# \*\* 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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

OND 140. 1040 0041
2022
Open to Public
Inspection

<u>A I</u>	or the	2022 calendar year, or tax year beginning	CT 1, 2022 and	lending S	EP 30, 2023		
B	Check if applicable	GIRL SCOUT COUNCIL OF THE NATION	S		D Employer ide	ntific	cation number
	Addres change	CAPITAL					
	Name change	Doing business as			54-0732	966	
	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone nu		
	Final return/	4301 CONNECTICUT AVENUE, NW		M-2	(202)237-	1670	
	termin ated	, , , , , , , , , , , , , , , , , , , ,	ZIP or foreign postal code		G Gross receipts \$		29,320,879.
	Ameno	WASHINGTON, DC 20000			H(a) Is this a gro	up re	
	Application pending	F Name and address of principal officer: COLL	EEN CIBULA		for subordir	ates'	? Yes X No
		SAME AS C ABOVE			<b>H(b)</b> Are all subordin	ates in	cluded? Yes No
<u>1</u>	Tax-exe	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	If "No," atta	ch a	list. See instructions
	Websit				H(c) Group exen		n number
	orm of	organization: X Corporation Trust A	esociation Other	L Year	of formation: 1963	IV	State of legal domicile; VA
	1	Briefly describe the organization's mission or most	significant activities: YOUTH	SCOUTING	BUILDS YOUTHS	OF	
Governance	'	COURAGE, CONFIDENCE AND CHARACTER WHO					
rna	2	Check this box if the organization disco	ntinued its operations or dispo	sed of more	than 25% of its ne	t ass	ets.
S e	3	Number of voting members of the governing body	(Part VI, line 1a)			3	33
		Number of independent voting members of the go	verning body (Part VI, line 1b)			4	33
တ္	5	Total number of individuals employed in calendar y				5	325
/itie	6	Total number of volunteers (estimate if necessary)				6	19661
Activities &	7 a	Total unrelated business revenue from Part VIII, co				7a	0.
_	b	Net unrelated business taxable income from Form				7b	0.
					Prior Year		Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)			8,563,1	63.	4,645,970.
Ž	9	Program service revenue (Part VIII, line 2g)			15,152,5	10.	15,979,126.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4	and 7d)		1,496,3	17.	-1,988,029.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			955,0	39.	850,077.
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		26,167,0	29.	19,487,144.
	13	Grants and similar amounts paid (Part IX, column (	A), lines 1-3)		415,6	69.	420,342.
	14	Benefits paid to or for members (Part IX, column (A	), line 4)			0.	0.
ý	15	Salaries, other compensation, employee benefits (I	Part IX, column (A), lines 5-10)		8,868,1	61.	10,363,102.
Expenses	16a	Professional fundraising fees (Part IX, column (A), I	ine 11e)			0.	0.
be	. b	Total fundraising expenses (Part IX, column (D), lin					
û	17	Other expenses (Part IX, column (A), lines 11a-11d	11f-24e)		6,407,8	68.	7,455,595.
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		15,691,6	98.	18,239,039.
		Revenue less expenses. Subtract line 18 from line	12		10,475,3	31.	1,248,105.
t Assets or	9			Ве	ginning of Current Y	ear	End of Year
sets	20	Total assets (Part X, line 16)			53,966,2	57.	64,119,762.
t As	21	Total liabilities (Part X, line 26)			2,200,0	61.	10,089,229.
Net	22	Net assets or fund balances. Subtract line 21 from	line 20		51,766,1	96.	54,030,533.
Pa	art II	Signature Block					
Und	er pena	lties of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to the best	of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich preparer	has any knowledge.		
Sig		Signature of officer			Date		
Her	e e	MARIA RODRIGUEZ, TREASURER					
		Type or print name and title	T		· · ·		
		Print/Type preparer's name	Preparer's signature		Date Che	ck _	PTIN
Paid		STACY CULLEN	STACY CULLEN	0		employe	
	parer	Firm's name APRIO, LLP			Firm's EIN	!	57-1157523
Use	Only	Firm's address 111 ROCKVILLE PIKE SUITE	600				
		ROCKVILLE, MD 20850			Phone no.	(301	1) 231-6200
May	y the IF	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes No

232002 12-13-22

14,512,271.

including grants of \$

Total program service expenses

Other program services (Describe on Schedule O.)

) (Revenue \$

# 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	Х	
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_		Х
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		Х
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		Х
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	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l		,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	١		ļ "
	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	١	v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<del></del>
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u>.                                   </u>		
	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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	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
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		х

232003 12-13-22

Form **990** (2022)

Part IV   Checklist of Required Schedules (continued)   Yes   No.	Form	990 (2022) CAPITAL 54-07329	66	Р	age <b>4</b>
22 In Part IX. Couldmin (A), Ima 22 In Virey, "complete Schedule I, Parts I and III III III III III III III III III I	Pai	TIV   Checklist of Required Schedules (continued)			
Part IX. Column (A), line 27 (** "ex*," completes Schedule **), and starts and III and former officers, directors, trustees, key employees and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule **) and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule **) and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule **) and trustees of the search of the sear				Yes	No
Did the organization answer "Yes" to Part VII, Section A, line S, d, of d, about compensation of the organization's current and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule U. Part IV see, "Industry as a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after Decomber \$1,000? If "Yes," answer lines \$24 through \$24 and complete Schedule K. If "No," to poline \$25 e.  24a	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23 IX  24 Did the organization answer Year* to Part VII, Saction A, lina 3, 4, or 6, about compensation of the organization sournest and former officers, directors, tustees, key employees, and highest compensated employees? If Year, complete Schedule I, Part IV.  25 Did the organization have a tax-exempt bond issue with an outstanding principal anomat of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If Year, "answer lines 24b through 24d and complete Schedule II. If Year, or to line 25a  26 Did the organization maintain an escrow account of their than a refunding escrow at any time during the year to defease any tax exempt bonds.  27 Did the organization animatian an escrow account of their than a refunding escrow at any time during the year to defease any tax exempt bonds?  28 Section 501(5)3, 501(6)40, and 501(6)20) organizations. Did the organization have the desire of the animatic transaction with a disqualified person during the year? If Yea," complete Schedule I, Part I II.  28 Section 501(5)3, 501(6)40, and 501(6)20) organizations organization with a disqualified person during the year? If Yea," complete Schedule I, Part I II.  29 Is the organization aware that langaged in an excess benefit transaction with a disqualified person during the year? If Yea," complete Schedule I, Part I II.  29 Did the organization aware that langaged in an excess benefit transaction with a disqualified person during the year? If Yea, complete Schedule I, Part II.  29 Did the organization aware that langaged in an excess benefit transaction with a disqualified person during the year? If Yea, complete Schedule I, Part III.  29 Did the organization provide a grant or other assistance to any current or former office, director, tustee, key employee, creator or founder, substantial contributor? If Yea, complete Schedule I, Part IV.  29 Did the organization in each organization with an of the following parties gethe Schedule II. Part IV.  29 Did the organization in each organization wit		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
and former officers, directors, fusitese, key employees, and highest compensated employees? If Y'es, 'complete Schedule L, Part II'  23 X  24a Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If Y'es, 'answer lines 24b through 24d and complete Schedule K, I' Mo,'' go to line 25a  24b D Dd the organization reviets any proceeds of tax-exempt bonds beyond a temporary period exception?  24c D Dd the organization reviets any accessed of tax-exempt bonds beyond a temporary period exception?  24d D Dd the organization reviets any an except access to the thum an enthurding excerv at any time during the year to defease any tax-exempt bonds?  25d Dd the organization accessed as an 'on behalf of' issuer for bonds outstanding at any time during the year?  25d Dd the organization accessed benefit transaction. Both the organization engage in an excess benefit transaction with a disqualified person during the year?  25d Ib is the organization approach as an orbital accessed in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported an any of the organization with a disqualified person in a prior year, and that the transaction has not been reported in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported in an excess benefit transaction with a disqualified person in a prior year, and that the transaction and the prior of the organization reports of any administration of the organization reports of any organization report any amount on Part X, line 5 or 22, for receivable in organization organization reports or any current or former officer, director, trustee, key employee, creator or fruitly or family member of any or three persons? If Y'es, "com	23				
Schedule / Land the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the least 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 fine 25a a proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization mives at any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization mives at any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization mixintian an escrow account other than a refunding servor at any time during the year?  Did the organization acts as in "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization acts as in "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization aware that the graged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I is the organization aware that the graged in an excess benefit transaction has not been reported on any of the organization's prior Forms 980 or 980 E27 If "Yes," complete Schedule I, Part II is the transaction has not been reported on any of the organization's prior Forms 980 or 980 E27 If "Yes," complete Schedule I, Part II is the part of the organization are properly 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 (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part IV is structions for applicable fling thresholds, conditions, and exceptions).  A Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV is a A Carrent or former officer of the organization inceive provides and contributions of a par					
24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.  Did the organization invest any processed of tax-exempt bonds beyond a temporary pariod exception?  Did the organization invest any processed of tax-exempt bonds beyond a temporary pariod exception?  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?  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?  b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prory year, and that the transaction with a disqualified person in a prory year, and that the transaction was even that it engaged in an excess benefit transaction with a disqualified person in a prory year, and that the transaction was even the organization or pays of the organization prior 6 organization and prove year.  Schedule L, Part I year organization provide organization organization provide organization organization organization provide against organization provide controlled entity finduling an employee thereof or family member of any or these persons? If Yes, complete Schedule L, Part II yes, complete Schedule R, Part II, III, or III, and pays the propartization se			23	Х	
sated day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." yo to the 25a.  b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  c Did the organization minest any proceeds of tax exempt bonds beyond a temporary period exception?  d Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  d Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I  b Is the organization aware that it engaged in an excess benefit transaction has not been reported on any of the organization's prior forms 990 or 990£2? If "Yes," complete Schedule I, Part I  b Did the organization proof any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, ruste, key employes, cereator or founder, substantial contributor or employee thereof, any of these persons? If "Yes," complete Schedule I, Part II  Did the organization provide a greant or other assistance to any current or former officer, director, ruste, key employee, creator or founder, substantial contributor or employee thereof any of these persons? If "Yes," complete Schedule I, Part IV  Was the organization party to a business transaction with one of the following partition, or a 45% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule II, Part IV  25a	24a				
Schedule K. If "No." got faller 25a					
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  C Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds?  24d  d Did the organization and as a "on behalf of" issuer for bonds outstanding at any time during the year"  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"   "Yes," complete Schedule I, Part I   25g   x    15 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year"   "Yes," complete Schedule I, Part I   25g   x    15 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? "I "Yes," complete Schedule I, Part II   25b   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 35%   controlled entity of rounder, substantial contributor or employee thereof) or family member of any of these persons? "I "Yes," complete Schedule I, Part II   27			24a		Х
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any taxe-exempt bonds?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d   28a 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 I., Part I   25a   X    b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person of in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization in the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization in year or the report any amount on Part X, line 5 or 22, for receivables from or psyables to any current or former officer, director, fustes, key employee, creator or founder, substantial contribution; or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III   26a   X   27   X   28   28   X   27   28   28   X   27   28   28   28   28   28   28   28	b				
any tax-exempt bonds?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d   24					
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(x)(3), 501(x)(4), and 501(x)(2) argonatzations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?  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 is prior person \$900 or 900-EZ? If "Yes," complete Schedule L, Part I	_	, , ,	24c		1
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b Is the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I   25b   X    10 b Is the organization ware 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 980 or 990-EZ? If "Yes," complete Schedule L, Part I   25b   X    12 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    12 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any organizes (see the Schedule L, Part II   X   28   X   28   X   X   X   X   X   X   X   X   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? // **Yes,** complete Schedule I, Part I	Lou		252		х
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27  # "Yes," complete Schedule L, Part I   250    251    252    253    254    255	h		Lou		
Schedule L, Part I   25b   X    10	D				
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, frustee, 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		, ,	256		x
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   27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III   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):  a A current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV   28 A 35% controlled entity of one or more individuals and/or organization selection in line 28a? If "Yes," complete Schedule L, Part IV   28 C X   29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   29 I X   29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   29 I X   20 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M, Part I   30 Did the organization one (liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   31 Did the organization one (liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II   32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II   33 Did the organization one louds of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part II III, or IV, and Part V, line 1   34 Was the organization have a	26		230		<del></del>
controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part II	20				
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instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV  28b			27		^
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"Yes," complete Schedule L, Part IV  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization base a controlled entity within the meaning of section 512(b)(13)?  36 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(3)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  37 If the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O on part VI, line 2  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Yes No  Yes No  10 Id the organization complete Schedule O fo					
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"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29			28b		X
Part V. line 1  Section 501(c)(3) organizations a zerourise form the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization conduct more than \$% of its activities through an entity that is not a related organization?  If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organization organization sold the organization neceive any payment from and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V   Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Tentum Part V   Statements Regarding Other IRS Filings and Tax Complicable   1a   53   1b   1c   1c   1c   1c   1c   1c   1c	С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
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If "Yes," complete Schedule R, Part V, line 2  36	36				
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Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Note: All Form 990 filers are required to complete Schedule O	38	х	
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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_		o l		
	Ü		10	х	

Form	990 (2022) CAPITAL 54-073296	6	Р	age 5
Par	t 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 325			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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 O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	··-		
Ŭ	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
u _	Did the second state of the design of the state of the st	7e		х
f	Did the constitution of the life of the constitution of the life of the constitution o	7f		х
'	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
0		8		
0	Sported ing digatal and the sported sport in the sport in	l °		
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  N/A	00		
a	The the species may enganization make any taxable distributions and section 1888.	9a		<b>—</b>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or rotated person.	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders N/A 11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  N/A	40		
а	to the organization hornord to load qualified health plane in more than one state.	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		$\vdash$
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.			

2022.05050 GIRL SCOUT COUNCIL OF THE 41693001

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 33			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	Х	
7a	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?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- ra		
b	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
	The governing body?	8a	х	
a	Each committee with authority to act on behalf of the governing body?	8b	Х	
b		OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>	ļ	
	(I'nis Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
D		10b		
112	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	- Ta		
12a		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
·	,	12c	х	
13	on Schedule O how this was done	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	, <del>, ,</del>		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
9	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.55		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MD, VA, WV			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3):	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.	37		
	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JESSICA MCCLAIN - (202)237-1670			
	4301 CONNECTICUT AVE, NW, NO M-2, WASHINGTON, DC 20008			

<u> Page</u> **7** 

#### 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-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box	not c , unles cer an	heck i ss per	ition more rson is	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LIDIA SOTO-HARMON	55.00	-							_	
CHIEF EXECUTIVE OFFICER (THRU 4/2023				Х				321,139.	0.	24,108.
(2) COLLEEN CIBULA	50.00	-						454 600		45.556
COO & ACTING CEO (TRANS 4/2023)	45.00			Х		_		174,690.	0.	17,756.
(3) MARY ELIZABTH KEMP THURSTON	45.00	-				١,,		147 007		16 207
DEVELOPMENT DIRECTOR	F0 00					Х		147,907.	0.	16,297.
(4) JESSICA MCCLAIN CHIEF OPERATING OFFICER	50.00	1		v				147 007	0	6 050
(5) ANGELA BAKER	45.00			Х				147,907.	0.	6,058.
HUMAN RESOURCES DIRECTOR	45.00	1				X		130,955.	0.	1/ 200
(6) LAURA BASSETT	0.00					Δ.		130,333.	0.	14,299.
FORMER CFO (THRU 3/2022)	0.00	1					х	61,522.	0.	2,272.
(7) BARBARA KRUMSIEK	5.00							01,322.	· ·	2,272.
CHAIR	3.00	х		х				0.	0.	0.
(8) KATHLEEN MATTHEWS	2.00								••	
FIRST VICE PRESIDENT		х		х				0.	0.	0.
(9) ANTOINETTE BARKSDALE	2.00									
SECOND VICE PRESIDENT		х		х				0.	0.	0.
(10) NICOLE CLIFTON	2.00									
THIRD VICE PRESIDENT		Х		х				0.	0.	0.
(11) WENDELIN WHITE	2.00									
SECRETARY		х		х				0.	0.	0.
(12) MARIA RODRIGUEZ	2.00									
TREASURER		х		х				0.	0.	0.
(13) JENNY HERRERA	2.00									
ASSISTANT TREASURER		х		х				0.	0.	0.
(14) SHERRY BELLAMY	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(15) MORLON BELL-IZZARD	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(16) KATHLEEN CARL	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(17) TRACY DECOCK	1.00									
MEMBER AT LARGE		Х						0.	0.	0.

Form **990** (2022)

Form 990 (2022) CAPITAL 54-0732966 Page **8** 

Part VII Section A. Officers, Directors, Trus	tees Key Emr	alov.	200	anc	l Hi	nhes	+ C	omnensated Employee	(Continued)	· Fage •
(A)	(B)	loy	<del></del>		) C)	91163		(D)	(E)	(F)
Name and title	Average hours per week	rage Position (do not check more than one box, unless person is both an				than o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) PAUL DONATO	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(19) NISHITA HENRY	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(20) ZARA JAVERI	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(21) NATALIE LUDAWAY	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(22) RORY MAYNARD	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(23) JODI MORTON	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(24) SUSAN MOSER	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(25) JANET OBSORN	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(26) BARBARA OSTROM	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
1b Subtotal								984,120.	0.	80,790.
c Total from continuation sheets to Part V	I, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								984,120.	0.	80,790.

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

3 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

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

### Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
PROGRESSIVE DISTRIBUTION CENTERS		
2913 TRANSPORT STREET, RICHMOND, VA 23234	SHIPPING SERVICES	685,723.
FLIK	DINING, HOSPITALITY, WELLNESS	
2 INTERNATIONAL DRIVE, RYE BROOK, NY 10573	AND ENVIRO	440,786.
M2 MEDIA GROUP		
5 HIGH RIDGE PARK, STAMFORD, CT 06905	SOFTWARE PLATFORM SERVICES	221,653.
THRIVE, 25 FORBES BOULEVARD, SUITE 3,		
FOXBOROUGH, MA 02035	IT SERVICES	202,131.
REID & REID, INC.		
4005 HAMP LEE DRIVE, HUNTINGTOWN, MD 20639	TRANSPORTATION SERVICES	113,631.
2 Total number of independent contractors (including but not limited t	o those listed above) who received more than	
\$100,000 of compensation from the organization	6	
	-	000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

Form 990 CAPITAL 54-0732966

Form 990 CAPITAL									54-07329	966
Part VII   Section A. Officers, Directors, 1	rustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(cl	neck	all t	all that apply)		ly)	compensation	compensation	amount of
	per week (list any hours for related organizations below line)	Individual trustee 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) CHANDRA GRAHAM PARKER	1.00									
MEMBER AT LARGE		Х						0.	0.	(
(28) ELLA RIDGWAY	1.00									
MEMBER AT LARGE		Х						0.	0.	(
(29) ANNE SCOTT	1.00									
MEMBER AT LARGE		Х						0.	0.	(
(30) EDWARD GEOFFREY SELLA	1.00									
MEMBER AT LARGE		Х						0.	0.	(
(31) JERI SOMERS	1.00									
MEMBER AT LARGE		Х				_		0.	0.	(
(32) CAROLYN THOMPSON	1.00									
MEMBER AT LARGE		Х						0.	0.	(
(33) HARRIETT THOMPSON	1.00									
MEMBER AT LARGE		Х						0.	0.	(
(34) CHERYLE THORNE-HARRIS	1.00							_	_	
MEMBER AT LARGE		Х						0.	0.	(
(35) BRIGITTA TORUNO	1.00								•	,
MEMBER AT LARGE		Х						0.	0.	(
					_	$\vdash$				
	1	i	ı	ı	ı	ı	l	ı		

Form 990 (2022) CAPITAL

Part VIII Statement of Revenue

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1 a Federated campaigns   1a   24,324.   1b   24,324.   1b   24,324.   1b   24,324.   1b   24,324.   1c   25,018.   1c   24,324.   24,324.   24,344.   24,				Check if Schedule O co	ntains	a response o	or note to any line	e in this Part VIII			
Total Add lines 2a2f   All other program service revenue   All other program service revenue   Total Add lines 2a2f   All other program service revenue   Total Add lines 2a2f   All other program service revenue   Total Add lines 2a2f   Total Add line								\ · · /			
1 a Foderated campaigns   1 a								Total revenue			
Both   Membership dues   1b									Tarrottori Tovorido	Buominoso reventas	sections 512 - 514
State   Stat	ts ts	1	1 a	Federated campaigns		1a	24,324.				
State   Stat	ran M		b	Membership dues		1b					
State   Stat	E,G		С	Fundraising events		1c	126,018.				
State   Stat	i i										
State   Stat	s, G		е	Government grants (contrib	utions)	1e	1,429,051.				
State   Stat	igi		f	All other contributions, gifts, gr	ants, an	ıd					
State   Stat	the the			similar amounts not included at	oove	_ 1f	3,066,577.				
State   Stat	달		g	Noncash contributions included in line	es 1a-1f	1g \$					
2 a   COOKIE PROGRAM   900099   13,272,606.   13,272,606.	a S		h	Total. Add lines 1a-1f				4,645,970.			
Section   Part   Part							Business Code				
3   Investment income (including dividends, interest, and other similar amounts)   547,295.   547	စ္ပ	2	2 a	COOKIE PROGRAM			900099	13,272,606.			
3   Investment income (including dividends, interest, and other similar amounts)   547,295.   547	ه چ		b	CAMPING AND OTHER PRO	OG		900099	1,567,484.	1,567,484.		
3   Investment income (including dividends, interest, and other similar amounts)   547,295.   547	S		С	FALL PRODUCT PROGRAM			900099	1,139,036.	1,139,036.		
3   Investment income (including dividends, interest, and other similar amounts)   547,295.   547	am eve		d								
3   Investment income (including dividends, interest, and other similar amounts)   547,295.   547	9 E		е								
3   Investment income (including dividends, interest, and other similar amounts)   547,295.   547,295.     4   Income from investment of tax-exempt bond proceeds   5   Royalties   6   G   G     5   Royalties   G   G   G   G     6   A   G   G   G   G     6   A   G   G   G   G     7   A   G   G   G   G     8   A   G   G   G     9   A   G   G   G     1   A   G   G   G     1   A   G   G   G     1   A   G   G     2   A   G   G     3   G   G   G     4   Income from investment of tax-exempt bond proceeds   547,295.     6   A   G   G   G     7   A   G   G   G     8   A   G   G   G     9   G   G   G     1   G   G   G     1   G   G   G     1   G   G   G     1   G   G   G     1   G   G   G     1   G   G   G     2   G   G   G     3   G   G   G     4   G   G   G     5   G   G   G     6   G   G   G     7	₫		f	All other program service re-	venue						
Other similar amounts    547,295    547,295			g	Total. Add lines 2a-2f				15,979,126.			
1		3	3	Investment income (includin	ıg divid	lends, intere	st, and				
10				other similar amounts)				547,295.			547,295.
Company   Comp		4	4	Income from investment of t	tax-exe	empt bond p	roceeds				
Company   Comp		5	5	Royalties	<del></del>						
B   Less: rental expenses   C   Rental income or (loss)   Gc   Gc   Gc   Gc   Gc   Gc   Gc   G						(i) Real	(ii) Personal				
C   Rental income or (loss)   Gc		6	ба	Gross rents	3a						
The standard of the standard			b	Less: rental expenses	3b						
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 (6, 487, 531.)  8 a Gross income from fundraising events (not including \$ 126,018. of contributions reported on line 1c). See Part IV, line 18 8a 54,181.  b Less: direct expenses 8b 72,849.  c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a Less: direct expenses c Net income or (loss) from gaming activities and allowances 10a 1,513,509.  b Less: cost of goods sold c Net income or (loss) from sales of inventory 775,478.			С	Rental income or (loss)	Sc						
Page 1   Page 2   P			d	Net rental income or (loss)	·········						
b Less: cost or other basis and sales expenses		7	7 a	Gross amount from sales of	<u> </u>		(ii) Other				
and sales expenses 7b 6,566,704. 2,456,151. c Gain or (loss) 7c -79,1732,456,151. d Net gain or (loss) -2,535,3242,535,324.  8 a Gross income from fundraising events (not including \$ 126,018. of contributions reported on line 1c). See Part IV, line 18 8a 54,181. b Less: direct expenses 8b 72,849. c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10b 738,031. c Net income or (loss) from sales of inventory 775,478.				assets other than inventory	7a 6	<u>,487,531.</u>					
C Gain or (loss) 7c -79,1732,456,151.  d Net gain or (loss) -2,535,3242,535,324.  8 a Gross income from fundraising events (not including \$ 126,018. of contributions reported on line 1c). See Part IV, line 18			b								
including \$ 126,018. of contributions reported on line 1c). See Part IV, line 18	an l				_						
including \$ 126,018. of contributions reported on line 1c). See Part IV, line 18	Ş.			· /							
including \$ 126,018. of contributions reported on line 1c). See Part IV, line 18	æ							-2,535,324.			-2,535,324.
contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  10 a T,513,509. 10 b Less: cost of goods sold 10 b T38,031. 10 c Net income or (loss) from sales of inventory  10 a T,513,509.	je.	8	3 a			I .					
Part IV, line 18  b Less: direct expenses  c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  775,478.	δ					_					
b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  775,478.				·	•	II.	E4 101				
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10b 738,031. c Net income or (loss) from sales of inventory  -18,668.  -18,668.  -18,668.  -18,668.  718,668.  9a  10a 1,513,509.  775,478.			_								
9 a Gross income from gaming activities. See Part IV, line 19 9a  b Less: direct expenses 9b  c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10b 738,031. c Net income or (loss) from sales of inventory 775,478.							72,849.	10 660			10 660
Part IV, line 19  b Less: direct expenses  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  775,478.		_						-10,008.			-10,008.
b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10b 738,031. c Net income or (loss) from sales of inventory  775,478. 775,478.		٤	Эа			I .					
c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Net income or (loss) from gaming activities  10a 1,513,509. 10b 738,031.  775,478.						اما					
10 a Gross sales of inventory, less returns and allowances 10a 1,513,509.  b Less: cost of goods sold 10b 738,031.  c Net income or (loss) from sales of inventory 775,478.											
and allowances		40									
b         Less: cost of goods sold         10b         738,031.           c         Net income or (loss) from sales of inventory         775,478.         775,478.		10	Ја				1 513 500				
c Net income or (loss) from sales of inventory 775,478. 775,478.											
				-			730,031.	775 /178	775 478		
Rusiness Code	$\dashv$		С	ivet income or (loss) from sa	ues of I	inventory	Business Code	113,410.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	sn	4-	1 ^	REFUNDS/EXCHANGES				48 906			48,906.
b INSURANCE AND OTHER RE 900099 44,361. 44,361	neo iue	• 1			RE			,			44,361.
11 a REFUNDS/EXCHANGES 900099 48,906. 48,906 b INSURANCE AND OTHER RE 900099 44,361. 44,361	ella Ven							,551.			,551.
d All other revenue	Sce			All other revenue							
e Total. Add lines 11a-11d	Σ							93 267.			
		12			3				16,754,604.	0.	-1,913,430.

232009 12-13-22

Form **990** (2022)

# 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).

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	420,342.	420,342.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	562,173.	427,366.	68,417.	66,390
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	61,522.	46,769.	7,487.	7,266
7	Other salaries and wages	7,477,785.	5,684,649.	910,038.	883,098
8	Pension plan accruals and contributions (include		44		
	section 401(k) and 403(b) employer contributions)	817,996.	621,844.	99,549.	96,603
9	Other employee benefits	785,417.	597,078.	95,584.	92,755
10	Payroll taxes	658,209.	500,374.	80,103.	77,732
11	Fees for services (nonemployees):				
а	Management				
b	Legal	24,325.	10,874.	10,680.	2,771
С	Accounting	69,083.	30,883.	30,332.	7,868
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	574,135.	334,937.	154,465.	84,733
12	Advertising and promotion	75,108.	55,706.	14,713.	4,689
13	Office expenses	2,661,971.	2,327,911.	134,956.	199,104
14	Information technology				
15	Royalties				
16	Occupancy	2,200,342.	1,791,558.	194,716.	214,068
17	Travel	523,240.	466,721.	25,903.	30,616
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			2 252	
19	Conferences, conventions, and meetings	85,229.	70,037.	8,062.	7,130
20	Interest	12,193.	5,918.	3,496.	2,779
21	Payments to affiliates	754 070	754 070		
22	Depreciation, depletion, and amortization	754,279.	754,279.	0.540	
23	Insurance	33,178.	16,104.	9,513.	7,561
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CREDIT CARD FEES	337,070.	296,505.	17,228.	23,337
b	MISCELLANEOUS	71,125.	36,271.	21,694.	13,160
c	TAXES & FEES	28,825.	13,991.	8,265.	6,569
d	DUES FOR MEMBERSHIP	5,492.	2,154.	1,806.	1,532
e	All other expenses	,	,	,	,
25	Total functional expenses. Add lines 1 through 24e	18,239,039.	14,512,271.	1,897,007.	1,829,761
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2022)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 11,693,334. 13,065,376. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments Pledges and grants receivable, net 143,600. 954,140. 3 3 818,251. 808,018. Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 353,474. 373,927. Inventories for sale or use 8 Prepaid expenses and deferred charges 448,262. 9 496,417. **10a** Land, buildings, and equipment: cost or other 31,879,772. basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 25,407,261. 22,936,797. b Less: accumulated depreciation 10b 10c 13,606,918. 18,914,762. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 123,115. 7,942,367. Other assets. See Part IV, line 11 15 15 53,966,257. 64,119,762. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 1,302,113. 1,395,057. Accounts payable and accrued expenses 17 17 18 18 Grants payable 35,905. 6,656. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 140,660. 105,779. Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 721,383, 25 8,581,737. 2,200,061. 10,089,229. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 47,511,800. 50,800,191. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 4,254,396. 3,230,342. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 51,766,196. 32 54,030,533. 32 53,966,257. 64,119,762. Total liabilities and net assets/fund balances 33 Form 990 (2022)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2022)

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#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

GIRL SCOUT COUNCIL OF THE NATION'S

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

OMB No. 1545-0047

**Employer identification number** 

CAPITAL 54-0732966 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))

CAPITAL

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
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)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support			_	_		
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</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	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	· · · · · · · · · · · · · · · · · · ·				12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (			column (f))		14	<u>%</u>
	Public support percentage from 2021					15	. %
16a	33 1/3% support test - 2022. If the				14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies		•				
k	33 1/3% support test - 2021. If the	-					
	and <b>stop here.</b> The organization qual	•	• •				
178	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	-	•	VI how the organiz	zation
	meets the facts-and-circumstances to	-				17a and 15a d. 15	100/ -::
k	10% -facts-and-circumstances test	ū				•	10% Or
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
18	•		-				
10	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Page 3

CAPITAL

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.)

Calendar year (or fiscal year beginning in   Gills, gerans, contributions, and membership fees received. (Do not include any "unusual grants")   20,499,370   1,879,127   3,471,816   8,563,163   4,700,151   39,113,627	Sec	ction A. Public Support						
membarship fees received. (Do not included any numbership fees received. (B) on the included any numbership fees received from several and included any numbership form activities that are not an unrelated trade or business under several several form activities that are not an unrelated trade or business under section \$13\$  4. Tax revenues levied for the organization is tax-exempt purpose as forms activities that are not an unrelated trade or business under section \$13\$  5. The value of services or facilities furnished in a service of the organization without charge or expended on its behalf or the expended on its behalf or expended on	Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
include any "unusual grants.")  20, 499, 370. 1, 879, 127. 3, 471, 816. 8, 563, 163. 4, 700, 151. 39, 113, 527.  20 cross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organizations take-xempt purpose 3. Gross receipts from activities that are not an unrelated trade or thus in the service performed of the property of the services of the services performed or the services of th	1	, •						
merchandies sold or services performed, or facilities furnished in any activity that is related to the organization Star-exempt purpose of a control star exempt purpose of the part of the program of the part of			20,499,370.	1,879,127.	3,471,816.	8,563,163.	4,700,151.	39,113,627.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  5 The value of senicial or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf  6 Total. Add lines 1 through 5	2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	15 417 558	14 573 428.	10 974 891.	16 502 592.	17 492 635.	74 961 104.
are not an unrelated trade or business under section 513  4 Tax reverues levied for the organization'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  7 A Amounts included on lines 1, 2, and 3 received from disqualified persons  9 Amounts included on lines 1, 2, and 3 received from disqualified persons behalf to the organization without charge  159,987. 180,611. 176,752. 207,108. 211,982. 936,440.  9 Public support. Given 43,000 or 1% or 1% or 180,987. 180,611. 176,752. 207,108. 211,982. 936,440.  8 Public support. Given 163,000 or 1% or 180,987. 180,611. 176,752. 207,108. 211,982. 936,440.  8 Public support. Given 163,000 or 1% or 180,987. 180,611. 176,752. 207,108. 211,982. 936,440.  8 Public support. Given 163,000 or 1% or 180,987. 180,611. 176,752. 207,108. 211,982. 936,440.  8 Public support. Given 163,000 or 1% or 180,987. 180,611. 176,752. 207,108. 211,982. 936,440.  8 Public support. Given 164,000 or 180,987. 180,611. 176,752. 207,108. 211,982. 936,440.  19 Amounts from line 6	2	• • • • • • • • • • • • • • • • • • • •	10,11,000.	21,070,120.	20,572,052.	20,002,002.	27,152,000.	71,702,2011
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities frumished by a government unit to the organization without charge 6 Total. Add lines 1 through 5 35,916,928, 16,452,555, 14,446,707, 25,065,755, 22,192,786, 114,074,731. 72 Amounts included on lines 1,2, and 3 received from disqualified persons by anomatic nucleud rollines 1,2, and 3 received from disqualified persons that exceedite greater of \$6,000 or with or the second large greater of \$6,000 or with organization without charge 6 Total. Add lines 1 through 5 159,987, 180,611, 176,752, 207,108, 211,982, 936,440. 8 Public support, (Sprattler Intel® 15,9987, 180,611, 176,752, 207,108, 211,982, 936,440. 8 Public support, (Sprattler Intel® 15,9987, 180,611, 176,752, 207,108, 211,982, 936,440. 8 Public support, (Sprattler Intel® 15,9987, 180,611, 176,752, 207,108, 211,982, 936,440. 8 Public support, (Sprattler Intel® 15,9987, 180,611, 176,752, 207,108, 211,982, 936,440. 8 Public support, (Sprattler Intel® 15,9987, 180,611, 176,752, 207,108, 211,982, 936,440. 8 Public support, (Sprattler Intel® 15,9987, 180,611, 176,752, 207,108, 211,982, 936,440. 8 Public support, (Sprattler Intel® 15,9987, 180,611, 176,752, 207,108, 211,982, 936,440. 9 Amounts from line 6	3	are not an unrelated trade or bus-						
### Transition of the organization without change in the organization of the organization without change in the organization without change in the organization of the organization of presentation.  ### Transition of Transition of the organization of or organization of the organization of organization of the organization of organization of the organization of the organization of organization of organization of the organization of organizat	4	Tax revenues levied for the organization's benefit and either paid to						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons 159,987. 180,611. 176,752. 207,108. 211,982. 936,440. b Amounts included on lines and a received from other than disqualified persons that exceed the gradier of \$5,000 or 150 of the amount on line 13 or the year C Add lines 7 and 7b 159,987. 180,611. 176,752. 207,108. 211,982. 936,440. b Public support. (Softward 17 18,987. 180,611. 176,752. 207,108. 211,982. 936,440. b Public support (Softward 17 18,987. 180,611. 176,752. 207,108. 211,982. 936,440. b Public support (Softward 17 18,987. 180,611. 176,752. 207,108. 211,982. 936,440. b Public support (Softward 17 18,987. 180,611. 176,752. 207,108. 211,982. 936,440. b Public support (Softward 17 18,987. 180,611. 176,752. 207,108. 211,982. 936,440. b Public support (Softward 17 18,987. 180,611. 176,752. 207,108. 211,982. 936,440. b Public support (Softward 17 18,987. 180,611. 176,752. 207,108. 211,982. 936,440. b Public support for Softward 180,987. 180,611. 176,752. 207,108. 211,982. 936,440. b Public support for Softward 180,987. 180,611. 176,752. 207,108. 211,982. 936,440. b Public support for Softward 180,987. 180,611. 176,752. 207,108. 211,982. 936,440. b Public support percentage from 2021 Schedule A, Part III, line 17 180,611. 176,752. 207,108. 211,982. 936,440. b Public support percentage from 2021 Schedule A, Part III, line 17 180,313 (19,88) support tests - 2022. If the organization id not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, support tests - 2022. If the organization id not check the box on line 14, or line 198, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here organization id not check the box on line 14, or line 198, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization id not check the box on line 14 or line 198, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and st	5	furnished by a governmental unit to						
3 received from disqualified persons b A 159,987, 180,611, 176,752, 207,108, 211,982, 936,440.    b Amounts included on lines 2 and 3 received from other than designalified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year amount on line 13 for the year and the second the greater of \$5,000 or 1% of the amount on line 13 for the year and the second the greater of \$5,000 or 1% of the amount on line 13 for the year and the second the greater of \$5,000 or 1% of the amount on line 13 for the year and the second the greater of \$5,000 or 1% of the amount on line 13 for the year and the second the greater of \$5,000 or 1% of the amount of line 10 for the year and the second the greater of \$5,000 or 1% of the organization of line 10 for the year and the second the greater of \$5,000 or 1% of the organization of line 10 for the line 10 for line 1	6	Total. Add lines 1 through 5	35,916,928.	16,452,555.	14,446,707.	25,065,755.	22,192,786.	114,074,731.
to mother than disciplified persons that exceed the greater of \$5,000 or 'Not or the amount on line 13 for the year core Add lines 7a and 7b.  8 Public support. (Sutrocal line 7 for line 18)  113,138,291.  Section B. Total Support  Calendar year (or fiscal year beginning in)  9 Amounts from line 6  35,916,928. 16,452,555. 14,446,707. 25,065,755. 22,192,786. 114,074,731.  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  434,731. 274,412. 446,439. 606,569. 547,295. 2,309,446.  b Unrelated business taxable income (less section 511 taxes) from businesses activities not included on line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c. 11, and 12)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or lifth tax years as a section 501(c)(3) organization, check this box and stop here.  15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))  18 Other support percentage for 2022 (line 8, column (f), divided by line 13, column (f))  19 Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))  18 Jay 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, dand line 17 is not more than 33 1/3%, dand line 16 is more than 33 1/3%, and	7 <i>a</i>		159,987.	180,611.	176,752.	207,108.	211,982.	936,440.
Company   Comp	b	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
Section B. Total Support   Subtract line 7c from line 6.			159,987.	180,611.	176,752,	207,108.	211,982.	
Section B. Total Support   Calendar year (or fiscal year beginning in)   (a) 2018   (b) 2019   (c) 2020   (d) 2021   (e) 2022   (f) Total			,	,	,	,	· ·	
9 Amounts from line 6 35,916,928. 16,452,555. 14,446,707. 25,065,755. 22,192,786. 114,074,731. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 434,731. 274,412. 446,439. 606,569. 547,295. 2,309,446. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 434,731. 274,412. 446,439. 606,569. 547,295. 2,309,446. 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c,11, and 12) 16,630,530. 16,858,365. 15,076,301. 25,887,233. 22,833,348. 117,285,777. 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage from 2021 Schedule A, Part III, line 15 15 96.46 96. 96.55 96. 96.31/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, support tests - 2021. If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
9 Amounts from line 6 35,916,928. 16,452,555. 14,446,707. 25,065,755. 22,192,786. 114,074,731. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 434,731. 274,412. 446,439. 606,569. 547,295. 2,309,446. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 434,731. 274,412. 446,439. 606,569. 547,295. 2,309,446. 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c,11, and 12) 16,630,530. 16,858,365. 15,076,301. 25,887,233. 22,833,348. 117,285,777. 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage from 2021 Schedule A, Part III, line 15 15 96.46 96. 96.55 96. 96.31/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, support tests - 2021. If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
dividends, payments received on securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  434,731, 274,412, 446,439, 606,569, 547,295, 2,309,446.  11 Net income from unrelated business axivities not included on line 10b, whether or not the business is activities not included on line 10b, whether or not the business is activities not included and line 10b, whether or not the business is activities not included gain or loss from the sale of capital assets (Explain in Part VI).  13 Total support, (Add lines 9, 10c, 11, and 12)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here    Section C. Computation of Public Support Percentage	9	Amounts from line 6	35,916,928.	16,452,555.	14,446,707.	25,065,755.	22,192,786.	114,074,731.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b	10a	dividends, payments received on securities loans, rents, royalties,	424 524	074 410	446, 420	606 560	545.005	0 200 446
(less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  434,731, 274,412, 446,439, 606,569, 547,295, 2,309,446.  11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on ross from the sale of capital assets (Explain in Part VI).  12 Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI).  13 Total support, (Add lines, 9, 10c, 11, and 12)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2021 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2021 Schedule A, Part III, line 17  18 Investment income percentage from 2021 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  18 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and			434,/31.	2/4,412.	446,439.	606,569.	547,295.	2,309,446.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2021 Schedule A, Part III, line 15  17 Investment income percentage from 2022 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2021 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  18 Universiment in the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	h	(less section 511 taxes) from businesses						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))  16 96.46 %  17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))  19 a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  18 b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	c	Add lines 10a and 10b	434,731.	274,412.	446,439.	606,569.	547,295.	2,309,446.
or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2021 Schedule A, Part III, line 15  17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2021 Schedule A, Part III, line 17  19 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  18 b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and		Net income from unrelated business activities not included on line 10b, whether or not the business is						
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check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2021 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2021 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  19a 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	13	` '	36,630,530.	16,858,365.	15,076,301.	25,887,233.	22,833,348.	117,285,777.
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Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2021 Schedule A, Part III, line 17  19 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 30 30 50 50 50 50 50 50 50 50 50 50 50 50 50					olumn (I))			
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18 Investment income percentage from 2021 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and		•			ne 13 column (fl)		17	1.97 %
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more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <b>b</b> 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								. 70
b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	196							
line 16 is not more than 33 1/3%. Check this box and <b>stop here.</b> The ordanization qualities as a publicity supported organization	b	33 1/3% support tests - 2021. If the	organization did no	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	20							

232023 12-09-22

# 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		
	9b		
	9c		
	10a		
	401-		
مارر	10b	n 990)	2022

Par	t IV   Supporting Organizations <sub>(continued)</sub>			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of 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 <b>Part VI</b> 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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			1
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			1
	,			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
4	Did the expenization provide to each of its supported expenizations, by the last day of the fifth month of the		162	140
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
	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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  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.		,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	ruction		Na
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
_	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see
	instructions)	, ,	,. II 5-19-	`

Sche	dule A (Form 990) 2022 CAPITAL				54-0732966	Page 7
Par	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ed)		
Sect	on D - Distributions				Current Y	ear
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity		2			
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
_4_	Amounts paid to acquire exempt-use assets			4		
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
_6_	Other distributions (describe in Part VI). See instructions.			6		
_7_	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	1		10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributa Amount for	
_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					
a	From 2017					
b	From 2018					
c	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2022 distributable amount					
<u>_i</u>	Carryover from 2017 not applied (see instructions)					
<u>i_</u>	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					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
_8_	Breakdown of line 7:					
<u>a</u>	Excess from 2018					
<u>b</u>	Excess from 2019					
<u>C</u>	Excess from 2020					
<u>d</u>	Excess from 2021					
<u>e</u>	Excess from 2022					

CAPITAL 54-0732966

# Schedule A

# Payments from Disqualified Persons Included on Part III, Line 7a

2022

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

	Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
1	FROM DISQUALIFIED					
PERSONS		159,987.	180,611.	176,752.	207,108.	211,982.
		+				
Total to Sch	nedule A,	159,987.	180,611.	176,752.	207,108.	211,982.
rari III, LINE	e 7a	135,507.	100,011.	170,732.	207,100.	211,502.

GIRL SCOUT COUNCIL OF THE NATION'S

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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

**Employer identification number** 

2022

CAPITAL 54-0732966 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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			
1		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			
2		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			
3		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			
4		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			
5		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			
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Name, address, and ZIF + 4	\$\$	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		\$\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	\$ 30,760.	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	italie, aud 635, and £IF T T	\$ 10,181.	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		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_		\$5,100.	Person X Payroll
(a)	(b)	(c)	(d)
No. 14	Name, address, and ZIP + 4	Total contributions  \$ 6,010.	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
15		\$15,000.	Person X Payroll
(a)	(b)	(c)	(d)
16	Name, address, and ZIP + 4	Total contributions  \$	Person X Payroll
(a)	(b)	(c)	(d)
No. 17	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 18	Name, address, and ZIP + 4	Total contributions  — \$ 6,010.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 20	Name, address, and ZIP + 4	Total contributions  \$\$ 7,708.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4	Total contributions  \$\$ 5,069.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	Hame, audi 655, and £if + +	\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	Hallo, addi 665, alia eli TT	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional copies of Part	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 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
26		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$5,850.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$12,500.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$\$	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		\$\$5,216.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$	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
34	Name, address, and ZIF + 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
35		\$\$	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		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$17,500.	Person X Payroll
(a)	(b)	(c)	(d)
No. 38	Name, address, and ZIP + 4	Total contributions  5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
40	Name, address, and ZIP + 4	* \$ 11,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 41	Name, address, and ZIP + 4	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	Nume, and 535, and ZIF T T	\$ 6,516.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	Name, address, and ZIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
46	Name, address, and ZIP + 4		Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	INGILIC, GUULESS, GILU ZIF + 4	\$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
48	Tullio, addi coo, and Ell TT	\$\$11,532.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	Name, audress, and Zir + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 51	Name, address, and ZIP + 4	Total contributions  \$ 5,222.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
<b>No.</b> 52	Name, address, and ZIP + 4	\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 54	name, address, and ZIP + 4	\$ \$ 8,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
<b>No.</b> 56	Name, address, and ZIP + 4	\$ \$ 64,939.	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
57		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
<b>No.</b> 58	Name, address, and ZIP + 4	Total contributions  \$\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59	Humo, addiess, and Eir TT	\$\$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
60		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$	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
64	Name, address, and ZIF + 4	\$ \$ 75,000.	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
65		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$\$	Person X Payroll

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68	Name, address, and Zir + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<b>No.</b> 69	Name, address, and ZIP + 4	Total contributions  \$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
70	Name, address, and ZIP + 4	Total contributions  \$ 110,780.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$\$	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
72	Name, audi 655, and 21F + 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 ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 74	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
75		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
76	Name, address, and ZIP + 4	Total contributions  \$ 40,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77	Humo, and 655, and Air TT	\$\$6,967.	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
78	Tullio, and coo, and all TT	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Parti	Contributors (see instructions). Use duplicate copies of Part I if addit	nai space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
79		\$8,000.	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		
80		\$10,100.	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		
81		\$	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		
82		\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
83		\$	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		
84		\$\$	Person X Payroll		

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

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		
85		\$ 16,965.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
86	Name, address, and ZIF + 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		
87		\$\$	Person X Payroll		
(a)	(b)	(c)	(d)		
88 88	Name, address, and ZIP + 4	Total contributions  \$\$ 12,955.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
89	Hame, add ess, and EIF + 4	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
90		\$\$11,944.	Person X Payroll		

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

Part I	ntributors (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			
91		\$\$	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			
92	Name, audress, and ZIP + 4	\$\$5,004.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.			
(a)	(b)	(c) Total contributions	(d)			
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Partii	Noticasti Property (see instructions). Use duplicate copies of Part II if	r additional space is needed.	
(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
		- - - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

CAPITAL  Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,00 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.)  (a) No. from Part I  (b) Purpose of gift  (c) Use of gift  (d) Description of how gift is	O for the year
Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 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.) \$	O for the year
(a) No. from (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 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 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 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	

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

GIRL SCOUT COUNCIL OF THE NATION'S CAPITAL

**Employer identification number** 54 - 0732966

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or A	Accounts. Complete if the
		(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets he	eld in donor advised fu	nds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that gr	ant funds can be used	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for ar	ny other purpose confe	rring
	impermissible private benefit?			
Pai			s" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	`	_	
	Preservation of land for public use (for example, recreat	ion or education)	☐ Preservation of a his ☐	torically important land area
	Protection of natural habitat		☐ Preservation of a cer	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete lines 2a thro	ed conservation contrib	ution in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			36.66
b				
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at	• • •		
_	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or t	terminated by the orga	nization during the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the peri			X Yes No
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, ar	nd enforcing conservat	ion easements during the year
-			.fi	and a supplier of the same of
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and er	norcing conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	ts of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its rever	nue and expense state	ment and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's	s financial statements t	hat describes the
	organization's accounting for conservation easements.	A	0	0
Pai	t III Organizations Maintaining Collections of		asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publ			ance of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
				'
2	If the organization received or held works of art, historical trea			, provide
	the following amounts required to be reported under FASB AS	~		
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

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

Schedule D (Form 990) 2022

С	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land			17,561,526.		17,561,526.
<b>b</b> Buildings			7,497,584.	4,842,819.	2,654,765.
<b>c</b> Leasehold	improvements		4,712,566.	2,922,275.	1,790,291.
<b>d</b> Equipment			1,333,290.	1,177,881.	155,409.
e Other			774,806.		774,806.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					22,936,797.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 CAPITAL		54-0732966	Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market v	/alue
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(=)			

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)		
(8)		
(9)		
Total (Col. (h) must equal Form 990 Part Y col. (R) line 13.)		

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

Part IX Other Assets.

(2) Closely (3) Other (A) (B) (C) (D) (E) (F) (G) (H)

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) DEPOSITS	32,885.
(2) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	90,230.
(3) RIGHT-OF-USE ASSETS	7,819,252.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	7,942,367.

Other Liabilities. Part X

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)	LEASE LIABILITIES - OPERATING LEASES	8,581,737.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	8,581,737.

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

Schedule D (Form 990) 2022

CAPITAL

Par	<b>† XI</b> Reconciliation of Revenue per Audited Financial Sta	tements With R	levenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	20,750,789.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		1,016,232.		
b	Donated services and use of facilities		174,564.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	72,849.		
е	Add lines 2a through 2d			2e	1,263,645.
3	Subtract line 2e from line 1			3	19,487,144.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)			_	0
_C	Add lines 4a and 4b			4c	0.
5 <b>D</b> 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St	atomonte With	Evnances per E	5 Coturn	19,487,144.
Fai			Expenses per r	vetuiii.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li			Ι.Ι	10 406 452
1				1	18,486,452.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما	174 564		
a	Donated services and use of facilities		174,564.		
b	Prior year adjustments				
C	Other losses		72,849.		
d	Other (Describe in Part XIII.)		,	0.	247,413.
e	Add lines 2a through 2d			2e 3	18,239,039.
3 4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	10,233,033.
-	Investment expenses not included on Form 990, Part VIII, line 7b	40			
a				-	
b	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 1			5	18,239,039.
	rt XIII Supplemental Information.	(8.)		<u> </u>	10,200,000.
lines	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			; Part X, li	ne 2; Part XI,
THE	COUNCIL EVALUATES UNCERTAINTY IN INCOME TAX POSITIONS TA	KEN OR			
EXPE	CCTED TO BE TAKEN ON A TAX RETURN BASED ON A MORE-LIKELY-	THAN NOT			
RECO	OGNITION STANDARD. IF THAT THRESHOLD IS MET, THE TAX POSI	TION IS THEN			
MEAS	SURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKE	LY OF BEING			
REAL	IZED UPON ULTIMATE SETTLEMENT AND IS RECOGNIZED IN THE F	INANCIAL			
STAT	PEMENTS. AS OF SEPTEMBER 30, 2023 AND 2022, THE COUNCIL	RECOGNIZED NO			
UNCE	RTAIN TAX POSITIONS NOR ACCRUED INTEREST AND PENALTIES A	SSOCIATED WITH			
UNCE	ERTAIN TAX POSITIONS. IF APPLICABLE, THE COUNCIL RECORDS	INTEREST AND			
PENA	LITIES AS A COMPONENT OF INCOME TAX EXPENSE. TAX YEARS FR	OM 2020			
	OUGH THE CURRENT YEAR REMAIN OPEN FOR EXAMINATION BY TAX .				
11110	THE COMMENT THE REPORT OF BUT FOR EASTINGTION DI THA				

## SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022** 

Open to Public Inspection

Name of the organization GIRL SCOUT	COUNCIL OF THE NATION'S					Employer ide	ntification number
CAPITAL						54-073296	6
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.							
Indicate whether the organization rais     a	sed funds through any of the followin  e Solicita  f Solicita  g Special  or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundraiser have custody or control of from activity			Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization	
		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.							

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

Schedule G (Form 990) 2022

Po	ırt i	of fundraising events. Complete if the	-		· ·	
_		or randraloning event certainbatterie and gre	(a) Event #1	(b) Event #2	(c) Other events	T
			(=, = : : : : : : : : : : : : : : : : : :	WOMEN OF	NONE	(d) Total events
			GOLF TOURNAMENT	DISTINCTION	HONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	135,458.	44,741.		180,199.
	2	Less: Contributions	87,208.	38,810.		126,018.
	3	Gross income (line 1 minus line 2)	48,250.	5,931.		54,181.
	4	Cash prizes				
Ø	5	Noncash prizes				
pense	6	Rent/facility costs	46,420.			46,420.
Direct Expenses	7	Food and beverages	11,189.	3,608.		14,797.
Δ	8	Entertainment				
	9	Other direct expenses	5,202.	6,430.		11,632.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			72,849.
_	11					-18,668.
Pa	ırt I		answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			1
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			., ,	bingo/progressive bingo		col. (a) through col. (c))
ě						
	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
_		Other direct expenses				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %  No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 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	_			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	) If "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax y	ear?	Yes No
b	If "	Yes," explain:				
	_					
	_					
2320	32 10	0-27-22			Sche	dule G (Form 990) 2022
-	-					, , , , , , , , , , , , , , , , , , , ,

#### GIRL SCOUT COUNCIL OF THE NATION'S

Sch	edule G (Form 990) 2022 CAPITAL	54-0732966	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12			
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	o An outside facility		——————————————————————————————————————
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
17	the the hame and address of the person who prepares the organization's gaming/special events books and records.		
	Nama		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ŀ	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amoun	nt	
•	of gaming revenue retained by the third party \$		
,	If "Yes," enter name and address of the third party:		
•	; in res, entername and address of the tillid party.		
	News		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
٠	retain the state gaming license?	Yes	☐ No
L	•		140
K	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е	
Da	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Doub III lines O	0h 10h
1 6		a Paπ III, lines 9, 9	96, 106,
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			
_			

#### GIRL SCOUT COUNCIL OF THE NATION'S

Schedule G (Form 990) CAPITAL	54-0732966	Page 4
Schedule G (Form 990) CAPITAL  Part IV Supplemental Information (continued)		
(communication)		

#### 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.

 ${\bf Go\ to\ www.irs.gov/Form990\ for\ the\ latest\ information.}$  GIRL SCOUT COUNCIL OF THE NATION'S OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Schedule I (Form 990) 2022

CAPITAL							54-0732966
Part I General Information on Grants a	nd Assistance					<u>'</u>	
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or assis	tance?						Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	es" on Form 990, Part IV	, line 21, for any
Name and address of organization or government	<b>(b)</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
2 Enter total number of section 501(c)(3) ar	nd government or	ganizations listed in th	e line 1 table				
3 Enter total number of other organizations	s listed in the line	1 table					

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

Schedule I (Form 990) 2022

CAPITAL

54-0732966

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance MEMBERSHIP REGISTRATION 9095 0 227,385, TROOP DUES 1443 14,433 0 SHOP MERCHANDISE 6695 66 948 0 PROGRAM GRANTS 799 7,990. 0 COLLEGE SCHOLARSHIPS 22 21 750 0 Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE GRANT APPLICATIONS ARE SUBMITTED BY TROOP LEADERS AND GIRL SCOUT FAMILIES AND ARE REVIEWED BY A GRANTS PANEL. THE GRANTS PANEL REVIEWS THE REQUEST FOR ASSISTANCE AND MAKES RECOMMENDATION FOR THE APPROVAL OR DENIAL OF THE APPLICATION. IF APPROVED, THE GRANTS PANEL DETERMINES THE AMOUNT OF THE AWARD BASED ON THE PURPOSE OF THE REQUEST AND CRITERIA SET BY THE BOARD OF DIRECTORS' PROGRAMS. POLICIES. AND GOALS SUB-COMMITTEE. ALL TROOPS ARE IN THE PHYSICAL UNITED STATES.

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.
GIRL SCOUT COUNCIL OF THE NATION'S

CAPITAL

Employer identification number 54-0732966

Pa	art I Questions Regarding Compensation							
			Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,							
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees							
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b						
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.							
	X Compensation committee							
	Independent compensation consultant  X Compensation survey or study							
	X 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:							
	The organization?	<u>5a</u>		X				
b	Any related organization?	5b		Х				
	If "Yes" on line 5a or 5b, describe in Part III.							
6								
	contingent on the net earnings of:							
	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			v				
_	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		l				

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LIDIA SOTO-HARMON	(i)	321,139.	0.	0.	15,250.	8,858.	345,247.	0.
CHIEF EXECUTIVE OFFICER (THRU 4/2023	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) COLLEEN CIBULA	(i)	173,190.	1,500.	0.	8,916.	8,840.	192,446.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARY ELIZABTH KEMP THURSTON	(i)	139,804.	8,103.	0.	7,457.	8,840.	164,204.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JESSICA MCCLAIN	(i)	146,407.	1,500.	0.	5,285.	773.	153,965.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GIRL SCOUT COUNCIL OF THE NATION'S

Employer identification number 54-0732966

CAPITAL FORM 990, PART VI, SECTION A, LINE 6: INDIVIDUALS AGE 14 AND OLDER ARE ELIGIBLE TO BE MEMBERS WHO ARE MEMBERS OF THE GIRL SCOUT MOVEMENT AND CURRENTLY REGISTERED THROUGH THE COUNCIL OR LIFETIME MEMBERS AFFILIATED WITH THE COUNCIL FORM 990, PART VI, SECTION A, LINE 7A: THE FOLLOWING MEMBERS SHALL HAVE RIGHT TO VOTE (COLLECTIVELY DESCRIBED AS THE "VOTING MEMBERS"): DELEGATES FROM SERVICE UNITS, DELEGATES-AT-LARGE OFFICERS OF THE COUNCIL, MEMBERS-AT-LARGE OF THE BOARD OF DIRECTORS, THE CHAIR AND MEMBERS OF THE NOMINATING COMMITTEE. VOTING MEMBERS ELECT THE FOLLOWING GOVERNING MEMBERS: 1) THE OFFICERS OF THE COUNCIL, 2) THE MEMBERS-AT-LARGE OF THE BOARD OF DIRECTORS, AND 3) THE MEMBERS OF THE NOMINATING COMMITTEE FORM 990, PART VI, SECTION A, LINE 7B: CHANGES TO GOVERNING DOCUMENTS REQUIRE APPROVAL BY MEMBERSHIP. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 RETURN IS REVIEWED BY THE GOVERNANCE ADVISORY COMMITTEE, TREASURER AND CFO AND SIGNED BY THE TREASURER, PRESIDENT, CEO, OR CFO AND REVIEWED BY THE BOARD OF DIRECTORS BEFORE FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION ANNUALLY REQUIRES OFFICERS, DIRECTORS, AND KEY EMPLOYEES TO SIGN A CONFLICT OF INTEREST POLICY.

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

Schedule O (Form 990) 2022

Name of the organization GIRL SCOUT COUNCIL OF THE NATION'S  CAPITAL	Employer identification number 54-0732966
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD OF DIRECTORS ESTABLISHED A COMPENSATION SUBCOMMITTEE TO MAKE	
RECOMMENDATIONS FOR CEO COMPENSATION. THE SUBCOMMITTEE DOES MARKET	
COMPARISON INFORMATION GATHERING AND MAKES A RECOMMENDATION ON CEO	
COMPENSATION. THE BOARD OF DIRECTORS HOLDS AN EXECUTIVE SESSION WHERE THE	
BOARD MEMBERS GIVES INPUT AND FEEDBACK ON COMPENSATION FOR THE	
ORGANIZATION'S CEO.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	
FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT OR SELECTION PROCESS	
DURING THE YEAR.	