Girl Scouts – Arizona Cactus-Pine Council, Inc. 2019 (FYE 09.30.2020) Exempt Income Tax Return Public Disclosure Copy

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PARTNER

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> 602.264.8607 FAX 480.315.1041

STATEMENT THAT THIS IS A TAX RETURN NOT A FINANCIAL STATEMENT

The accompanying federal income tax return does **NOT** constitute a financial statement. We have not audited, reviewed or compiled the accompanying income tax return and, accordingly, do not express an opinion or any other form of assurance on it.

An income tax return is not intended to constitute financial statements prepared in accordance with generally accepted accounting principles. Accordingly, it does not necessarily include all financial information or disclosures required by generally accepted accounting principles. If the omitted financial information or disclosures were included with the tax return, they might influence the users' conclusions about the taxpayer's financial position, results of operations and cash flows. Accordingly, this income tax return is not designed to be used in lieu of financial statements.

RECORD RETENTION

Copies of your tax returns are enclosed for your files. It is your responsibility to retain copies of your tax information. We recommend the following guidelines:

- Tax returns keep indefinitely.
- Supporting documentation keep for 8 years.
- Records supporting your tax basis in personal, investment and business assets and gift documentation keep indefinitely.

Please note: Eide Bailly retains copies of tax returns, workpapers and other tax information for a period of eight years. After that, we dispose of all records. If you have questions regarding retention of tax records, please contact us.

** PUBLIC DISCLOSURE COPY **

Form **99** (Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

Open to Public

Inspection

Form 990 (2019)

~ .	01 111	and	ending 5	EP 30, 2020	
B	Check if pplicab	C Name of organization GIRL SCOUTS - ARIZONA CACTUS-PINE		D Employer identifi	cation number
	Addre	SS COTTACTT TATO			
	Name			86-01333	97
	Initial	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Room/suite	E Telephone numbe	
	Final	110 E CORONADO PD	THOUSAND COME	602-452-	
	termir ated			G Gross receipts \$	24,763,229.
	Amen	ded DUCENTY NO OFOCA		H(a) Is this a group re	
	Application			for subordinates	
	pendi			H(b) Are all subordinates in	
17	ax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527		list. (see instructions)
JV	Vebsi	te: > WWW.GIRLSCOUTSAZ.ORG		H(c) Group exemptio	
KF	orm o	forganization: X Corporation Trust Association Other	L Year	of formation: 1936	M State of legal domicile: AZ
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: AS T	HE PRE	EMINENT LEAD	DERSHIP
Activities & Governance		DEVELOPMENT ORGANIZATION FOR GIRLS, THE G	IRL SC	OUT (CONT'D	ON SCH O)
rna	2	Check this box I if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	24
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)			24
S	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			321
itie	6	Total number of volunteers (estimate if necessary)			8597
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
4		Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,824,498.	1,498,660.
	9	Program service revenue (Part VIII, line 2g)		1,280,939.	153,978.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		282,830.	581,650.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,424,223.	9,765,140.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,812,490.	11,999,428.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		200,594.	159,990.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
(0)	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,006,635.	6,036,815.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) 651,00			F 100 COF
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	The second secon	5,566,378.	5,102,695.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,773,607.	11,299,500.
	19	Revenue less expenses. Subtract line 18 from line 12		38,883.	699,928.
S OF			Be	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		37,038,611.	39,892,582.
A Poc	21	Total liabilities (Part X) line 26)		3,093,708.	4,270,597.
Z	22	Net assets or fund balances. Subtract line 21 from line 20		33,944,903.	35,621,985.
	rt II	Signature Block			
		lues of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	correc	and complete Declaration of preparer (other than officer) is based on all information of wh	nich preparer	1 -	,/2/
		Signature of officer		Date	1/21
Sign	1			Date	
Her	е	LUPE CAMARGO, BOARD CHAIR			
		Type or print name and title	Tr	Date Check	PTIN
		Print/Type preparer's name Preparer's signature	and the second	if L	The second reserve to
Paid		BRENDA ANN BLUNT, CPA BRENDA ANN BLUNT	r, CPO	1/21/21 "self-employ	
Prep		Firm's name EIDE BAILLY LLP		Firm's EIN	45-0250958
Use	Only	Firm's address 2355 E CAMELBACK RD, STE 900		0 40	0 215 1040
_		PHOENIX, AZ 85016-9065		Phone no. 48	0-315-1040
Mar	thall	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	AS THE PREEMINENT LEADERSHIP DEVELOPMENT ORGANIZATION FOR GIRLS, THE
	GIRL SCOUT MISSION IS TO BUILD GIRLS OF COURAGE, CONFIDENCE AND
	CHARACTER WHO MAKE THE WORLD A BETTER PLACE. GIRL SCOUTS-ARIZONA
	CACTUS-PINE COUNCIL PROVIDES LEADERSHIP DEVELOPMENT(CONT'D ON SCH O)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	5
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure 1 by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
40	revenue, if any, for each program service reported. (Code:) (Expenses \$4 , 487 , 614including grants of \$16 , 751) (Revenue \$9 , 959 , 325)
4a	(Code:) (Expenses \$4,487,614. including grants of \$16,751. (Revenue \$9,959,325.) PROGRAM: THE GIRL SCOUT LEADERSHIP EXPERIENCE INCLUDES ENCAGING,
	CHALLENGING, AND IMPACTFUL PROGRAMS THAT HELP GIRLS DEVELOP A STRONG
	SENSE OF SELF WHILE CONNECTING WITH OTHERS AND TAKING ACTION TO IMPROVE
	THEIR COMMUNITIES. GIRL SCOUTS LEAD THEIR OWN ADVENTURE AND JOIN WITH
	OTHERS IN AN ALL-GIRL ENVIRONMENT TO CHOOSE THE ACTIVITIES THAT
	INTEREST THEM MOST. GIRLS GAIN IMPORTANT SKILLS THROUGH HANDS-ON
	PROGRAMS IN FOUR AREAS: STEM, OUTDOORS, LIFE SKILLS, AND
	ENTREPRENEURSHIP. OUTDOOR SKILL DEVELOPMENT, INCLUDING DAY AND
	OVERNIGHT CAMP EXPERIENCES AT THE COUNCIL'S FOUR CAMPS, IS A HALLMARK
	OF THE GIRL SCOUT PROGRAM. THE GIRL SCOUT COOKIE PROGRAM IS ALSO AT
	THE CORE OF GIRL SCOUTING, PROVIDING GIRLS A MEANS TO FUND THEIR
	ACTIVITIES WHILE DEVELOPING VITAL FINANCIAL LITERACY (CONT'D ON SCH O)
4b	(Code:) (Expenses \$ 1,869,354. including grants of \$ 1,128.) (Revenue \$ 2,205.)
	MEMBERSHIP SUPPORT PROVIDES RESOURCES AND SERVICES TO RECRUIT AND
	RETAIN GIRL MEMBERS AND SUPPORT TROOP AND SERVICE UNIT VOLUNTEERS
	THROUGHOUT THE COUNCIL'S JURISDICTION. FOR THE 2019/2020 MEMBERSHIP
	YEAR, THE COUNCIL HAD 16,943 GIRL MEMBERS ACTIVE IN 1,283 TROOPS AND
	PROGRAM CENTERS.
4c	(Code:) (Expenses \$1,783,682. including grants of \$136,446.) (Revenue \$12,459.)
	VOLUNTEER SUPPORT PROVIDES SERVICES AND RESOURCES TO RECRUIT, MANAGE,
	AND RETAIN A STRONG CORPS OF VOLUNTEERS WHO PROVIDE DIRECT PROGRAM
	DELIVERY TO GIRLS. VOLUNTEER SUPPORT ALSO INCLUDES VITAL PROGRAM AND
	SAFETY TRAINING TO ENSURE A WELL-EQUIPPED CADRE OF DIVERSE VOLUNTEERS
	WHO ARE ESSENTIAL TO OUR SUCCESS. THE COUNCIL HAD 8,573 ADULT MEMBERS
	DURING THE 2019/2020 MEMBERSHIP YEAR.
	Other are aware and item (Describe on Calcabula O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ 892,682. including grants of \$ 5,665.) (Revenue \$ 0.)
4-	
40	Total program service expenses ▶ 9,033,332.

GIRL SCOUTS - ARIZONA CACTUS-PINE COUNCIL, INC.

86-0133397 Page 3 Form 990 (2019) 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)? Х If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes." complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, "complete" X 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х 11c 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 Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Х 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? X 12b 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 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II

GIRL SCOUTS - ARIZONA CACTUS-PINE

Form 990 (2019) COUNCIL, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	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	4		
	Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		-	
	any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			X
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a	х	
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	- 21	х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		<u> </u>
Ŭ	"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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? // "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 50 (c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance	30	41	
	Check if Schodula O contains a response or note to any line in this Part V			
	Check if Schedule O Contains a response of hote to any line in this Fart V		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 34		169	140
b				
C	Enter the Harrist of Forms W 24 monaded in the Fall Enter of in Not applicable			
J	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2019) COUNCIL, INC.

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

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	321						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns? .		2b	X				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		_X_			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	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)?								
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 A		` ' -	_		v			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>X</u>			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b 5c					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			5 C					
ua			Inization Solicit	6a		х			
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribut		r gifts	- Oa					
	were not tax deductible?		giito	6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sel	rvices r	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				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	to file Form 8282?	.,		7c		_X_			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	e	_					
_				8					
9	Sponsoring organizations maintaining donor advised funds.								
a				9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			9b					
10 a	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a							
11	Section 501(c)(12) organizations. Enter:	0.	'						
а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı							
	organization is licensed to issue qualified health plans	13b	 						
	Enter the amount of reserves on hand	13c		44		v			
				14a		_X_			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedula the expensive subject to the continuous than \$1,000,000 in remund			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			15		Х			
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			13		-25			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incor	ne?	16		Х			
	If "Yes," complete Form 4720, Schedule O.					_			

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Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
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			
	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 24	4		
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		Х
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	
b		- ra		
D		7b	х	
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
		8a	Х	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
9		OD	- 21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sec	organization's mailing address? If "Yes." provide the names and addresses or Schedule O	9		21
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	X	140
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- iu		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in Schedule O how this was done	12c	Х	
13		13	X	
14	Did the organization have a written whistles lower policy? Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a	Х	
		15b	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.00		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa		16a		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exemple status with respect to such arrangements? tion C. Disclosure	TOD		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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))	c Only)	availal	hle
10	for public inspection. Indicate how you made these available. Check all that apply.	, orny)	uvandi	JIG
10	X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	nial .	
19	statements available to the public during the tax year.	manc	naı	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	DENA CUNNINGHAM - 602-452-7042			
	119 E CORONADO RD, PHOENIX, AZ 85004			
	11) 1 CONCINIDO ND, INCUNITA, 110 COUCE			

Form 990 (2019) 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

Check this box if neither the organization n					ipen	isate		rector, or trustee.	(F)		
(A) Name and title	(B) Average	(C) Position						(D) Reportable	(F) Estimated		
Name and title	hours per		not cl	heck i	more	than o		compensation	Reportable compensation	amount of	
	week					r/trus		from	from related	other	
	(list any	tor						the	organizations	compensation	
	hours for	. direc				8		organization	(W-2/1099-MISC)	from the	
	related	tee or	ıstee			ensat		(W-2/1099 MISC)		organization	
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				and related	
	below	vidua	tutio	er	em pl	loyee	ner			organizations	
	line)	Indi	Insti	Officer	Key	High	Former				
(1) TAMARA WOODBURY	40.00										
CEO				Х				199,994.	0.	20,109.	
(2) CAROL ACKERSON	40.00										
CHIEF FINANCIAL & OPERATIONS OFFICER				Х				154,174.	0.	23,172.	
(3) CHRISTINA SPICER	40.00										
DEPUTY DIRECTOR						X		112,348.	0.	18,216.	
(4) SUSAN HENES DEQUELJOE	40.00										
SR ASSOCIATE- MARKETING						X		104,771.	0.	20,237.	
(8) ALEXANDRA ZAVALA	4.00										
MEMBER-AT-LARGE		X						0.	0.	0.	
(9) AMBER KANAZBAH CROTTY	4.00										
MEMBER-AT-LARGE		Х						0.	0.	0.	
(10) ANA COLOMBO	4.00								_	_	
MEMBER-AT-LARGE		Х						0.	0.	0.	
(11) DEB GULLETT	4.00								_	_	
MEMBER-AT-LARGE		Х						0.	0.	0.	
(12) EMMI KELLOGG	4.00										
MEMBER-AT-LARGE		Х						0.	0.	0.	
(13) GAY MEYER	4.00										
MEMBER-AT-LARGE		Х						0.	0.	0.	
(14) GEMA DUARTE LUNA	4.00										
MEMBER-AT-LARGE		Х						0.	0.	0.	
(15) JAVIER TORRES	4.00										
MEMBER-AT-LARGE		Х						0.	0.	0.	
(16) JENNIFER FARNER	4.00										
MEMBER-AT-LARGE		Х						0.	0.	0.	
(17) JENNIFER HUPPENTHAL	4.00										
MEMBER-AT-LARGE		Х						0.	0.	0.	
(18) JENNY HOLSMAN TETREAULT	4.00										
MEMBER-AT-LARGE		Х						0.	0.	0.	
(19) JERYSE KELLY	4.00										
MEMBER-AT-LARGE		Х						0.	0.	0.	
(20) KAREN STEVENSON	4.00										
MEMBER-AT-LARGE		Х						0.	0.	0.	

Page 8 Form 990 (2019) Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (D) (E) (F) Position Average Reportable Name and title Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations ndividual trustee or director the compensation hours for organization (W-2/1099-MISC) from the Highest compensated Imployee related (W-2/1099-MISC) nstitutional truste organization organizations ey employee and related below organizations line) (21) KARILYN VAN OOSTEN 4.00 MEMBER-AT-LARGE Х 0. 0. (22) KATHLEEN SCHNIER 4.00 X 0. 0 . MEMBER-AT-LARGE (23) LARRY J. WULKAN 4.00 X 0 MEMBER-AT-LARGE 0 0. (24) LIZ ARCHULETA 4.00 MEMBER-AT-LARGE X 0. 0. (25) MIGUEL ACERO 4.00 MEMBER-AT-LARGE Х 0. 0. 0 4.00 (26) PELE PEACOCK FISCHER MEMBER-AT-LARGE Х 0. 0. (27) QUINTON MIRANDA 4.00 Х 0. 0. MEMBER-AT-LARGE 0. (28) RIDA ABBASI 4.00 0. MEMBER-AT-LARGE 0. 0. (29) ROBERT REDER 4.00 MEMBER-AT-LARGE n 0. 0. 287. 734. 571, 0. 81, 1b Subtotal 0. 0. 0. c Total from continuation sheets to Part VII, Section A 571,287. 0. 81.734. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such in dividual 3 Х 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 Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes." complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address Description of services AMERICAN TECHNOLOGY SPECIALISTS, 550 W. BASELINE RD., SUITE 102-467, MESA, AZ IT SERVICES 173,731.

SEE PART VII, SECTION A CONTINUATION SHEETS

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

86-0133397

Form 990 COUNCIL,	INC.								86-013	3391
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, aı	nd H	lighe	est	Compensated Employe	ees (continued)	
(A) (B) (C)								(D)	(E)	(F)
Name and title Average					ition			Reportable	Reportable	Estimated
ramo ana ano	hours	(cl			that		ly)	compensation	compensation	amount of
	per	,5,					,,	from	from related	other
	week					ee		the	organizations	compensation
	(list any	ctor				l ge		organization	(W-2/1099-MISC)	from the
	hours for	direc				ed em		(W-2/1099-MISC)		organization
	related	tee oi	ıstee			ensat				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	vidua	tutio	.er	em pl	nest c	ner			
	line)	Indi	Insti	Officer	Key	High	Former			
(30) SUSAN PANGANIBAN O'MALLEY	4.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(31) TIM CASTRO	4.00							-		-
MEMBER-AT-LARGE		х						0.	0.	0.
(32) TOMAS GUERRA	4.00							•	0.	•
MEMBER-AT-LARGE	1.00	Х						0.	0.	0.
(33) YESENIA BARRAZA SIMMONS	4.00		\vdash					1	0.	0.
MEMBER-AT-LARGE	4.00	Х						0.	0.	0.
	4 00	Λ						0.	0.	0.
(34) DENISE BLOMMEL	4.00	v		v				0.	,	^
1ST VICE CHAIRPERSON	4 00	Х		Х					0.	0.
(35) RAQUEL GUTIERREZ	4.00	.,							_	0
1ST VICE CHAIRPERSON	4 00	Х		X				0.	0.	0.
(36) JENNIFER HINKEL	4.00									
2ND VICE CHAIRPERSON		Х		X				0.	0.	0.
(37) SUSAN TRUJILLO	4.00									
2ND VICE CHAIRPERSON		Х		X				0.	0.	0.
(38) LUPE CAMARGO	4.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(39) TERI KELLEY	4.00									
BOARD CHAIR		X	L	X				0.	0.	0.
(40) GORDON LEWIS	4.00									
SECRETARY		X		X				0.	0.	0.
(41) BRIAN HEMMERLE	4.00									
TREASURER		Х		Х				0.	0.	0.
		•								
		1								
]								
Tatal to Doub VIII. Continue A. Broods										
Total to Part VII, Section A, line 1c								1		

Page 9

Form 990 (2019) COUNCIL, INC.
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lanction revenue	business revenue	sections 512 - 514
တ္ တ	1 a	Federated campaigns 1a	164,983.				
au	b						
Contributions, Gifts, Grants and Other Similar Amounts	С		152,709.				
ifts Ir A		Related organizations 1d	·				
nis.	е						
Sir		All other contributions, gifts, grants, and					
her	-	similar amounts not included above	1,180,968.				
Ę	g		7,627.				
Sor	_	Total. Add lines 1a-1f	•	1,498,660.			
			Business Code				
a	2 a	PROGRAM SERVICE FEES	900099	70,519.	70,519		
ķ	b	CAMP FEEG	900099	61,715.	61,715.		
Ser	c	VOLUNTEER TRAINING	900099	10,716.	10,716.		
Program Service Revenue	d	FAMILIES FIRST CORONAVIRUS RESPON	900099	9,728.	9,728.		
Be	e	CAMP RENTS	900099	1,300.	1,300.		
Pro	f	All other program service revenue		,			
	a	Total. Add lines 2a-2f	_	153,978.			
	3	Investment income (including dividends, intel	•				
		other similar amounts)		200,964.			200,964.
	4	Income from investment of tax-exempt bond					
	5	Royalties		S			
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 6,410,363	. 2,200.				
	b	Less: cost or other basis					
e		and sales expenses 7b 6,031,877	0.				
len	С	Gain or (loss) 7c 378,486	2,200.				
ther Revenue		Net gain or (loss)	>	380,686.			380,686.
ē	8 a	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses8	b 80,765.				
		Net income or (loss) from fundraising events		-71,065.			-71,065.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
	b	Less: direct expenses 9	b				
	C	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns	16 151 150				
	_		16,471,170.				
		• • • • • • • • • • • • • • • • • • • •	6,651,159.	0 920 011	9 920 011		
\rightarrow	С	Net income or (loss) from sales of inventory	Business Code	9,820,011.	9,820,011.		
S _I	44 -	INSURANCE CLAIM INCOME	900099	15,908.			15,908.
e a	11 a		900099	286.			286.
Miscellaneous Revenue	D C		220033	200.			200.
Sce		All other revenue					
Σ		Total. Add lines 11a-11d	—	16,194.			
	12	Total revenue. See instructions	>	11,999,428.	9,973,989.	0.	526,779.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B)
Program service
expenses (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 159,990. 159,990. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 315,682. 394,948. 53,673. 25,593. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 4,029,058. 3,221,766. 482,260. 325,032. 7 Pension plan accruals and contributions (include 92,419 399,205. 497,195. 5,571. section 401(k) and 403(b) employer contributions) 796,411. 674,201. 70,172. 52,038. Other employee benefits 9 254,357. 319,203. 39,123. 25,723. 10 Payroll taxes 11 Fees for services (nonemployees): Management 7,564. 7,564. Legal 35,680. 35,680. Accounting Lobbying Professional fundraising services. See Part IV, line 17 80,058. 802. 79,256. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 513,385. 437,424. 63,213. 12,748. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 125,200. 106,676. 11,642. 6,882. 13 Office expenses 14 Information technology Royalties 15 18,137. 404,461. 377,684. 8,640. 16 Occupancy 108,468. 100,974. 5,059. 2,435. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 28,248. 23,768. 2,933. 1,547. Conferences, conventions, and meetings 19 71,452. 17,616. 5,787. 94,855. 20 Payments to affiliates 21 959,626. 1,200,539. 163,176. 77,737. Depreciation, depletion, and amortization 22 95,494. 709,830. 568,845. 45,491. Insurance Other expenses. Itemize expenses not covered 23 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,020,530. 1,008,130. 5,702. 6,698. SUPPLIES AND INCENTIVES MISCELLANEOUS 415,869. 340,428. 42,659. 32,782. 256,323. 74,792. 218,962. 25,510. PRINTING AND PUBLICATIO 11,851. 67,734. 3,790. d POSTAGE AND SHIPPING 3,268. 26,893. 24.848. 1,385. 660. e All other expenses 11,299,500. 9,033,332. 1,615,163. 651,005. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2019)
Part X Balance Sheet

1 Cas 2 Sav 3 Ple 4 Acc 5 Loa trus cor 6 Loa unc 7 Not 3 Inv 9 Pre bas b Les 1 Inv 2 Inv 3 Inv	vings and temporary cash investments deges and grants receivable, net counts receivable, net ans and other receivables from any current or fo stee, key employee, creator or founder, substan introlled entity or family member of any of these ans and other receivables from other disqualifie der section 4958(f)(1)), and persons described in tes and loans receivable, net entories for sale or use epaid expenses and deferred charges and, buildings, and equipment: cost or other ass. Complete Part VI of Schedule D ass: accumulated depreciation estments - publicly traded securities estments - other securities. See Part IV, line 11 estments - program-related. See Part IV, line 11	ormer ontial control person sections sections 10a 10b	officer, director, ontributor, or 35% ons (as defined ion 4958(c)(3)(B) 31,856,270.13,009,032.	(A) Beginning of year 3,805,760. 165,623. 64,948. 183,440. 131,460. 19,573,562. 8,893,582.	5 6 7 8 9	(B) End of year 5,918,040. 95,103. 58,727. 222,803. 157,963.	
2 Sav 3 Ple 4 Acc 5 Loa trus cor 6 Loa unc 7 Nor 3 Inv 9 Pre bas b Les 1 Inv 2 Inv 3 Inv	vings and temporary cash investments edges and grants receivable, net counts receivable, net ans and other receivables from any current or fo stee, key employee, creator or founder, substantrolled entity or family member of any of these ans and other receivables from other disqualifieder section 4958(f)(1)), and persons described in tes and loans receivable, net entories for sale or use epaid expenses and deferred charges and, buildings, and equipment: cost or other sis. Complete Part VI of Schedule D ass: accumulated depreciation estments - publicly traded securities estments - other securities. See Part IV, line 11 estments - program-related. See Part IV, line 11	ormer on tial control of the person section section 10a 10b	officer, director, ontributor, or 35% ns sons (as defined ion 4958(c)(3)(B) 31,856,270.	Beginning of year 3,805,760. 165,623. 64,948. 183,440. 131,460.	2 3 4 5 6 7 8 9	End of year 5,918,040. 95,103. 58,727. 222,803. 157,963.	
2 Sav 3 Ple 4 Acc 5 Loa trus cor 6 Loa unc 7 Nor 3 Inv 9 Pre bas b Les 1 Inv 2 Inv 3 Inv	vings and temporary cash investments edges and grants receivable, net counts receivable, net ans and other receivables from any current or fo stee, key employee, creator or founder, substantrolled entity or family member of any of these ans and other receivables from other disqualifieder section 4958(f)(1)), and persons described in tes and loans receivable, net entories for sale or use epaid expenses and deferred charges and, buildings, and equipment: cost or other sis. Complete Part VI of Schedule D ass: accumulated depreciation estments - publicly traded securities estments - other securities. See Part IV, line 11 estments - program-related. See Part IV, line 11	ormer on tial control of the person section section 10a 10b	officer, director, ontributor, or 35% ns sons (as defined ion 4958(c)(3)(B) 31,856,270.	165,623. 64,948. 183,440. 131,460.	2 3 4 5 6 7 8 9	95,103. 58,727. 222,803. 157,963.	
3 Ple 4 Acc 5 Loa trus cor 6 Loa unc 7 Nor 3 Inve 9 Pre bas b Les 1 Inve 2 Inve 3 Inve 3 Inve	edges and grants receivable, net counts receivable, net ans and other receivables from any current or for stee, key employee, creator or founder, substanticelled entity or family member of any of these ans and other receivables from other disqualified der section 4958(f)(1)), and persons described in tes and loans receivable, net entories for sale or use epaid expenses and deferred charges and, buildings, and equipment: cost or other sis. Complete Part VI of Schedule D ses: accumulated depreciation estments - publicly traded securities estments - other securities. See Part IV, line 11 estments - program-related. See Part IV, line 11	ntial control person section section 10a 10b	officer, director, ontributor, or 35% ns sons (as defined ion 4958(c)(3)(B) 31,856,270.	183,440. 131,460.	3 4 5 6 7 8 9	222,803. 157,963.	
4 According to the control of the co	counts receivable, net ans and other receivables from any current or for stee, key employee, creator or founder, substant rolled entity or family member of any of these ans and other receivables from other disqualifieder section 4958(f)(1)), and persons described intest and loans receivable, net rentories for sale or use repaid expenses and deferred charges and, buildings, and equipment: cost or other sis. Complete Part VI of Schedule D restraction restments - publicly traded securities restments - other securities. See Part IV, line 11 restments - program-related. See Part IV, line 11	ormer on tial control of person ed person section section section 10a 10b	officer, director, ontributor, or 35% ns sons (as defined ion 4958(c)(3)(B) 31,856,270. 13,009,032.	183,440. 131,460.	5 6 7 8 9	222,803. 157,963.	
4 According to the control of the co	counts receivable, net ans and other receivables from any current or for stee, key employee, creator or founder, substant rolled entity or family member of any of these ans and other receivables from other disqualifieder section 4958(f)(1)), and persons described intest and loans receivable, net rentories for sale or use repaid expenses and deferred charges and, buildings, and equipment: cost or other sis. Complete Part VI of Schedule D restraction restments - publicly traded securities restments - other securities. See Part IV, line 11 restments - program-related. See Part IV, line 11	ormer on tial control of person ed person section section section 10a 10b	officer, director, ontributor, or 35% ns sons (as defined ion 4958(c)(3)(B) 31,856,270. 13,009,032.	183,440. 131,460.	5 6 7 8 9	222,803. 157,963.	
trus cor hose trus cor los unc los	ans and other receivables from any current or for stee, key employee, creator or founder, substant ntrolled entity or family member of any of these ans and other receivables from other disqualifieder section 4958(f)(1)), and persons described intest and loans receivable, net entories for sale or use expaid expenses and deferred charges and, buildings, and equipment: cost or other less: Complete Part VI of Schedule D estiments - publicly traded securities estments - other securities. See Part IV, line 11 estments - program-related. See Part IV, line 11	ormer ontial control of person ed person section section 10a 10b	officer, director, ontributor, or 35% ns sons (as defined ion 4958(c)(3)(B) 31,856,270.13,009,032.	131,460. 19,573,562.	6 7 8 9	157,963.	
cord cord cord cord cord cord cord cord	ntrolled entity or family member of any of these ans and other receivables from other disqualified der section 4958(f)(1)), and persons described in test and loans receivable, net entories for sale or use expaid expenses and deferred charges and, buildings, and equipment: cost or other sis. Complete Part VI of Schedule D as: accumulated depreciation estments - publicly traded securities estments - other securities. See Part IV, line 11 estments - program-related. See Part IV, line 11	person ed person in section 10a 10b	ns sons (as defined ion 4958(c)(3)(B) 31,856,270. 13,009,032.	131,460. 19,573,562.	6 7 8 9	157,963.	
6 Loa und 7 Nor 8 Investigation 9 Prepared Lar bas b Les 1 Investigation 1 Inv	ans and other receivables from other disqualified der section 4958(f)(1)), and persons described in tes and loans receivable, net entories for sale or use epaid expenses and deferred charges and, buildings, and equipment: cost or other sis. Complete Part VI of Schedule Describes accumulated depreciation estments - publicly traded securities estments - other securities. See Part IV, line 11 estments - program-related. See Part IV, line 11	10a	31,856,270. 13,009,032.	131,460. 19,573,562.	6 7 8 9	157,963.	
unco 7 Not 3 Invo 9 Pre bas b Les 1 Invo 2 Invo 3 Invo 9 Unco 1 U	der section 4958(f)(1)), and persons described in tes and loans receivable, net sentories for sale or use sepaid expenses and deferred charges and, buildings, and equipment: cost or other sis. Complete Part VI of Schedule D ses: accumulated depreciation sestments - publicly traded securities sestments - other securities. See Part IV, line 11 sestments - program-related. See Part IV, line 11	10a 10b	31,856,270. 13,009,032.	131,460. 19,573,562.	7 8 9	157,963.	
7 Notal Nota	tes and loans receivable, net entories for sale or use epaid expenses and deferred charges nd, buildings, and equipment: cost or other sis. Complete Part VI of Schedule D ess: accumulated depreciation estments - publicly traded securities estments - other securities. See Part IV, line 11 estments - program-related. See Part IV, line 11	10a 10b	31,856,270. 13,009,032.	131,460. 19,573,562.	7 8 9	157,963.	
3 Involution Involutio	entories for sale or use epaid expenses and deferred charges nd, buildings, and equipment: cost or other sis. Complete Part VI of Schedule D es: accumulated depreciation estments - publicly traded securities estments - other securities. See Part IV, line 11 estments - program-related. See Part IV, line 11	10a 10b	31,856,270. 13,009,032.	131,460. 19,573,562.	8 9 10c	157,963.	
Pre Da Lar bas b Les I Inve Inve	epaid expenses and deferred charges and, buildings, and equipment: cost or other asis. Complete Part VI of Schedule D ass: accumulated depreciation estments - publicly traded securities estments - other securities. See Part IV, line 11 estments - program-related. See Part IV, line 11	10a 10b	31,856,270. 13,009,032.	131,460. 19,573,562.	9 10c	157,963.	
Da Lar bas b Les 1 Inve 2 Inve 3 Inve	nd, buildings, and equipment: cost or other sis. Complete Part VI of Schedule D ss: accumulated depreciation estments - publicly traded securities estments - other securities. See Part IV, line 11 estments - program-related. See Part IV, line 11	10a 10b	31,856,270. 13,009,032.	19,573,562.	10c		
bas b Les lnv lnv lnv lnv lnv	sis. Complete Part VI of Schedule D ss: accumulated depreciation estments - publicly traded securities estments - other securities. See Part IV, line 11 estments - program-related. See Part IV, line 11	10b	13,009,032.			18,847,238.	
b Les 1 Inve 2 Inve 3 Inve	es: accumulated depreciation	10b	13,009,032.			18,847,238.	
b Les 1 Inve 2 Inve 3 Inve	es: accumulated depreciation	10b	13,009,032.			18,847,238.	
2 Inve 3 Inve	estments - other securities. See Part IV, line 11 estments - program-related. See Part IV, line 11			8.898.582.			
3 Inv	estments - program-related. See Part IV, line 11				11	11,577,697.	
				4,215,236.	12	3,015,011.	
1 Inta		Investments - program-related. See Part IV, line 11					
	angible assets		14				
5 Oth	ner assets. See Part IV, line 11		15				
	tal assets. Add lines 1 through 15 (must equal			37,038,611.	16	39,892,582.	
	counts payable and accrued expenses	538,085.	17	710,360.			
	ants payable	104 060	18	005 056			
	ferred revenue	184,262.	19	287,976.			
	x-exempt bond liabilities		2,346,594.	20	1,999,781.		
	crow or custodial account liability. Complete Pa				21		
	ans and other payables to any current or forme						
	stee, key employee, creator or founder, substan						
	ntrolled entity or family member of any of these		22				
	cured mortgages and notes payable to unrelate		· · · · · · · · · · · · · · · · · · ·		23		
	secured notes and loans payable to unrelated to		Г		24		
		17-24).	Complete Part X	24 767	0.5	1,272,480.	
						4,270,597.	
				3,093,700.	26	4,270,337.	
		k nere					
				33 307 695	27	35,070,191.	
			·····			551,794.	
				031,2001	20	331,731.	
Ore		o, che	CK Here				
	-				20		
and							
and Cap	min or papital surplus, or lariu, bullulling, or equ		Г				
and O Car O Pai	tained earnings, endowment, accumulated inco			33,944,903.		35,621,985.	
and Pai Pai			·····		33	39,892,582.	
5 6 7 8	par of S To Organia Ne Ne Organia Ca	parties, and other liabilities not included on lines of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASP ASC 958, check and complete lines 27, 26, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 95 and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equivalence arranges, endowment, accumulated incomplete lines assets or fund balances	parties, and other liabilities not included on lines 17-24). of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow LASP ASC 958, check here and complete lines 27, 20, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment Petained earnings, endowment, accumulated income, of Total net assets or fund balances	Total liabilities. Add lines 17 through 25 Organizations that follow FASP ASC 958, check here and complete lines 27, 2c, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Petained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASP ASC 958, check here ▶ and complete lines 27, 26, 32, and 33. Net assets without donor restrictions Net assets with donor estrictions Organizations that do not follow FASP ASC 958, check here ▶ and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Petained earnings, endowment, accumulated income, or other funds	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASP ASC 958, check here and complete lines 27, 2c, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 24 , 767 • 25 3 , 093 , 708 • 26 33 , 307 , 695 • 27 637 , 208 • 28 33 , 307 , 695 • 27 637 , 208 • 28 33 , 307 , 695 • 27 637 , 208 • 28 33 , 307 , 695 • 27 637 , 208 • 28 33 , 307 , 695 • 27 637 , 208 • 28 33 , 307 , 695 • 27 637 , 208 • 28 33 , 307 , 695 • 27 637 , 208 • 28 33 , 307 , 695 • 27 637 , 208 • 28 637 , 20	

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11	99	9 4	28.
2	Total expenses (must equal Part VIII, column (A), line 12)	2				00.
3		3				28.
4	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	33			03.
5		5	33			54.
6	Net unrealized gains (losses) on investments	6			, <u>, </u>	<u> </u>
7	Donated services and use of facilities	7				
8	Investment expenses	8				
9	Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	-	\leftarrow			•
10	,	10	35	62	1 9	85.
Pai	column (B)) rt XII Financial Statements and Reporting	10	33	, 02.	<u> </u>	03.
	Check if Schedule O contains a response or note to any line in this Part XII		,			
	Check it Schedule O Contains a response of note to any line in this Part Air		······		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[1,10
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	t			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					

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

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

GIRL SCOUTS - ARIZONA CACTUS-PINE

OMB No. 1545-0047

Employer identification number

QU I9
Open to Public
Inspection

COUNCIL INC. 86-0133397 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, super ised, 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). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

86-0133397 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	, ,	, ,		. ,	, ,	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)	
	organization, check this box and stoo	here					>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 20 19. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not d	check a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac-	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not d	check a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	ie "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	>
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	>

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	qualify under the tests listed better A. Public Support	ciow, picase comp	noto i art ii.j				_
	• • • • • • • • • • • • • • • • • • • •	(a) 2015	(b) 2010	(a) 0017	(4) 0010	(a) 2010	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	3227106	1605130.	4043276.	1924400	1/00/60	12198670.
_	include any "unusual grants.")	3227106.	T003T30.	40434/0.	1024498.	1470000.	T7130010.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						1
	any activity that is related to the organization's tax-exempt purpose	15133893.	17450237.	17233809.	17248715.	16625148	83691802.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5	18360999.	19055367 .	21277085.	19073213.	18123808.	95890472.
7a	Amounts included on lines 1, 2, and	,, ,, ,		0.000			
	3 received from disqualified persons	40,104.	68,921.	86,605.	39,543.	69,152.	304,325.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						_
	amount on line 13 for the year				- c =		0.
c	Add lines 7a and 7b	40,104.	68,921.	86,605.	39,543.	69,152.	
	Public support. (Subtract line 7c from line 6.)						95586147.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	18360999.	19055367.	21277085.	19073213.	18123808.	95890472.

10a	Gross income from interest,						
10a	Gross income from interest, dividends, payments received on	, C					
10a	Gross income from interest,	, C		192,415.	213,131.	200,964.	915,924.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	, C		192,415.	213,131.	200,964.	915,924.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	, C		192,415.	213,131.	200,964.	915,924.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income	136,105.	173,309.				
b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	, C		192,415.	213,131.	200,964.	
b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	136,105.	173,309.				
b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10a.	136,105.	173,309.				
b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	136,105.	173,309.				915,924.
b 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain	136,105.	173,309.				
b 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital	136,105.	173,309.	192,415.	213,131.	200,964.	915,924.
b 11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	136,105. 136,105. 8,131. 3,745.	173,309. 173,309. 8,855.	1,111.	213,131. 3,053.	200,964.	915,924. 8,131. 32,958.
11 12 13	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. (Add lines 9, 10c, 11, and 12.)	136,105. 136,105. 8,131. 3,745. 18508980.	173,309. 173,309. 8,855. 19237531.	192,415. 1,111. 21470611.	3,053. 19289397.	200,964. 16,194. 18340966.	915,924. 8,131. 32,958. 96847485.
11 12 13	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale or capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo	136,105. 136,105. 8,131. 3,745. 18508980.	173,309. 173,309. 8,855. 19237531.	192,415. 1,111. 21470611.	3,053. 19289397.	200,964. 16,194. 18340966.	915,924. 8,131. 32,958. 96847485.
11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo check this box and stop here	136,105. 136,105. 8,131. 3,745. 18508980. r the organization's	173,309. 173,309. 8,855. 19237531. a first, second, third	192,415. 1,111. 21470611.	3,053. 19289397.	200,964. 16,194. 18340966.	915,924. 8,131. 32,958. 96847485.
11 12 13 14 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the capital control of the sale of capital	136,105. 136,105. 8,131. 3,745. 18508980. r the organization's	173,309. 173,309. 8,855. 19237531. s first, second, third	192,415. 1,111. 21470611. d, fourth, or fifth ta	3,053. 19289397. x year as a section	200,964. 16,194. 18340966. 501(c)(3) organiza	915,924. 8,131. 32,958. 96847485. ation,
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11 12 13 14 Sec 15 16 Sec 17	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale or capital assets (Explain in Part VI). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here. Extion C Computation of Public support percentage for 2019 (legisland). Computation of Investion D. Computation of Investion D. Computation of Investion D. Computation of Investinest income percentage for 2018.	136,105. 136,105. 8,131. 3,745. 18508980. r the organization's rice Support Per line 8, column (f), do 3 Schedule A, Part stment Income on 9 (line 10c, column on 9) (line 10c, column on 9) (line 10c, column on 9)	8,855. 19237531. s first, second, third centage ivided by line 13, c Percentage mn (f), divided by line	1,111. 21470611. d, fourth, or fifth ta	3,053. 19289397. x year as a section	16,194. 18340966. 1501(c)(3) organiza	915,924. 8,131. 32,958. 96847485. ation, 98.70 % 98.81 % .95 %
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11 12 13 14 Sec 15 16 Sec 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the cities box and stop here	136,105. 136,105. 8,131. 3,745. 18508980. r the organization's rice Support Per line 8, column (f), do 3 Schedule A, Part street Income 19 (line 10c, column 2018 Schedule A, e organization did not street and schedule A, e organization did not schedule A.	173,309. 173,309. 173,309. 8,855. 19237531. a first, second, third centage ivided by line 13, compared by line 15. Percentage inn (f), divided by line 17. ot check the box of check the bo	1,111. 21470611. d, fourth, or fifth ta	3,053. 19289397. x year as a section	16,194. 18340966. 1501(c)(3) organiza	915,924. 8,131. 32,958. 96847485. ation, 98.70 % 98.81 %
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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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)(3) 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 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make gran's 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 IPS 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 (b) and (c) below (if applicable). Also, provide detail in Par 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 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		
3a		
3b		
3с		
30		
4a		
4b		
40		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
2		
9b		
9c		
40-		
10a		
10b		
n 990 or 99	0-EZ)	2019

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	•	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sect		vised, or controlled the supporting organization. C. Type II Supporting Organizations	2		
000		7. Type ii oupporting organizations		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		apported organization(s).	1		
Sec		D. All Type III Supporting Organizations		'	
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization'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			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	•	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	suppo Fion F	orted organizations played in this regard. E. Type III Functiona ly Integrated Supporting Organizations	3		
1					
' a		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 government entity (see instru	uctions)		
2		ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	apported 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,			
		he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described in (a) 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			
	reasor	ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ol-		
	OF ITS S	supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019 COUNCIL, INC.

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying to	rust on	Nov. 20, 1970 (explain in P	art VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must comp	olete Se	ections A through E.	
Secti	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		Y
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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-functionally in	ntegrat	ed Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)					
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exer							
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	}					
4	Amounts paid to acquire exempt-use assets							
_5	Qualified set-aside amounts (prior IRS approval required)							
_6	Other distributions (describe in Part VI). See instructions.			4				
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which th	e organization is responsive						
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2019 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
		(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019				
1	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019 (reason-							
	able cause required- explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2019							
a	From 2014							
b	From 2015							
c	From 2016							
d	From 2017							
<u>e</u>	From 2018							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2019 distributable amount							
<u>i</u>	Carryover from 2014 not applied (see instructions)							
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years							
<u> </u>	Applied to 2019 distributable amount							
<u> </u>	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2019, 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 2019 Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2020. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2015							
	Excess from 2016							
	Excess from 2017							
<u>a</u>	Excess from 2018 Excess from 2019							

Schedule A (Form 990 or 990-EZ) 2019

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

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,

Part VI

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Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: INSURANCE CLAIM INCOME 3,745. 2015 AMOUNT: \$ 2016 AMOUNT: \$ 8,855. 2017 AMOUNT: \$ 1,111. 3,053. 2018 AMOUNT: \$ 2019 AMOUNT: \$ 15,908. MISCELLANEOUS INCOME 286. 2019 AMOUNT: \$

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

GIRL SCOUTS - ARIZONA CACTUS-PINE

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

OMB No. 1545-0047

Employer identification number

COUNCIL, INC.			L, INC.	86-0133397
Organiz	ation type (check or	ne):		
Filers of	:	Section	on:	4
Form 99	0 or 990-EZ	X	501(c)(3) (enter number) organization	
			4947(a)(1) nonexempt charitable trust not treated as a private foundation	
			527 political organization	-(),
Form 99	0-PF		501(c)(3) exempt private foundation	
			4947(a)(1) nonexempt charitable trust treated as a private foundation	
			501(c)(3) taxable private foundation	
			ed by the General Rule or a Special Rule .	
Note: O	nly a section 501(c)((7), (8), (or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.
General	Rule			
X			form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling intributor. Complete Parts I and II. See instructions for determining a contributor's	
Special	Rules			
	sections 509(a)(1) a any one contributor	and 170 or, durin	bed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to (b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or gethe year, 1 otal contributions of the greater of (1) \$5,000; or (2) 2% of the amount Complete Parts I and II.	or 16b, and that received from
	year, total contribut	utions of	bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a more than \$1,000 exclusively for religious, charitable, scientific, literary, or educible or animals. Complete Parts I, II, and III.	
	year, contributions is checked, enter h purpose. Don't con	exclusionere the mplete a	bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a vely for religious, charitable, etc., purposes, but no such contributions totaled mototal contributions that were received during the year for an exclusively religious any of the parts unless the General Rule applies to this organization because it recontributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization	Employer identification number
GIRL SCOUTS - ARIZONA CACTUS-PINE	
COUNCIL, INC.	86-0133397

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ 41,082.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Fotal contributions	(d) Type of contribution
3		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZiP + 4	Total contributions \$ 15,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 5	Name, address, and ZIP + 4	Total contributions \$ 11,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4	Total contributions \$13,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
GIRL SCOUTS - ARIZONA CACTUS-PINE	
COUNCIL, INC.	86-0133397

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$55,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$60,923.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZiP + 4	Total contributions \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 11	Name, address, and ZIP + 4	Total contributions \$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 12	Name, address, and ZIP + 4	Total contributions \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
GIRL SCOUTS - ARIZONA CACTUS-PINE	
COUNCIL, INC.	86-0133397

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Fotal contributions	(d) Type of contribution
15		\$110,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZiP + 4	Total contributions \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	Tamo, addi 000, and an TT	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Fotal contributions	(d) Type of contribution
21		\$50,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZiP + 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
23		\$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
24		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25		\$6,200.	Person X Payroll
(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		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 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
29		\$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
30		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
GIRL SCOUTS - ARIZONA CACTUS-PINE	
COUNCIL, INC.	86-0133397

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
31		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$30,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 34	Name, address, and ZiP + 4	* 5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$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
36		\$\$000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
37		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
38		\$ 22,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
39		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
40		\$10,276.	Person X Payroll
(a)	(b)	(c)	(d)
No. 41	Name, address, and ZIP + 4	Total contributions \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	Name, audi 655, dilu ZIF + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
43		\$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
44		\$5_500•	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$9,976.	Person X Payroll
(a)	(b)	(c)	(d)
No. 46	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
47		\$	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		\$9,133.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
49		\$97,926.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$ 7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$ 6,005.	Person X Payroll
(a)	(b)	(c)	(d)
No. 52	Name, address, and ZiP + 4	Total contributions \$ 5,500.	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
53		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

923453 11-06-19

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if ac	dditional space is needed.		
(a) No. (b) from Description of noncash property given Part I		(c) FMV (or estimate) (See instructions.)	(d) Date received	
	34 SHARES OF SQUARE		\	
40				
		\$\$.	08/08/20	
(a)		(c)) `	
No. from	(b)	FMV (or estimate)	(d)	
Part I	Description of noncash property given	(See instructions.)	Date received	
		\$		
(a)		(c)		
No.	(b)	FMV (or estimate)	(d)	
from Part I	Description of noncash property given	(See instructions.)	Date received	
Parti				
		\$		
(a)		(0)		
No.	(b)	(c) FMV (or estimate)	(d)	
from	Description of noncash property given	(See instructions.)	Date received	
Part I		,		
		\$		
		Ψ		
(a)				
No.	(b)	(c)	(d)	
from	Description of noncash property given	FMV (or estimate)	Date received	
Part I		(See instructions.)		
	X			
		\$		
1-3				
(a) No.	(h)	(c)	(41)	
no. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received	
Part I	Description of noncasti property given	(See instructions.)	Date received	
_				
		 \$		

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

SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below.
➤ Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

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

Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-3.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

	, (see separate instructions), then				
	Section 501(c)(4), (5), or (6) organization GIRL SC		A CITIC DINE	Fami	aver identification number
INAII		OUTS - ARIZONA C	ACTUS-PINE	Empi	oyer identification number $86-0133397$
Pa	COUNCIL ort I-A Complete if the ord	, INC. janization is exempt und	er section 501(c)	or is a section 527 or	nanization
	THE COMPLETE IT THE OFF	jamzation is exempt and		51 10 d 500tl011 027 01;	gamzation.
_	Duranida a description of the surrous			a David IV	
	Provide a description of the organiz				
	Political campaign activity expendit				
3	Volunteer hours for political campai	gn activities			
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	ler section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	▶ \$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
_	If "Yes," describe in Part IV.				1/0
Pa	irt I-C Complete if the org	anization is exempt und	er section 501(c),	except section 501(c	<u>)(3).</u>
1	Enter the amount directly expended	by the filing organization for sec	ction 527 exempt funct	ion activities > \$	
2	Enter the amount of the filing organ	ization's funds contributed to ot	ner organizations for se	ection 527	
	exempt function activities				
3	Total exempt function expenditures				
	line 17b			▶\$	
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and en		•	•	• •
	made payments. For each organiza				•
	contributions received that were pr political action committee (PAC). If			· ·	e segregated fund or a
		· · · · · · · · · · · · · · · · · · ·			T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
				,	delivered to a separate
					political organization. If none, enter -0
					il floric, criter o .
	*				
				+	

Schedule C (Form 990 or 990-EZ) 2019 COUNCIL, INC

86-0133397 Page 2

Part II-A Complete if the organi	zation is exen	npt under sectio	n 501(c)(3) and file		ection under
section 501(h)).					
A Check ▶ ☐ if the filing organization			n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share of if the filing organization	, ,	•	ovisions apply		
B Check ► if the filing organization	Checked box A ai	id ill'illed control pr	ovisions apply.	(a) Filing	(b) Affiliated group
Limits or (The term "expenditur	n Lobbying Exper es" means amou		.)	organization's totals	totals
1a Total lobbying expenditures to influence	e public opinion (grassroots lobbying)			4
b Total lobbying expenditures to influence	e a legislative boo	ly (direct lobbying)			
c Total lobbying expenditures (add lines	1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (ac					
f Lobbying nontaxable amount. Enter the	amount from the	following table in bo	th columns.		
If the amount on line 1e, column (a) or (b)	is: The lob	bying nontaxable an	nount is:		
Not over \$500,000	20% of	the amount on line 1e	e		
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,0			cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,		00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	\$1,000,	000.			
				<u> </u>	
g Grassroots nontaxable amount (enter 2					
h Subtract line 1g from line 1a. If zero or					
i Subtract line 1f from line 1c. If zero or l					
j If there is an amount other than zero or					□ vaa □ Na
reporting section 4911 tax for this year		eraging Period Unde			Yes No
(Some organizations that r	nade a section 5	01(h) election do not	have to complete all o	f the five columns b	elow.
		ate instructions for I			
	Lobbying Exper	nditures During 4-Ye	ear Averaging Period		1
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
(**************************************					
c Total lobbying expenditures					
o restar result jurig experimental	,				
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

86-0133397 Page 3

Schedule C (Form 990 or 990-EZ) 2019 COUNCIL, INC. 86-01333 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)		
	e lobbying activity.					
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?	Х		1		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X				
С	Media advertisements?		X		,	
	Mailings to members, legislators, or the public?	X			30.	
е	Publications, or published or broadcast statements?	X			0.	
f	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		27	7,642.	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i	Other activities?		Х			
j	Total. Add lines 1c through 1i			27	7,672.	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	,				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504()(<u></u>		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(b), or sec	tion		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section		•		0 in	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	NO" OR	(b) Part i	II-A, IIIIe	J, 18	
			1.1			
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cai				
	expenses for which the section 527(f) tax was paid).					
	Current year					
b	Carryover from last year					
С	Total		_			
3			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical				
_	expenditure next year? Touchlo amount of lob puints and political expenditures (see instructions)		4			
5 Par	Taxable amount of lob bying and political expenditures (see instructions) t IV Supplemental Information		5			
		Path David II	A 15 4	1 0 /		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 ai	na 2 (see		
	uctions): and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:					
LVI	AT II B, DINE I, DOBBIING ACTIVITIES.					
EFI	FORT TO PASS ARIZONA STATE LEGISLATION REGARDING ACC	ESS TO	SCHO	OLS		
FOF	R MEMBERSHIP PURPOSES. COORDINATED WITH OTHER YOUTH	-SERV	ING			
MOL	N-PROFITS IN THE STATE.					

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 Open to Public Inspection

Name of the organization

GIRL SCOUTS - ARIZONA CACTUS-PINE COUNCIL, INC.

Employer identification number 86-0133397

Pai			Funds or Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6. (a) Donor advised funds	(b) Fu	nds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) i di	ids and other accounts
1	Total number at end of year			
2 3	Aggregate value of grants from (during year) 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	riting that the assets held in do	or advised funds	
3	are the organization's property, subject to the organization's e			Yes No
6	Did the organization inform all grantees, donors, and donor ad			165
Ü	for charitable purposes and not for the benefit of the donor or			
	• •		,	Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization			-
•	Preservation of land for public use (for example, recreati	`	vation of a historically	important land area
	Protection of natural habitat	· —	vation of a certified h	•
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in	he form of a conserva	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b			l	
	Number of conservation easements on a certified historic structure.			
	Number of conservation easements included in (c) acquired af			
	listed in the National Register			
3	Number of conservation easements modified, transferred, rele			during the tax
	year▶		, 3	J
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, har	dling of	
	violations, and enforcement of the conservation easements it h	nolds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforce	cing conservation eas	ements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing	conservation easemer	its during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of sec	tion 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and	expense statement ar	nd
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financia	l statements that des	cribes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of		s, or Other Simila	ır Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue sta	tement and balance s	heet works
	of art, his orical treasures, or other similar assets held for publ	ic exhibition, education, or rese	arch in furtherance of	public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes the	nese items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statem	ent and balance shee	t works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or researc	h in furtherance of pu	blic 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 treas	sures, or other similar assets for	financial gain, provid	е
	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			\$

Par	t III Organizations Maintaining C	ollections of Art	t, Histo	orical Tre	asures, o	r Other S	Similar Ass	ets (conti	nued)
3	Using the organization's acquisition, accession							,	,
	collection items (check all that apply):								
а	Public exhibition	d		Loan or exc	hange progra	am			
b	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how th	ey further th	ne organizatio	on's exemp	t purpose in F	art XIII.	
5	During the year, did the organization solicit or	r receive donations o	of art, his	storical treas	sures, or othe	er similar as	ssets		
	to be sold to raise funds rather than to be ma	intained as part of th	ne organ	ization's co	llection?			Yes	☐ No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered	"Yes" on Fo	orm 990, Part	IV, line 9, or	•
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	iary for c	contributions	s or other as:	sets not inc	cluded		
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing t	able:					
								Amour	nt
С	Beginning balance						1c	/	
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2 a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liability	?	Yes	No
	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete in	f the organization an	swered	"Yes" on Fo	rm 990, Part				
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three years b	ack (e) Fou	r years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses			·					
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balance	line 1g	j, column (a))) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment >	%							
	The percentages on lines 2a, 2b, and 2c snow	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that	t are held ar	nd administer	red for the	organization		
	by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on So	chedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment f	unds.					
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	, line 11a. S	See Form 990	, Part X, lin	e 10.		
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulated	(d) Boo	k value
		basis (investn	nent)		(other)	depre	eciation		
1a	Land				3,294.				3,294.
b	Buildings			28,52	5,189.	10,93	36,166.	17,58	9,023.
С	Leasehold improvements								
d	Equipment				2,855.		L3,465.		9,390.
е	Other			1,07	4,932.	85	59,401.		5,531.
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. colum	n (B). line 1	0c.)			18,84	7,238.

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" of	n Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A) AN	NUITY	46,593.	END-OF-YEAR MARKET	VALUE
(B) IN	WESTMENT POOL	2,765,683.	END-OF-YEAR MARKET	VALUE
(C) CE	RTIFICATES OF DEPOSIT	202,735.	END-OF-YEAR MARKET	VALUE
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,015,011.		
Part VIII	Investments - Program Related.	·		
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			• •	
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
	(a) [Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990 Part X. col. (B) line	15.)	>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" of	n Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability			(b) Book value
	leral income taxes			
	E TO GIRL SCOUTS USA			5,480.
	FUNDABLE ADVANCE - PAYCH	ECK		
(4) PR	OTECTION PROGRAM			1,267,000.
(5)	•			
(6)				
(7)				
(8)				
(9)				
Total (Cali	uman (b) may at a great Farms 000. Part V and (D) line	05.)		1 272 480.

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

1

2

1

3

PART X, LINE 2:

MANAGEMENT BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING THE ORGANIZATION'S ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS EXPENSES 80,765.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

200,964. INTEREST AND DIVIDENDS

REALIZED GAIN OR LOSS ON SECURITIES

378,484.

GIRL SCOUTS - ARIZONA CACTUS-PINE

Schedule D (Form 990) 2019 COUNCIL, INC.	86-0133397 Page 5
Schedule D (Form 990) 2019 COUNCIL, INC. Part XIII Supplemental Information (continued)	<u> </u>
TOTAL TO SCHEDULE D, PART XI, LINE 4B	579,448.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES	80,694.
	0
	7

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

2019

Open to Public Inspection

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

		GIRL SCOUTS - ARIZONA C	ACTUS-PINE		
Schedule G	(Form 990 or 990-EZ) 2019	COUNCIL, INC.		86-0133397	Page
Part II	Fundraising Events.	Complete if the organization answered "Yes"	on Form 990, Part IV, line 18, or	reported more than \$15,	,000
	of fundraising event contril	outions and gross income on Form 990-F7. line	es 1 and 6b. List events with gro	ss receipts greater than 9	\$5,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			BADGE BASH	BADGE BASH		(add col. (a) through
			OCT 2019	NOV 2020	1	col. (c))
•			(event type)	(event type)	(total number)	COI. (C))
nue						
Revenue	1	Gross receipts	81,669.	80,740.		162,409.
Œ						4
	2	Less: Contributions	73,669.	79,040.		152,709.
	3	Gross income (line 1 minus line 2)	8,000.	1,700.		9,700.
	4	Cash prizes				
	5	Noncash prizes				
ses						
oeu	6	Rent/facility costs				
Direct Expenses			06.004			06 060
ect	7	Food and beverages	26,294.	73.		26,367.
ä						
	8	Entertainment	53,686.	712.		54,398.
	9	Other direct expenses				
	10	,				80,765. -71,065.
Pa	ırt l	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a			roported more than	-/1,005.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1 990, Part IV, line 19, Or I	eported more triair	
		ψ10,000 0111 01111 000 E2, III10 0α.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						() ()
æ	 	Gross revenue		1		
		G1000 10V01100				
"	2	Cash prizes				
Expenses						
ber	3	Noncash prizes				
Ϋ́						
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u> </u>	
_	_					
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming ac				Yes No
b	IT "	No," explain:				
10-	\//	ere any of the organization's gaming licenses re	woked suspended or to	erminated during the tax s	year?	Yes No
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·	-		163140
~						
	_					

GIRL SCOUTS - ARIZONA CACTUS-PINE

Schedule G (Form 990 or 990-EZ) 2019 COUNCIL, INC.	86-0133397 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	ر ا مدا
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds:
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the an	ount
of gaming revenue retained by the third party \$\bigs\\$	
c If "Yes," enter name and address of the third party:)
Name ▶	
Address	
16 Gaming manager information:	
Carring manager mormation.	
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	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the
organization's own exempt activities durit g the tax year \$\) Part IV Supplemental Information. Provide the explanations required by Part I line 2b, columns (iii) and (v)	
Trevide the explanations required by Fart 1, line 25, solutions (iii) and (v)); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

GIRL SCOUTS - ARIZONA CACTUS-PINE

Schedule (G (Form 990 or 990-EZ)	COUNCIL, IN	C.	86-0133397	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)			
	•	,			
				-	
				</td <td></td>	
		$\overline{}$			
	$\wedge \vee$				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

GIRL SCOUTS - ARIZONA CACTUS-PINE

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

OMB No. 1545-0047 Open to Public Inspection

Name of	COUNCIL,	INC.	ONA CACTUS-	PINE				Employer identification number $86-0133397$
Part I	General Information on Grants a	nd Assistance						
cri	es the organization maintain records teria used to award the grants or assisteribe in Part IV the organization's pro	stance?						on X Yes
Part II		=				anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
	recipient that received more than		•	T	1	(f) Method of	T	
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
					3			
			C					
2 En	ter total number of section 501 (c)(3) a	nd government org	anizations listed in the	e line 1 table				>
3 En	ter total number of other organizations	s listed in the line 1	table					

COUNCIL, INC.

Schedule I (Form 990) (2019) COUNCIL, INC.					86-0133397	Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	4	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash a	ssistance
DUES ASSISTANCE	4347	106,777.	0.	O.		
		·				
PROGRAM ASSISTANCE	1074	36,463.	0.			
SCHOLARSHIPS	32	16,750.	0.			
			5			
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
ALL INDIVIDUAL ASSISTANCE RECIPIEN	IS MUST E	E EITHER C	IRL OR ADU	LT MEMBERS		
OF THE ORGANIZATION. EACH TYPE OF	INDIVIDUA	L ASSISTAN	ICE HAS A D	OCUMENTED		
PROCESS WITH MULTIPLE STEPS INCLUD	ING VOLUN	TEER OVERS	SIGHT AND D	OCUMENTATION		
FOR APPROVAL OF AN AWARD THE INDI	VIDUALS A	RE MONITOR	RED BY VOLU	NTEER		
LEADERSHIP, STAFF IN THE MEMBERSHI	P AREA AN	D IN THE E	ROGRAM ARE	AS TO ENSURE		
THAT THE ASSISTANCE IS USED FOR THE	E PURPOSE	DESCRIBE	IN THE AP	PLICATION.		

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

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

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

GIRL SCOUTS - ARIZONA CACTUS-PINE

COUNCIL, INC.

Employer identification number 86-0133397

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

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

Schedule J (Form 990) 2019

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, clescribed 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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) TAMARA WOODBURY	(i)	199,994.	0.	0.	8,054.	13,818.	221,866.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CAROL ACKERSON	(i)	154,174.	0.	0.	6,318,	18,434.	178,926.	0.
CHIEF FINANCIAL & OPERATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
_	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
\sim	(i)							
	(ii)							
	(i)							
	(ii)							

86-0133397

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

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

explanations, and any additional information in Part VI.

Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization

GIRL SCOUTS - ARIZONA CACTUS-PINE

COUNCIL, INC.

Employer identification number 86-0133397

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Part		EE PART VI			TINUATI	Т		X						
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issue	d (e) Issu	e price	(f) Descript	ion of purpose	(g) De	feased	(h) On			
											of iss		finan	_
									Yes	No	Yes	No	Yes	No
	THE INDUSTRIAL				_		CAPITAL							i
<u> </u>	DEVELOPMENT AUTHORITY OF	52-2038405	NONE	03/11/1	5 9,937	,500 I	EXPENDIT	URES		X		Х		X
														i
<u>B</u>														—
														i
<u>_C</u>														—
														ĺ
D														
Part	II Proceeds							T						
				7.0	A		В	С				D		
1	Amount of bonds retired				06,137.									
2	Amount of bonds legally defeased			0 0	25.500									
3	Total proceeds of issue			9,9	37,500.									
4	Gross proceeds in reserve funds				10 265									
5	Capitalized interest from proceeds			. 1	12,365.									
6					66 44 5									
7	·			1	66,417.									
8	•													
9	Working capital expenditures from proceeds													
<u>10</u>	Capital expenditures from proceeds			9,6	58,718.									
<u>11</u>	Other spent proceeds													
12	• • •													
<u>13</u>	Year of substantial completion				2017			ļ						
				Yes	No	Yes	No	Yes	No		Yes	_	No	
14	Were the bonds issued as part of a refunding		onds (or,											
	if issued prior to 2018, a current refunding iss				X			.				_		
15	Were the bonds issued as part of a refunding		s (or, if											
	issued prior to 2018, an advance refunding is	sue)?			X							_		
	Has the final allocation of proceeds been made			X				 		4		\perp		
17	Does the organization maintain adequate boo	ks and records to sup	port the											
	final allocation of proceeds?			X										

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

Schedule K (Form 990) 2019

86-0133397

Par	t III Private Business Use								
			A		В		С	[D
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X					ĺ	
За	Are there any management or service contracts that may result in private)			
	business use of bond-financed property?		x					ĺ	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		x		r e				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
	counsel to review any research agreements relating to the financed property?							ĺ	
4	Enter the percentage of financed property used in a private business use by				•				1
-	entities other than a section 501(c)(3) organization or a state or local government		.00 %		%		%	ĺ	%
5	Enter the percentage of financed property used in a private business use as a result of				,-		, , ,		
_	unrelated trade or business activity carried on by your organization, another						l	ĺ	
	section 501(c)(3) organization, or a state or local government		.00 %		%		%		%
6	Total of lines 4 and 5		.00 %		%		%		%
7	Does the bond issue meet the private security or payment test?		X		7		/ /		
	Has there been a sale or disposition of any of the bond-financed property to a non-								
-	governmental person other than a 501(c)(3) organization since the bonds were issued?		x						
	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed				L		-		
-	of		%		%		%		%
	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections		1		<u> </u>		73		70
·	1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified						†		
Ū	bonds of the issue are remediated in accordance with the requirements under								
	Regulations sections 1.141-12 and 1.145-2?	x						ĺ	
Par	t IV Arbitrage			<u> </u>	1	<u> </u>		<u> </u>	<u>. </u>
			Α		 В		С	Г	D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?	100	X	100	1.0	1.00	10		- 110
2	If "No" to line 1, did the following apply?				L		-		
	Rebate not due yet?		Х						
	Exception to rebate?	Х							
	No rebate due?		Х						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was		_ = -		ı		1		
	performed								
3	Is the bond issue a variable rate issue?		Х						

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

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

GIRL SCOUTS - ARIZONA CACTUS-PINE

Employer identification number

		COUNCIL										333	9 7_		
Part I	Excess Bene	fit Transa	ctions	s (section 50)1(c)(3), secti	ion 501(c)(4), and se	ection	501(c)(29) orga	nizatio	ns on	ly).			
							art IV, line 25a or 25b								
1				tionship betv				5, 5	<u> </u>			-	(4)	Corre	rted?
' (a) Nam	e of disqualified p	erson		erson and or			(c) Des	scription of tran	sactio	n		Yes		
			I-		J								16	28	No
													+	_	
												Ф.	+		
													—		
												Δ	—		
												Ľ			
										7		/			
2 Enter th	ne amount of tax i	ncurred by th	e orgar	nization mana	agers	or disc	ualified persons dur	ring th	e year under	1					
section	4958										\$				
3 Enter th	ne amount of tax, i										\$				
	,	3,	,	,	,										
Part II	Loans to and	l/or From	ntere	sted Pers	ons.										
	Complete if the c	raanization a	newore	nd "Voc" on E	orm 0	00 E7	, Part V, line 38a or l	Eorm	000 Part IV lin	o 26: o	r if th	o orgai	oizotic	n	
	reported an amou						, rait v, line soa or i	OHII	990, Lait IV, IIII	e 20, c	,, ,, ,,,	e organ	iizatio	'' '	
(-)	Name of				·	an to or	(a) Original	10	Dalaman dan	()	ln.	(h) App	roved	/:\ \A/	ritton
٠,	sted person	(b) Relations with organizat		c) Purpose of loan	fron	n the	(e) Original principal amount	(1)	(f) Balance due		In ult?	by boa	ard or	(1) **	ritten ment?
1111010	oted person	With organizat	1011	OI IOGII		zation?	principal amount					comm			_
			_		То	From		_		Yes	No	Yes	No	Yes	No
												\sqcup			
			+									\vdash			
			+					+				\vdash			
					\vdash			+				\vdash			
				<u> </u>											<u> </u>
otal Part III	Grants or As	oiotopoo P	onof	ting Intor		1 Dor	> \$)							
Part III															
	Complete if the c	organization a	nswere	ed "Yes" on F	orm 9	90, Pa	art IV, line 27.								
(a) Na	me of interested p	person		Relationship			(c) Amount of		(d) Type				Purp		
			int	erested pers		d	assistance		assistan	ce		a	assista	ance	
				the organiza	ation										
	$\overline{}$														
											\dashv				
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											+				
											+				

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

Schedule L (Form 990 or 990-EZ) 2019

	(Form 990 or 990-E				
Part IV	Business Tra	nsactions l	nvolving In	terested F	ersons.

Complete if the organization answer (a) Name of interested person		(b) Relationship betw person and the or	een interested	(c) Amount of transaction	(d) Description transaction	of	(e) Sharing of organization? revenues?		
							Yes	No	
SUBSTANTIAL	CONTRIBUTOR	SUBSTANTIAL	CONTRIB	806,203.	HEALTH IN	ISU		X	
Part V Supple	mental Information.								
	dditional information for resp	oonses to questions on S	Schedule L (see in	estructions).					
SCH L, PART	IV, BUSINESS	TRANSACTIONS	INVOLVIN	G INTERESTE	ED PERSONS	:			
(A) NAME OF	PERSON: SUBSTA	ANTIAL CONTRI	BUTOR	-O-Y					
(B) RELATION	NSHIP BETWEEN	INTERESTED PE	RSON AND	ORGANIZATI	ON:				
SUBSTANTIAL	CONTRIBUTOR		6						
(D) DESCRIP	TION OF TRANSAC	CTION: HEALTH	INSURAN	CE					
		75							
	0								
	<u> </u>								

SCHEDULE O

(Form 990 or 990-EZ)

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 990-EZ.

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

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

GIRL SCOUTS - ARIZONA CACTUS-PINE COUNCIL, INC.

Employer identification number 86-0133397

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MISSION IS TO BUILD GIRLS OF COURAGE, CONFIDENCE AND CHARACTER WHO MAKE THE WORLD A BETTER PLACE. GIRL SCOUTS-ARIZONA CACTUS-PINE COUNCIL PROVIDES LEADERSHIP DEVELOPMENT FOR K-12 GIRLS ACROSS CENTRAL AND NORTHERN ARIZONA.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FOR K-12 GIRLS ACROSS CENTRAL AND NORTHERN ARIZONA.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: AND ENTREPRENEURIAL SKILLS. WHILE THE PANDEMIC AFFECTED IN-PERSON PROGRAMMING DURING THE SECOND HALF OF OUR FISCAL YEAR, INCLUDING THE CANCELLATION OF SUMMER CAMP, GSACPC CONTINUED TO OFFER PROGRAMS VIRTUALLY TO KEEP GIRLS ENGAGED CONNECTED AND WORKING TOWARD THEIR GIRL SCOUT GOALS.

PART III, LINE 4D, OTHER PROGRAM SERVICES: FORM 990, COMMUNITY ACTIVITIES: INCLUDE COMMUNITY ENGAGEMENT EFFORTS TO HELP MAKE GIRL SCOUPING MORE ACCESSIBLE IN AREAS WHERE THERE IS NOT A TRADITION OF GIRL SCOUTING, WHERE VOLUNTEERS AND RESOURCES ARE LIMITED, OR WHERE OTHER BARRIERS TO PARTICIPATION EXIST. THIS INCLUDES OUR MARYVALE/GLENDALE INITIATIVE THAT SERVES THE WEST VALLEY OF PHOENIX, LATINX INITIATIVE THAT FOCUSES ON FAMILY ENGAGEMENT AND PROGRAMMING FOR GIRLS ON THE NAVAJO NATION AND HOPILANDS. EXPENSES \$ 892,682. INCLUDING GRANTS OF \$ 5,665. REVENUE \$ 0.

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

Employer identification number 86-0133397

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

THE EXECUTIVE COMMITTEE MAY EXERCISE THE POWERS OF THE BOARD BETWEEN BOARD

MEETINGS, EXCEPT IT MAY NOT ADOPT THE BUDGET OR TAKE ANY ACTION WHICH IS

CONTRARY TO, OR A SUBSTANTIAL DEPARTURE FROM, THE DIRECTION ESTABLISHED BY

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

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

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

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

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

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

GEOGRAPHIC JURISDICTION OF THE COUNCIL AND WHO ARE REGISTERED MEMBERS IN

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

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

VOTING MEMBERS OF THE COUNCIL ("VOTING MEMBERS") ELECT THE OFFICERS OF THE COUNCIL, THE MEMBERS-AT-LARGE OF THE BOARD OF DIRECTORS, AND A MINIMUM OF 2 NON-VOTING "GIRL MEMBERS" (FEMALE MEMBERS FROM 14 TO 18 YEARS OF AGE) TO THE BOARD OF DIRECTORS AT THE ANNUAL MEETING.

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

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

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

ANNUAL MEETING.

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

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

Employer identification number 86-0133397

Schedule O (Form 990 or 990-EZ) (2019)

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

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

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

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

DIRECTORS.

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

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

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

COMPENSATION, WHEN ADJUSTED, IS BASED ON SURVEYS DONE BY THE GIRL SCOUTS OF
THE USA AND ARIZONA STATE UNIVERSITY ON NONPROFITS IN ARIZONA BY COUNTY AND
SIZE. THE EXECUTIVE COMMITTEE SERVES AS THE COMPENSATION COMMITTEE AND THE
BOARD OF DIRECTORS REVIEWS THE RECOMMENDATIONS OF THE EXECUTIVE COMMITTEE.
ADDITIONALLY THE GIRL SCOUTS OF THE USA PERFORM ANNUAL COMPENSATION
STUDIES.

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

932212 09-06-19

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

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

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

Schedule O (Form 990 or 990-EZ) (2019)	Page
Name of the organization GIRL SCOUTS - ARIZONA CACTUS-PINE COUNCIL, INC.	Employer identification number 86-0133397
AT THE FRONT DESK. ADDITIONALLY, FINANCIAL INFORMATION IS	PROVIDED IN THE
ANNUAL REPORT THAT IS DISTRIBUTED AT THE ANNUAL MEETING.	
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