE (THRU APRIL)		Х						0.	0.	0.
(26) SUSAN PANGANIBAN O'MALLEY	4.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
1b Subtotal								655,452.	0.	111,307.
	c Total from continuation sheets to Part VII, Section A 0. 0.									
d Total (add lines 1b and 1c)								655,452.	0.	111,307.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TIM DENMAN DBA OUTDOOR GRILLING COMPANY,		
3820 W HAPPY VALLEY RD, STE 141-201,	CATERING	280,906.
AMERICAN TECHNOLOGY SPECIALISTS, 550 W.		
BASELINE RD., SUITE 102-467, MESA, AZ	IT SERVICES	238,858.
AUTOMOTIVE PERSONNEL NETWORK LLC DBA APN ST	OTHER PROFESSIONAL	
20827 N CAVE CREEK RD, STE 103, PHOENIX, AZ	SERVICES	173,404.
THE COLIBRI COLLECTIVE		
1425 N 1ST ST, STE 100, PHOENIX, AZ 85004	PUBLIC RELATIONS	113,440.
YAVAPAI TRAIL ADVENTURES, LLC, 3298 N	HORSE CONTRACT -	
GLASSFORD HILL RD, 218, PRESCOTT VALLEY,	CAMP	106,689.
2 Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization 5	l above) who received more than	
φτου, σου οι compensation from the organization		

5

86-0133397

Form 990 COUNCIL,	INC.								86-013	3391		
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest								Compensated Employees (continued)				
(A) Name and title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
(27) TINA LYONS MEMBER-AT-LARGE (FROM MAY)	4.00	Х						0.	0.	0 .		
(28) GEMA DUARTE LUNA	4.00											
MEMBER-AT-LARGE		Х						0.	0.	0		
Total to Part VII, Section A, line 1c												
otal to rait vii, Goodon A, illio 10								l				

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GIRL SCOUTS - ARIZONA CACTUS-PINE COUNCIL, INC.

Form 990 (2022) COUNCIL
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	r note to any line	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
SΩ	1	a Federated campaigns 1a	69,786.				
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
ي ق		c Fundraising events 1c	164,306.				
ifts, r A		d Related organizations 1d					
pia Big		e Government grants (contributions) 1e					
Sir		f All other contributions, gifts, grants, and					
uti		similar amounts not included above 1f	2,186,427.				
g ţ		g Noncash contributions included in lines 1a-1f	22,810.				
Son		h Total. Add lines 1a-1f	, -	2,420,519.			
<u> </u>			Business Code	, ,			
o l	2	G11/D 7776	900099	610,093.	610,093.		
Program Service Revenue	_	b PROGRAM SERVICE FEES	900099	91,027.	91,027.		
Ser		C VOLUNTEER TRAINING	900099	14,657.	14,657.		
am Ve		d CAMP RENTS	900099	1,060.	1,060.		
Be		e		·	,		
Pro		f All other program service revenue					
		g Total. Add lines 2a-2f		716,837.			
	3	Investment income (including dividends, interes	t, and				
		other similar amounts)		870,792.			870,792.
	4	Income from investment of tax-exempt bond pro	Г				
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 9,101,167.					
		b Less: cost or other basis					
e		and sales expenses 7b 8,911,862.					
ther Revenue		c Gain or (loss) 7c 189,305.					
Re		d Net gain or (loss)		189,305.			189,305.
Je	8	a Gross income from fundraising events (not					
₹		including \$ 164,306. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	59,961.				
		b Less: direct expenses 8b	155,118.				
		c Net income or (loss) from fundraising events		-95,157.			-95,157.
	9	a Gross income from gaming activities. See					
		Part IV, line 199a					
		b Less: direct expenses9b					
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
			17,155,837.				
			7,034,093.	40			
\longrightarrow		c Net income or (loss) from sales of inventory		10,121,744.	10121744.		
<u>o</u>		<u> </u>	Business Code	05.55			0.0
eon		a REBATE INCOME	900099	26,924.			26,924.
lan en		b MISCELLANEOUS INCOME	900099	25.			25.
Sev		c					
Miscellaneous Revenue		d All other revenue		26.040			
		e Total. Add lines 11a-11d		26,949.	10030501	2	001 000
	12	Total revenue. See instructions		14,250,989.	10838581.	0.	991,889.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (B)
Program service
expenses (**D**)
Fundraising Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 8,707. 8,707. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 164,887. 164,887. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 528,900. 198,071. 313,815. 17,014. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 5,648,506. 4,802,136. 586,125. 260,245. 7 Pension plan accruals and contributions (include 441,350. 95,159. 340,542. 5,649. section 401(k) and 403(b) employer contributions) 860,393. 974,362. 74,226. 39,743. Other employee benefits 9 356,236. 431,914. 55,238. 20,440. 10 Payroll taxes 11 Fees for services (nonemployees): Management 48,613. 24,545. 23,824. 244. Legal 44,430. 44,430. Accounting Lobbying Professional fundraising services. See Part IV, line 17 79,225. 78,929. 296. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 845,242. 683,675. 129,258. 32,309. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 140,798. 123,177. 12,487. 5,134. 13 Office expenses 14 Information technology Royalties 15 634,707. 603,859. 22,055. 8,793. 16 Occupancy 383,842. 323,369. 58,820. 1,653. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 154,436. 100,619. 42,407. 11,410. Conferences, conventions, and meetings 19 7,694. 2,800. 61,551. 51,057. 20 Payments to affiliates 21 1,037,096. 56,874. 1,250,265. 156,295. Depreciation, depletion, and amortization 22 531,667. 442,055. 65,725. 23,887. 23 Other expenses. Itemize expenses not covered 24 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.) 2,181,925. 2,127,712. 34,763. 19,450. SUPPLIES AND INCENTIVES MISCELLANEOUS 753,267. 643,761. 79,838. 29,668. PRINTING AND PUBLICATIO 269,138. 225,106. 29,056. 14,976. 49,423. 43,418. 4,987. 1,018.d EQUIPMENT RENTAL 44.123. 40,219. 2,698. 1,206. e All other expenses _ 15,671,278. 13,071,297. 2,047,468. 552,513. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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. u	LA	Durance offect					
		Check if Schedule O contains a response or not	e to an	y line in this Part X I			/E;
					(A) Beginning of year		(B) End of year
	I .					_	Life of year
	1				12,504,362.	1	10 067 530
	2	Savings and temporary cash investments			0 205 705	2	10,867,530.
	3	Pledges and grants receivable, net			2,305,785.	3	2,472,336.
	4	Accounts receivable, net	83,107.	4	88,212.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		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		Г		6	
şţ	7	Notes and loans receivable, net			100 000	7	004 506
Assets	8	Inventories for sale or use			197,725.	8	204,526.
⋖	9				225,841.	9	282,317.
	10a	Land, buildings, and equipment: cost or other		24 010 206			
		basis. Complete Part VI of Schedule D	10a	34,212,306. 16,712,096.	17 701 705		17 500 010
	l	Less: accumulated depreciation	10b		17,701,705.	10c	17,500,210.
	11	Investments - publicly traded securities			12,447,485.	11	13,944,407.
	12	Investments - other securities. See Part IV, line 1	851,599.	12	932,241.		
	13	Investments - program-related. See Part IV, line	•	13			
	14	Intangible assets	0.	14	E00 16E		
	15	Other assets. See Part IV, line 11			1,168,363.	15	798,165.
	16	Total assets. Add lines 1 through 15 (must equa	47,485,972.	16	47,089,944.		
	17	Accounts payable and accrued expenses	598,335.	17	853,488.		
	18	Grants payable	420 (10	18	70 077		
	19	Deferred revenue	439,618.	19	72,077.		
	20				1,408,403.	20	1,024,254.
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst		The state of the s			
ja k		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	49,671.		307,723.
		of Schedule D		·····			•
	26	Total liabilities. Add lines 17 through 25		e X	2,496,027.	26	2,257,542.
Š		Organizations that follow FASB ASC 958, che	ck ner	e 🔼			
nce		and complete lines 27, 28, 32, and 33.			12 215 720	07	42,119,556.
<u>a</u>	27	Net assets without donor restrictions	42,315,739.	27	2,712,846.		
g B	28	Net assets with donor restrictions	2,074,200.	28	2,712,040.		
ڃ		Organizations that do not follow FASB ASC 9					
P		and complete lines 29 through 33.				-00	
ţ	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or eq		T T		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			11 080 015	31	11 833 103
ž	32	Total net assets or fund balances			44,989,945. 47,485,972.	32	44,832,402. 47,089,944.
	33	Total liabilities and net assets/fund balances			41,400,914.	33	4/,005,544.

Pa	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14	1,25	0,9	89.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15	5,67	1,2	78.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	.,42	0,2	89.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4.4	1,98	9,9	45.
5	Net unrealized gains (losses) on investments	5		,23		
6	Donated services and use of facilities	6				60.
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	1,83	2.4	02.
Pa	rt XII Financial Statements and Reporting			,	_ , _	
	Check if Schedule O contains a response or note to any line in this Part XII					
	once the concease of containe a response of nete to any line in the or at All				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:	on a				
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	Х	
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate			20		
	consolidated basis, or both:	Dasis,				
	X Separate basis Consolidated basis Both consolidated and separate basis					
_		4:لد ـ				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				Х	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	^	
_	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					7.7
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit			
	ar guidita, avalain why an Cahadula O and describe any stone taken to undergo auch audita			26		1

Form **990** (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

GIRL SCOUTS

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.

ARIZONA CACTUS-PINE

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

COUNCIL INC. 86-0133397 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

86-0133397 Page 2

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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.						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 th	e organization's fi	rst, second, third,	ourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
16a	6a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and					c and	
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	'a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,					or more,	
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	~					
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	·

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.)

Se	ction A. Public Support	clow, picase comp	ioto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not		,		,	, ,	
	include any "unusual grants.")	1824498.	1498660.	5422602.	8125577.	2420519.	19291856.
	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	17248715.	16625148.	11912798.	15444588.	17872674.	79103923.
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	19073213.	18123808.	17335400.	23570165.	<u> 20293193.</u>	98395779.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	192,043.	69,512.	700,786.	2322175.	65,786.	3350302.
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.
(Add lines 7a and 7b	192,043.	69,512.	700,786.	2322175.		3350302.
8	Public support. (Subtract line 7c from line 6.)						95045477.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	19073213.	<u> 18123808.</u>	17335400.	<u> 23570165.</u>	<u> 20293193.</u>	98395779.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	213,131.	200,964.	258,500.	338,423.	870,792.	1881810.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	213,131.	200,964.	258 500.	338,423.	870,792.	1881810.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	213,131.	200,304.	230,300	330, 123.	070,732.	1001010.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,053.	16,194.		176,047.		
13	Total support. (Add lines 9, 10c, 11, and 12.)	19289397.	18340966.	17597793.	24084635.	21164010.	100476801
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
Section C. Computation of Public Support Percentage							
	Public support percentage for 2022 (I			.,,		15	94.59 % 98.33 %
	Public support percentage from 2021					16	98.33 %
	 dection D. Computation of Investment Income Percentage 7 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 1.87 % 						1.87 %
						18	1.19 %
	18 Investment income percentage from 2021 Schedule A, Part III, line 17						
.56	more than 33 1/3%, check this box ar						v
k	33 1/3% support tests - 2021. If the	=	-				
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3c		
40		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
 10b		0000
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GIRL SCOUTS - ARIZONA CACTUS-PINE 86-0133397 Page 5 COUNCIL, INC. Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a 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 c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations No Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). 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 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С Yes No 2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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 2a that these activities constituted substantially all of its activities. 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.

Parent of Supported Organizations. Answer lines 3a and 3b below.

- a 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.
- 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.

2b

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GIRL SCOUTS - ARIZONA CACTUS-PINE

Schedule A (Form 990) 2022 COUNCIL, INC. 86-0133397 Page 6

Part '	V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 [Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	ov. 20, 1970 (explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations may		•	
Section	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	let short-term capital gain	1		
2 R	lecoveries of prior-year distributions	2		
3 0	Other gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		
5 D	Depreciation and depletion	5		
6 P	ortion of operating expenses paid or incurred for production or			
C	ollection of gross income or for management, conservation, or			
	naintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
in	nstructions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
b A	verage monthly cash balances	1b		
c Fa	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
e D	Discount claimed for blockage or other factors			
	explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
3 S	subtract line 2 from line 1d.	3		
4 C	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	ee instructions).	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	fultiply line 5 by 0.035.	6		
	ecoveries of prior-year distributions	7		
8 M	finimum Asset Amount (add line 7 to line 6)	8		
Section	n C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, column A)	1		
	inter 0.85 of line 1.	2		
3 M	finimum asset amount for prior year (from Section B, line 8, column A)	3		
	inter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	 S	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 2022 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ıs	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

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,

Schedule A (Form 990) 2022

Part VI

86-0133397 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

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 2018 AMOUNT: \$ 3,053. 15,908. 2019 AMOUNT: \$ 2020 AMOUNT: \$ 3,197. 2021 AMOUNT: \$ 175,639. MISCELLANEOUS INCOME 2019 AMOUNT: \$ 286. 696. 2020 AMOUNT: \$ 2021 AMOUNT: \$ 408. 2022 AMOUNT: \$ 25.

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

2022

Name of the organization

GIRL SCOUTS - ARIZONA CACTUS-PINE

COUNCIL, INC.

Council, INC.

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (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
	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or y one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) contributor, during	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 g 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; Z, line 1. Complete Parts I and II.
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one g the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering b) instead of the contributor name and address), II, and III.
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seculusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., omplete any of the parts unless the General Rule applies to this organization because it received nonexclusively be, etc., contributions totaling \$5,000 or more during the year \$
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must e 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 certifying requirements of Schedule B (Form 990).

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

Name of organization

GIRL SCOUTS - ARIZONA CACTUS-PINE

COUNCIL TNC

86-0133397

COUNCIL, INC. 86-0133397 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person **Payroll** 870,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 X Person **Payroll** 250,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person **Payroll** 88,115. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person X Payroll 75,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Person **Payroll** 57,715. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. X 6 Person **Payroll** 50,004. Noncash (Complete Part II for

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 additiona	I space is needed.	
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4	\$50,000.	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
9		\$33,750.	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	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
11	Name, aud 655, and 21F + 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
12	Name, aud 635, and 21F + 4	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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
13		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
15		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
16		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
17		\$17,716.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 18	Name, address, and ZIP + 4	* 15,145.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 19 X Person **Payroll** 15,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 20 X Person **Payroll** 15,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 21 X Person **Payroll** 11,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 22 Person X Payroll 10,363. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 23 Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 24 X Person **Payroll** 10,000. Noncash (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 addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$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
26_		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$\$000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions \$ 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		\$\$	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		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

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
31		\$7,603.	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
32		\$ 7,500.	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
33_		\$ 6,620.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$6,000.	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
36		\$5,650.	Person X Payroll

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
37		\$5,530.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 38	Name, address, and ZIP + 4	\$ 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
39		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 40	Name, address, and ZIP + 4	\$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	Haile, audiess, aliu LIF + 4	\$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
42	Name, audiess, and ZIF + 4	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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) (d) Total contributions Type of contribution						
43		Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution						
44		Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution						
45		Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution						
46		Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution						
47		Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution						
48		Person X Payroll Noncash (Complete Part II for noncash contributions.)						

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					
49		\$5,000.	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
50		\$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					
51		\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d)					
No. 52	Name, address, and ZIP + 4	* 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					
53		\$ 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					
54		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					

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

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FURNITURE	_	
<u>55</u>		_	
		\$\$	09/18/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-	-	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		_ _ _	

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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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

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

Employer identification number 86-0133397

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the							
	organization answered "Yes" on Form 990, Part IV, lin	·						
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds					
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No					
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only					
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring					
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization	on (check all that appl <u>y).</u>						
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area					
	Protection of natural habitat	Preservation of	f a certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form						
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b								
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c					
d	Number of conservation easements included in (c) acquired a							
	historic structure listed in the National Register		2d					
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization during the tax					
	year							
4	Number of states where property subject to conservation eas							
5	Does the organization have a written policy regarding the per							
	violations, and enforcement of the conservation easements it							
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year					
_								
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year					
	Does each conservation easement reported on line 2(d) above	re estisfy the requirements of eastion 170	'h)/4\/D\/i\					
8		· ·						
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati							
9	balance sheet, and include, if applicable, the text of the footr	•						
	organization's accounting for conservation easements.	lote to the organization's illiancial statem	ents that describes the					
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	her Similar Assets.					
	Complete if the organization answered "Yes" on Form							
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works					
	of art, historical treasures, or other similar assets held for put							
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.							
b	If the organization elected, as permitted under FASB ASC 95							
	art, historical treasures, or other similar assets held for public	· •						
	provide the following amounts relating to these items:	,	,					
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u> </u>					
2	If the organization received or held works of art, historical tre							
	the following amounts required to be reported under FASB A							
а	Revenue included on Form 990, Part VIII, line 1	· ·	\$					
b	Assets included in Form 990, Part X							

Par	t III Organizations Maintaining Co	llections of Art	t, Hist	orical Tre	asures, o	r Other	Similar	Asse	ets (contin	nued)	<u>.gc</u>
`	Using the organization's acquisition, accession										
	collection items (check all that apply):		•	•	•						
а	Public exhibition	d		Loan or exc	hange progr	am					
b	Scholarly research	е			0 1 0						
С	Preservation for future generations										
4	Provide a description of the organization's colle	ections and explain	n how th	ev further th	ne organizatio	on's exem	not purpos	se in Pa	art XIII.		
5	During the year, did the organization solicit or r	•		•	· ·						
	to be sold to raise funds rather than to be mair							[Yes		No
Par	t IV Escrow and Custodial Arrange										
	reported an amount on Form 990, Part			, o. ga _				,	.,		
	Is the organization an agent, trustee, custodiar	or other intermedi	iarv for	contributions	s or other as	sets not ir	ncluded				
	on Form 990, Part X?							[Yes		No
b	If "Yes," explain the arrangement in Part XIII ar										
~	The root, oxplain the arrangement in rate will all	ia complete the fer	.ovg	abio.					Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
۵	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on For							[Yes		No
	If "Yes," explain the arrangement in Part XIII. C							۱ ۱			֓֞֞֞֜֞֜֞֜֜֞֜֜֞֜֜֞֜֜֞֜֜֞֜֜֞֜֜֞֜֜֞֜֜֞֜֜֞֜֜
Par											
		(a) Current year		Prior year	(c) Two year		(d) Three y	ears ba	ck (e) Four	vears	back
1a	Beginning of year balance	(1)	(-)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-)	,	(,		(-/	<i>y</i>	
b	Contributions										
0	Net investment earnings, gains, and losses										
4											
d	Grants or scholarships					+					
е	Other expenditures for facilities										
	and programs					+					
	Administrative expenses					+					
g	End of year balance		- /: 1	l (-)	\\						
2	Provide the estimated percentage of the currer	it year end balance	•	g, column (a))) neid as:						
a	Board designated or quasi-endowment	07	_%								
D	Permanent endowment	%									
С	Term endowment%										
0-	The percentages on lines 2a, 2b, and 2c should	•		A a considerated and	and and a decided a factor						
за	Are there endowment funds not in the possess	ion of the organiza	ition tha	t are neid ar	na aaministe	rea for the	9		1	Yes	No
	organization by:								0.0	163	INO
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organization								3b		
Dar	Describe in Part XIII the intended uses of the o		wment f	unds.							
Fai			Dort IV	/ line 11e C	`aa Farm 000	N Dort V I	ina 10				
	Complete if the organization answered							. 1			
	Description of property	(a) Cost or o		` ,	or other		cumulate	ed	(d) Boo	k value	Э
		basis (investr	nent)		(other)	aep	reciation		7.4	2 2	
_	Land				3,294.	14 ^	110 04	1 1		$\frac{3}{2}, \frac{29}{4}$	
b	Buildings			∠9,87	4,270.	14,0	10,84	±	15,86	o,42	<u>49.</u>
С	Leasehold improvements			1 77	C 001	1 4	07 20	-	2.0	0 6	0.0
d	Equipment				6,991.	1,4	87,38	35.		9,60	
	Other				7,751.		213,87			3,88	
Total	. Add lines 1a through 1e. (Column (d) must eau	ial Form 990. Part	X. colun	nn (B). line 1	Oc.)				17,50	U,21	TU.

Schedule D	(Form	990)	2022
Scriedule D	(FOITH	220	2022

criedule D	(FUIII 990) 2022	COUNCID,	T110.
Part VII	Investments -	Other Securities	_

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	1	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(8) (9)

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO GIRL SCOUTS USA	19,627.
(3) FINANCE LEASE PAYABLE	47,387.
(4) OPERATING LEASE PAYABLE	240,709.
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	307,723.

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

INC.

COUNCIL,

Part XI Reconciliation of Revenue per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, lir		Revenue per Re	turn.	
4. Table and the second of the			1	13,386,570.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				, ,
a Net unrealized gains (losses) on investments	2a			
b Donated services and use of facilities		40,560.	1	
c Recoveries of prior year grants		•	1	
d Other (Describe in Part XIII.)		155,118.	1	
e Add lines 2a through 2d			2e	195,678.
3 Subtract line 2e from line 1			3	13,190,892.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)		1,060,097.		
c Add lines 4a and 4b			4c	1,060,097.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	14,250,989.
Part XII Reconciliation of Expenses per Audited Financial Sta	atements Wit	h Expenses per F	Retur	n.
Complete if the organization answered "Yes" on Form 990, Part IV, lin			Ι.	15 757 170
1 Total expenses and losses per audited financial statements			1	15,757,172.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	10 000		
a Donated services and use of facilities		10,000.	4	
b Prior year adjustments	1 1		-	
c Other losses		155,118.	-	
d Other (Describe in Part XIII.)	•			165 110
e Add lines 2a through 2d			2e	165,118. 15,592,054.
3 Subtract line 2e from line 1			3	13,392,034.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ا مه ا	79,224.		
a Investment expenses not included on Form 990, Part VIII, line 7bb Other (Describe in Part XIII.)		10,224.	1	
A 1.11: 4 . 1.41	· <u> </u>		4c	79,224.
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1			5	15,671,278.
Part XIII Supplemental Information.	o.) ·····			1 20 7 0 7 2 7 2 7 0 0
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar			; Part	X, line 2; Part XI,
PART X, LINE 2:				
MANAGEMENT BELIEVES THAT IT HAS APPROPRIA	re suppor	T FOR ANY T	'AX	POSITIONS
TAKEN AFFECTING THE ORGANIZATION'S ANNUAL	FILING R	EQUIREMENTS	, A	ND AS
SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POST	ITIONS TH	AT ARE MATE	RIA	L TO THE
FINANCIAL STATEMENTS.				
PART XI, LINE 2D - OTHER ADJUSTMENTS:				
FUNDRAISING EVENT EXPENSE, NETTED AGAINST				
PONDICATION EVENT EXTENDE, NETTED AGAINST	INCOME O	<u> </u>		133,110.
PART XI, LINE 4B - OTHER ADJUSTMENTS:				
INTEREST AND DIVIDENDS - OTHER OPERATING I	REVENUE O	N		
FINANCIAL STATEMENTS				870,792.

GIRL SCOUTS - ARIZONA CACTUS-PINE

86-0133397 Page 5 Schedule D (Form 990) 2022 COUNCIL, INC. Part XIII | Supplemental Information (continued) REALIZED GAIN OR LOSS ON SECURITIES - OTHER OPERATING REVENUE ON STMTS 189,305. TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,060,097. PART XII, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EVENT EXPENSE, NETTED AGAINST INCOME ON 990 155,118.

SCHEDULE G (Form 990)

Department of the Treasury

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

Open to Public Inspection

Internal Revenue Service 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.

86-0133397 Page 2

Pa	art II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000								
		of fundraising event contributions and gro						s greater than \$5,000.	
			(a) Event #1	(b) Event #		(c) Other ev	ents	(d) Total events	
				BADGE BAS	SH			(add col. (a) through	
				FY23			4	col. (c))	
ō			(event type)	(event type)	(total numb	oer)	(-)	
Revenue	_		61 066	72	126	0.0	765	224 267	
Вè	1	Gross receipts	61,066.	73,4	±30.	69,	765.	224,267.	
	2	Less: Contributions	29,290.	57,2	236.	77	780.	164,306.	
	_	Less. Contributions	23,2300	3,72		,	7001	101/3001	
	3	Gross income (line 1 minus line 2)	31,776.	16,2	200.	11,	985.	59,961.	
	4	Cash prizes							
	_	Managah minas							
S	5	Noncash prizes							
ense	6	Rent/facility costs							
Direct Expenses									
ect	7	Food and beverages	1,428.	22,1	L87.			23,615.	
ä									
	8	Entertainment Other direct expanses		76 5	588.		647.	131,503.	
	9 10	Other direct expenses Direct expense summary. Add lines 4 through	•		•	•		155,118.	
	10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d)								
Pa	rt I							-95,157.	
		\$15,000 on Form 990-EZ, line 6a.	anoworda red on rem	000, 1 41114, 11110	, 10, 01 1	oported more a	ian		
		,	() 5:	(b) Pull tabs/ins	stant			(d) Total gaming (add	
nue			(a) Bingo	bingo/progressive		(c) Other ga	ming	col. (a) through col. (c))	
Revenue									
ш	1	Gross revenue							
es	2	Cash prizes							
sua	3	Noncash prizes							
Direct Expenses	3	Noncash phizes							
rect	4	Rent/facility costs							
⊡									
	5	Other direct expenses							
			Yes %	Yes	%	Yes	%		
	6	Volunteer labor	L No	No		No			
	7	Direct expense summary. Add lines 2 through	5 in column (d)						
	-								
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)						
		ter the state(s) in which the organization condu	_						
		the organization licensed to conduct gaming ac						Yes No	
b	IT "	No," explain:							
	_								
10a	We	ere any of the organization's gaming licenses re	evoked, suspended. or te	rminated durina t	he tax v	rear?		Yes No	
		Yes," explain:							
	_								

GIRL SCOUTS - ARIZONA CACTUS-PINE

Sch	edule G (Form 990) 2022 COUNCIL, INC.	0 T 3 3 3 3	/ Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
47	Many disharms all all the officers		
	Mandatory distributions:		
а	s Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	□ No
L	retain the state gaming license? Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. L res	L INO
U	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III lines 0	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	.it iii, iii les 5	, 30, 100,
	100, 100, 10, and 170, as applicable. Also provide any additional information. Occ instructions.		

232083 10-27-22 Schedule G (Form 990) 2022

GIRL SCOUTS - ARIZONA CACTUS-PINE

Schedule G (Form 990)	COUNCIL, INC. rmation (continued)	86-0133397 Page 4
Part IV Supplemental Info	rmation (continued)	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information. GIRL SCOUTS -ARIZONA CACTUS-PINE

Employer identification number

COUNCIT. TNC

86-0133397

OMB No. 1545-0047

Open to Public

Inspection

	COUNCIL,	TIIC •						00-0133391
Part I Ger	neral Information on Grants a	nd Assistance						
1 Does the	organization maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	on
criteria us	ed to award the grants or assis	stance?						No
2 Describe i	in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.			
	nts and Other Assistance to I					anization answered "\	es" on Form 990, Part	IV, line 21, for any
reci	pient that received more than \$	\$5,000. Part II can	be duplicated if addit	ional space is need	ed.			
1 (a) Name	and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
STATE FORTY-	EIGHT FOUNDATION							
3245 N ARIZO	NA AVE							REVENUE SHARE FOR SPECIAL
CHANDLER, AZ	85225	85-1524030	501(C)(3)	8,707.	0.			EVENT (5K RUN)
	I number of section 501(c)(3) ar	•	•	e line 1 table				1.
3 Enter tota	I number of other organizations	s listed in the line 1	1 table					0.

Page 2

Part III can be duplicated if additional space is needed.

Part III

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

(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	3763	105,398.	0.					
DUES ASSISTANCE	3763	103,396.	0.					
PROGRAM ASSISTANCE	1552	44,039.	0.					
SCHOLARSHIPS	17	15,450.	0.					
	<u> </u>							
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	ie 2; Part III, column	(b); and any other ac	dditional information.				
PART I, LINE 2:								
ALL INDIVIDUAL ASSISTANCE RECIPIEN	TS MUST E	BE EITHER G	IRL OR ADU	LT MEMBERS				
OF THE ORGANIZATION. EACH TYPE OF	INDIVIDUA	L ASSISTAN	ICE HAS A D	OCUMENTED				
ROCESS WITH MULTIPLE STEPS INCLUDING VOLUNTEER OVERSIGHT AND DOCUMENTATION								

FOR APPROVAL OF AN AWARD. THE INDIVIDUALS ARE MONITORED BY VOLUNTEER

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.

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Questions Regarding Compensation

GIRL SCOUTS - ARIZONA CACTUS-PINE COUNCIL, INC.

Employer identification number 86-0133397

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHRISTINA SPICER	(i)	162,547.	0.	0.	6,550.	15,744.	184,841.	0.
CO-CHIEF EXECUTIVE	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARY MITCHELL	(i)	159,408.	0.	0.	6,241.	16,758.	182,407.	0.
CO-CHIEF EXECUTIVE	(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)							

86-0133397

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

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.

2022
Open to Public Inspection

GIRL SCOUTS - ARIZONA CACTUS-PINE Name of the organization **Employer identification number** 86-0133397 COUNCIL, INC. SEE PART VI FOR COLUMN (A) CONTINUATIONS Part I **Bond Issues** (a) Issuer name (c) CUSIP # (d) Date issued (f) Description of purpose (g) Defeased (h) On behalf (i) Pooled (b) Issuer EIN (e) Issue price of issuer financing Yes No Yes No Yes No THE INDUSTRIAL CAPITAL A DEVELOPMENT AUTHORITY OF 52-2038405 NONE 03/11/15 9,937,500. EXPENDITURES X Х Х D Proceeds В C D 8,950,035. 1 Amount of bonds retired Amount of bonds legally defeased 9,937,500. Total proceeds of issue Gross proceeds in reserve funds 112,365. Capitalized interest from proceeds 6 Proceeds in refunding escrows 166,417. Issuance costs from proceeds 8 Credit enhancement from proceeds **9** Working capital expenditures from proceeds 9,658,718. Capital expenditures from proceeds Other spent proceeds Other unspent proceeds 2017 13 Year of substantial completion No Yes Yes No Yes No Yes No 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, Х if issued prior to 2018, a current refunding issue)? 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if Х issued prior to 2018, an advance refunding issue)? Х Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the Х final allocation of proceeds?

Page 2

Par	t III Private Business Use									
			Ą		3	(Ç)	
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?		X							
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									
			A	B		Ç			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?		X							
	If "No" to line 1, did the following apply?		,							
a	Rebate not due yet?		X							
<u>b</u>	Exception to rebate?	X					ļ!			
c	No rebate due?		X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was									
	performed									
3	Is the bond issue a variable rate issue?		X							

								90	
Part IV Arbitrage (continued)									
		4		В		Ç	D		
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							
b Name of provider									
c Term of hedge									
d Was the hedge superintegrated?									
e Was the hedge terminated?									
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X							
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?		X							
7 Has the organization established written procedures to monitor the									
requirements of section 148?	X								
Part V Procedures To Undertake Corrective Action			•		•		•		
		4		B		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									
applicable regulations?	X								
Part VI Supplemental Information. Provide additional information for responses to questions	s 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	ARIZONA						

SCHEDULE L

Department of the Treasury

Name of the organization

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

GIRL SCOUTS - ARIZONA CACTUS-PINE

OMB No. 1545-0047

2022

Open To Public Inspection

Employer identification number

COUNCIL, INC.						86-0133397							
Part I Excess Benef	it Transact	ions (section 5	01(c)(3), secti	ion 501(c)(4), and sec	ctior	n 501(c)(29) orga	nizatio	ns on	ly).			
					art IV, line 25a or 25b								
1	ween c	disqual	ified .						(d) Corre		cted?		
(a) Name of disqualified pe	erson	person and o			(0	:) De	escription of tran	sactio	n		Y	es	No
												-	
											-		
					· · · · · · · · · · · · · · · · · · ·						1		
3 Enter the amount of tax, if	any, on line 2	, above, reimburs	ed by	the org	ganization				\$				
B	, 												
Part II Loans to and/	or From In	terested Pers	sons.	•									
Complete if the or reported an amou			6, or 22	2.	, Part V, line 38a or F	orm	n 990, Part IV, lin	e 26; (or if th				
	(b) Relationship			an to or	(e) Original	(i) Dalarice due (g) hi			(h) Ap	Approved (i) V		ritten	
interested person	with organizatio	n of loan		ization?	principal amount		defau		ult?	comm			ment?
			То	From				Yes	No	Yes	No	Yes	No
Total					\$								
Part III Grants or Ass	istance Be	nefiting Inter	este	d Per	sons.					•			
Complete if the or	rganization ans	wered "Yes" on I	Form 9	90, Pa	art IV, line 27.								
(a) Name of interested person		(b) Relationship between interested person and the organization			(c) Amount of assistance	. ,				(e) Purpose of assistance			f

Schedule L (Form 990) 2022 CC	UNCIL, INC.		86-0133	397	Page 2	
Part IV Business Transactions	Involving Interested Persons.					
Complete if the organization ar	nswered "Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.		1	aring of	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction				
				Yes	No	
SUBSTANTIAL CONTRIBUTO					X	
SUBSTANTIAL CONTRIBUTO	R SUBSTANTIAL CONTRIB	221,492.	INSURANCE		Х	
				-		
				-	-	
Part V Supplemental Information Provide additional information	on. for responses to questions on Schedule L (see i	nstructions).		•		
SCH L. PART IV. BUSINE	SS TRANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:			
	BSTANTIAL CONTRIBUTOR					
	EN INTERESTED PERSON AND	ORGANIZATI	ON •			
		OROMITZATI	.011.			
SUBSTANTIAL CONTRIBUTO	K					
(A) NAME OF PERSON: SU	BSTANTIAL CONTRIBUTOR					
(B) RELATIONSHIP BETWE	EN INTERESTED PERSON AND	ORGANIZATI	ON:			
SUBSTANTIAL CONTRIBUTO	R					

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

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 4A, PROGRAM SERVICE ACCOMPLISHMENTS: IN 2022/2023, THE COUNCIL PROGRAM OFFERINGS RETURNED TO ACTIVITIES. FULL CAPACITY AFTER PRIOR YEAR IMPACT OF THE PANDEMIC.

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 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 Schedule O (Form 990) 2022 Page 2

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

Employer identification number 86-0133397

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

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.

Schedule O (Form 990) 2022 Page **2**

Name of the organization GIRL SCOUTS - ARIZONA CACTUS-PINE COUNCIL, INC.	Employer identification number 86-0133397
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION, WHEN ADJUSTED, IS BASED ON SURVEYS DONE BY T	HE GIRL SCOUTS OF
THE USA (ANNUAL STUDIES), ARIZONA STATE UNIVERSITY ON NONF	ROFITS IN ARIZONA
BY COUNTY AND SIZE AND FROM THE NONPROFIT TIMES SALARY AND	BENEFITS
REPORTS. THE EXECUTIVE COMMITTEE SERVES AS THE COMPENSATI	ON COMMITTEE AND
THE BOARD OF DIRECTORS REVIEWS THE RECOMMENDATIONS OF THE	EXECUTIVE
COMMITTEE WITH RESPECT TO CEO COMPENSATION. THE CO-CEOS H	AVE 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 M	AY BE VIEWED IN
PERSON BY VISITING THE CORPORATE OFFICE AND VIEWING THE "F	UBLIC REVIEW
DOCUMENT BOOKS", WHICH INCLUDE COPIES OF THESE ITEMS AND A	RE MADE AVAILABLE
AT THE FRONT DESK. ADDITIONALLY, FINANCIAL INFORMATION IS	PROVIDED IN THE
ANNUAL REPORT THAT IS DISTRIBUTED AT THE ANNUAL MEETING.	