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(Rev. January 2020) Department of the Treasury

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

OMB No. 1545-0047

2020 A For the 2019 calendar year, or tax year beginning OCT 1, 2019 and ending SEP Check if applicable: C Name of organization D Employer identification number Address change GIRL SCOUTS OF NORTHERN CALIFORNIA Name 94-1551410 change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated (510) 562-8470 1650 HARBOR BAY PARKWAY 100 32,448,203. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended 94502 ALAMEDA, CA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MARINA PARK-SUTTON 」Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.GSNORCAL.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1963 M State of legal domicile: CA Trust Part I Summary Briefly describe the organization's mission or most significant activities: GIRL SCOUTS BUILD GIRLS OF **Activities & Governance** COURAGE, CONFIDENCE AND CHARACTER WHO MAKE THE WORLD A BETTER PLACE. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 21 Number of independent voting members of the governing body (Part VI, line 1b) 4 392 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 26544 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 0. 7h **Current Year Prior Year** 4,547,353. 1,839,931. Contributions and grants (Part VIII, line 1h) 8 3,662,264. 921,398. Program service revenue (Part VIII, line 2g) 1,001,809. 236,031. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 15,480,434. 15,936,291. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 24,691,860. 18,933,651. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 319,366. 148,215. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 12,943,502. 12,841,178. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 8,180,190. 6,487,228. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 19,476,621. 21,443,058. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,248,802. -542,970. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year 29 **End of Year** 37,639,213. 39,226,992 Total assets (Part X, line 16) 4,730,545. 2,837,923. 21 Total liabilities (Part X, line 26) 三年 34,801,290. 34,496,447. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign MARINA PARK-SUTTON, CEO Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature P01008919 MAGA E. KISRIEV Paid self-employed Firm's name ► HOOD & STRONG LLP Firm's EIN ▶ 94-1254756 Preparer Firm's address > 275 BATTERY STREET, STE 900 Use Only Phone no. 415.781.0793 SAN FRANCISCO, CA 94111 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or Name of exempt organization or other filer, see instructions.

Taxpayer identification number (TIN) print

	GIRL SCOUTS OF NORTHERN CALIFORNIA 94-1551										
File by the due date for illing your eturn. See nstructions.	Number, street, and room or suite no. If a P.O. box, se 1650 HARBOR BAY PARKWAY, NO										
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALAMEDA, CA 94502										
Enter the Return Code for the return that this application is for (file a separate application for each return)											
Applicatio	n	Return	Application		Return						
s For		Code	Is For		Code						
orm 990	or Form 990-EZ	01	Form 990-T (corporation)								
orm 990-	BL	02	Form 1041-A		08						
orm 4720	(individual)	03	Form 4720 (other than individual)		09						
orm 990-l	PF	04	Form 5227		10						
orm 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069		11						
orm 990-	T (trust other than above)	06	Form 8870 11								
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r me boo	The books are in the care of ► 1650 HARBOR BAY PARKWAY, SUITE 100 - ALAMEDA, CA 94502										

	LEINANI MALIG				
• 7	The books are in the care of \blacktriangleright 1650 HARBOR BAY PARKWAY, SUITE 100 - ALM	MED	λ,	CA	94502
Т	Telephone No. ▶ (510) 562-8470 Fax No. ▶				
•	f the organization does not have an office or place of business in the United States, check this box				> 🔲
•	f this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	is is fo	r the w	/hole (group, check this
box	▶ . If it is for part of the group, check this box ▶ . and attach a list with the names and TINs of all	membe	ers the	exter	nsion is for.
2	the organization named above. The extension is for the organization's return for: calendar year or X tax year beginning OCT 1 , 2019 , and ending SEP 30 , 2020	e exem		anizat	tion return for
За					0.
	any nonrefundable credits. See instructions.	3a	\$		
b	, , , , , , , , , , , , , , , , , , , ,	١.,			0.
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$		
С					0
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$		0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

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: CTRL COLUMN BILLIA CTRL COLUMN CHARACTER AND CHARACTER WHO MAKE
	GIRL SCOUTS BUILD GIRLS OF COURAGE, CONFIDENCE AND CHARACTER, WHO MAKE THE WORLD A BETTER PLACE.
	THE WORLD A BETTER PLACE.
	Did the annual ation and atole and airciff and an annual and airc during the annual links and an the
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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 3,922,952. including grants of \$ 950.) (Revenue \$ 171,666.)
	WITH IN-PERSON CAMP CANCELLED FOR SUMMER 2020, OUR PROGRAM TEAM ADAPTED
	BY CREATING A VIRTUAL SUMMER CAMP FOR GIRLS OF ALL AGES. WE HAD OVER
	850 REGISTRATIONS FOR THIS VIRTUAL CAMP EXPERIENCE. MANY OF OUR
	PROPERTIES WERE CLOSED DURING THE PANDEMIC, BUT AS REGULATIONS
	PERMITTED, OUR MEMBERS VISITED OUR CAMP PROPERTIES, ENJOYING HIKING
	TRAILS AND OUTDOOR SPACES ON FAMILY DAYS.
4b	$(\text{Code: } ___) \text{ (Expenses \$} ___3,863,533 \cdot __ \text{ including grants of \$} ____48,675 \cdot __) \text{ (Revenue \$} ___15,886,853 \cdot __)$
	IN OUR STEM PROGRAMS, GIRLS EXPLORE SCIENCE, TECHNOLOGY, ENGINEERING
	AND MATH THROUGH HANDS-ON EXPERIENCES LIKE EARNING BADGES IN
	CYBERSECURITY, SPACE SCIENCE, ENGINEERING AND ROBOTICS. MORE THAN
	23,000 GIRLS PARTICIPATED IN OUR COOKIE AND FALL ENTREPRENEURSHIP
	PROGRAMS, WHERE THEY BUILD BUSINESS SKILLS LIKE GOAL-SETTING, MONEY
	HANDLING, PUBLIC SPEAKING, BUDGETING AND SALES. GIRLS GIVE BACK TO
	THEIR COMMUNITIES AND EARN BRONZE, SILVER AND GOLD AWARDS FOR "TAKE
	ACTION" PROJECTS WHERE THEY IDENTIFY ISSUES THEY CARE ABOUT, DISCOVER
	THE ROOT CAUSES OF THE ISSUES, AND TAKE ACTION TO DEVELOP SUSTAINABLE
	SOLUTIONS. THIS YEAR, 140 GOLD AWARDS (OUR HIGHEST AWARD) WERE EARNED.
4c	(Code:) (Expenses \$ 4,486,079. including grants of \$ 98,590.) (Revenue \$ 531,725.)
	OUR COUNCIL SERVES APPROXIMATELY 34,000 GIRL AND 26,000 ADULT MEMBERS
	FROM SANTA CLARA COUNTY TO THE OREGON BORDER. THROUGHOUT THE YEAR, WE
	CHECKED-IN WITH MEMBERS THROUGH SURVEYS, TOWN HALLS, AND OFFICE HOURS
	TO PROVIDE THEM WITH THE SUPPORT THEY NEEDED. WE OFFERED HANDS-ON
	TRAINING FOR NEW VIRTUAL TOOLS. WE LAUNCHED THE "SUMMER OF SISTERHOOD",
	A SERIES OF BADGE, JOURNEY, AND ACTIVITY RESOURCES AND THE "TROOP
	LEADER BLUEPRINT", RESOURCES TO SUPPORT VIRTUAL GIRL SCOUT MEETINGS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 2,760,551. including grants of \$ 0.) (Revenue \$ 178,800.)
<u>4e</u>	Total program service expenses ► 15,033,115.
	Form 990 (2019)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
·	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		37	
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124	•	12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D	•	12b		V X
13	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		X
				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ . ,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

Pa	rt IV Checklist of Required Schedules (continued)	<u> </u>		age -
	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		Ь
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Ь
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			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	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			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			٠,,
	"Yes," complete Schedule L, Part IV	28c	37	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			٠,,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٠,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
	Part V, line 1	34	Х	\
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		├
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_v
	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			_v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u></u>
· a	Check if Cabadula O contains a vacanage or note to any line in this Dark V			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
٠. م	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ه 🗆	Yes	No
_		0		
b	Enter the Hamber of Forms W 2d included in line 1d. Enter 6 in not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

932004 01-20-20

Form **990** (2019)

(gambling) winnings to prize winners?

Form 990 (2019) GIRL SCOUTS OF NORTHERN CALIFORNIA

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

22 Enter the number of employees reported on Form W/3. Transmittation of Wage and Tax Statements. 2a 3.9.2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-Jule (see instructions) 3a Did the organization have unleaded business gross is some or \$15, 1000 or more during the year? 3b If Yes, "ask if lied a Form 990-T for this year? If Yos' to line 3b, provide an explanation on Schedule 0 3b If Yes, "ask if lied a Form 990-T for this year? If Yos' to line 3b, provide an explanation on Schedule 0 3c If Yes, "ask if lied a Form 990-T for this year? If Yos' to line 3b, provide an explanation on Schedule 0 3c If Yes, "ask if lied a Form 990-T for this year? If Yos' to line 3b, provide an explanation on Schedule 0 3c If Yes, "ask if lied a Form 990-T for this year? If Yos' to line 3b, year year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country year. A stranger of the submitted in the year? See in Yes' to line 3a or 5b, did the organization that It was or is a party to a prohibited as that year? 5c If Yes' to line 3a or 5b, did the organization that It was or is a party to a prohibited as where transaction? 5c If Yes' to line 3a or 5b, did the organization that it was or is a party to a prohibited as where transaction solicit any contributions that were not tax deductible? 5c If Yes' to line 3a or 5b, did the organization have an interest are normally greater than \$100,000, and did the organization solicit any contributions under section 170c). 5c If Yes' if the organization revelve deductible contributions under section 170c). 5c If Yes' if the organization revelve a contribution of the value of the good sort services provided 7 5c If Yes' if the organization was		o d d d dominaca)				Yes	No			
filed for the calendar year ending with or within the year covered by this return If all seat one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a-rise (see instructions) 30. Did the organization have unrelated business goos income of \$1,000 or more during the year? 31. If Yea, if all the all commod 10 for this year? If year 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)? 42. 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)? 43. At a the time of the foreign country be seen that the security of the security of the security of the security organization and the security of the organization security of the security of the organization security of the secur	22	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tay Statements]		162	NO			
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-ligid (see instructions) 36 Did the organization have unreleaded business goes income of \$1,000 or more during the year? 37 Did 17 (e.s.) has if filed a form 990 if for this year? if yeb's 7 in yeb'	Zu		22	392						
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to _e/lio_(see instructions) 3a	h	, , , , , , , , , , , , , , , , , , , ,			2h	х				
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a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N.										
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If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X										
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		excess parachute payment(s) during the year?			15		X			
		If "Yes," see instructions and file Form 4720, Schedule N.								
If "Yes," complete Form 4720, Schedule O.	16		t incon	ne?	16		X			
		If "Yes," complete Form 4720, Schedule O.				000				

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 21							
	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							
2	, , , , , , , , , , , , , , , , , , , ,							
	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	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b	Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	X					
	Other officers or key employees of the organization	15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶CA							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availa	ble				
	for public inspection. Indicate how you made these available. Check all that apply							
	X Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	LEINANI MALIG - (510) 562-8470							
	1650 HARBOR BAY PARKWAY, SUITE 100, ALAMEDA, CA 94502							

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.

(A) Name and title	(B) Average hours per	box	(do not check mo box, unless perso officer and a direct		ition more rson i	than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ELLEN RICHEY	4.00	ļ								•
PRESIDENT		Х		Х				0.	0.	0.
(2) SANDY SHIRAI	2.00	ļ		l						•
FIRST VICE PRESIDENT		Х		Х				0.	0.	0.
(3) SUZANNE BELL	2.00	ļ								
SECOND VICE PRESIDENT		Х		Х				0.	0.	0.
(4) ELLEN BERMINGHAM	2.00	ļ								
THIRD VICE PRESIDENT		Х		Х				0.	0.	0.
(5) ZAIN OKE	2.00	ļ								
TREASURER		Х		Х				0.	0.	0.
(6) KAREN DERR GILBERT	2.00	ļ								
SECRETARY		Х		Х				0.	0.	0.
(7) TINA AMBER	2.00	1								
DIRECTOR-AT-LARGE		Х						0.	0.	0.
(8) JANA BARSTEN	2.00								_	_
DIRECTOR-AT-LARGE		Х						0.	0.	0.
(9) DIANA BELL	2.00									
DIRECTOR-AT-LARGE (THRU 4/2020)		Х						0.	0.	0.
(10) KATHY BLOCH	2.00									
DIRECTOR-AT-LARGE		Х						0.	0.	0.
(11) GINGER BRYANT	2.00									
DIRECTOR-AT-LARGE		Х						0.	0.	0.
(12) LINDA CHONG	2.00									
DIRECTOR-AT-LARGE		Х						0.	0.	0.
(13) CHARMAINE CLAY	2.00									
DIRECTOR-AT-LARGE (FROM 4/2020)		Х						0.	0.	0.
(14) MARY CRANSTON	2.00									
DIRECTOR-AT-LARGE		Х						0.	0.	0.
(15) RAJIV DHOLAKIA	2.00									
DIRECTOR-AT-LARGE		Х						0.	0.	0.
(16) CAROLINE GAFFNEY	2.00									
DIRECTOR-AT-LARGE (THRU 4/2020)		Х						0.	0.	0.
(17) AMY LOVE	2.00									
DIRECTOR-AT-LARGE (FROM 4/2020)		X						0.	0.	0 • Form 990 (2019)

	OUTS OF N	<u>IOR</u>	TH	ER	N	CA	LI	FORNIA	94-1551	<u>410</u>	Р	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)			(0				(D)	(E)		(F)	
Name and title	Average	(do		Posi			one	Reportable	Reportable	E	stimate	ed
	hours per	box,	(do not check more than one box, unless person is both an officer and a director/trustee)				n an	compensation	compensation	aı	mount	
	week		Jer an	uau	recto	i/irus	lee)	from	from related		other	
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	1	npensa from th	
	related	ndividual trustee or director	stee			sated		(W-2/1099-MISC)	(88-271099-181130)	1	ganizat	
	organizations	truste	nstitutional trustee		yee	mper		(** 27 1000 141100)		ı `	nd relat	
	below	idual	ution	ъ	old m	est co oyee	er			org	anizati	ons
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former					
(18) PEG MCALLISTER	2.00											
DIRECTOR-AT-LARGE		Х						0.	0.			0.
(19) LESLIE MILLER	2.00											
DIRECTOR-AT-LARGE		Х						0.	0.			0.
(20) DEBRA ROSSI	2.00											
DIRECTOR-AT-LARGE (THRU 4/2020)		Х						0.	0.	<u> </u>		0.
(21) NEERACHA TAYCHAKHOONAVUDH	2.00								_			
DIRECTOR-AT-LARGE		Х						0.	0.	<u> </u>		0.
(22) TRACY TEALE	2.00								_			
DIRECTOR-AT-LARGE		Х						0.	0.			0.
(23) LISA VIOLET	2.00											
DIRECTOR-AT-LARGE		Х						0.	0.			0.
(24) MARCIE VU	2.00											
DIRECTOR-AT-LARGE		Х						0.	0.	<u> </u>		0.
(25) MARINA PARK SUTTON	37.50											
CHIEF EXECUTIVE OFFICER		Ш		Х				344,054.	0.	3	8,2	<u>00.</u>
(26) LEINANI MALIG	37.50							156 464				
CHIEF FINANCIAL OFFICER				X				176,161.	0.		3,6	
1b Subtotal								520,215.	0.		1,8	
c Total from continuation sheets to Part								783,372.	0.		2,7	
d Total (add lines 1b and 1c)							<u> </u>	1,303,587.	0.	26	4,6	<u> 39.</u>
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			1.0
compensation from the organization											1.,	10
											Yes	No
3 Did the organization list any former office		,	,		,	,	_		•			37
line 1a? If "Yes," complete Schedule J for										3		X
4 For any individual listed on line 1a is the	cum of roportabl	000	mno	nca.	tion	and	0th	or componention from the	no organization			

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AUTOMATION SERVICES GROUP, INC., 712		
BANCROFT ROAD #249, WALNUT CREEK, CA 94598	IT CONSULTING	581,738.
BBC CONSTRUCTION, INC.		
1115 SECOND STREET, SAN RAFAEL, CA 94901	CONSTRUCTION	466,701.
TASTEBUDS FOOD SERVICE, 150 S. PINE ISLAND		
RD #300, PLANTATION, FL 33324	FOOD SERVICE	377,544.
ONE WORK PLACE, 2500 DE LA CRUZ BLVD,	FURNITURE &	
SANTA CLARA, CA 95050	INSTALLATION	298,675.
ADVANTAGE MICROSYSTEMS		
2110 MOUNTAIN BLVD, OAKLAND, CA 94611	SERVER MONITORING	165,641.
2 Total number of independent contractors (including but not limited to those listed		
\$100,000 of compensation from the organization > 8		

SEE PART VII, SECTION A CONTINUATION SHEETS

	OUTS OF N	IOF	TH	ER	N	CA	LI	FORNIA	94-155	1410	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average		(C) Position					(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week (list any hours for related organizations below line)	stee or director		all t			Former Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
(27) LILLIAN SAMUEL CHIEF DEVELOPMENT OFFICER	37.50				Х			179,780.	0.	15,882.	
(28) MICHELLE M MCCORMICK CHIEF MISSION DELIVERY	37.50					х		110,932.	0.	150,128.	
(29) HEATHER BURLEW HAYDEN	37.50										
CHIEF MEMBERSHIP MARKETING (30) CHRISTINE ALFLEN	37.50					Х		142,533.	0.	15,258.	
SR DIR, PRODUCT PROGRAM		_				х		125,135.	0.	14,053.	
(31) CINNAMON DANIEL DIR, EVALUATION AND STRATEGY	37.50					х		109,512.	0.	12,822.	
(32) MARIKA BERGSUND SR DIR, MEMBERSHIP	37.50					х		115,480.	0.	4,633.	
		-									
otal to Part VII, Section A, line 1c								783,372.		212,776	

	Check if Schedule O contains a response or note to any line in this Part VIII											
					(A)	(B)	(C)	(D)				
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under				
						lunction revenue	business revenue	sections 512 - 514				
ပ္ ပ	1 a	Federated campaigns	1a	6,945.								
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		,								
جَ ۾		Fundraising events		2,345.								
fts, r A		Related organizations		57,407.								
igi Gila		Government grants (contribution		80,309.								
Sin		All other contributions, gifts, grants		,								
ig ig	•	similar amounts not included above		1,692,925.								
흕	_	Noncash contributions included in lines 1a		139,390.								
o u	_	Total. Add lines 1a-1f	•		1,839,931.							
0 %		Total: Add lines 1a-11		Business Code	2,332,432							
	2 a	COUNCIL SERVICE FEE		900099	513,100.	513,100.						
Ìς	Z a			900099	221,072.	221,072.						
Program Service Revenue	L.	RENTAL INCOME - CAMPS		900099	95,198.	95,198.						
m S		OUTDOOR PROGRAM SERVICE	TNCOME	900099	66,759.	66,759.						
gra Re	-	OTHER PROGRAM SERVICES	INCOME	900099	25,269.	25,269.						
Š	6			300033	23,203.	23,203.						
_		All other program service reven	ue		921,398.							
-		Total. Add lines 2a-2f	Postal and all and a second		921,390.							
	3	Investment income (including d		•	457,209.			457,209.				
		other similar amounts)			457,209.			457,209.				
	4	Income from investment of tax-		roceeds								
	5	Royalties	(i) Real	(ii) Darganal								
	_		.,	(ii) Personal								
		Gross rents 6a	92,282.									
		Less: rental expenses 6b	2,112.									
		Rental income or (loss) 6c	90,170.		00 170			00.170				
		Net rental income or (loss)	(i) Can witing	(;;) Oth a::	90,170.			90,170.				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other								
		assets other than inventory 7a	2,831,748.									
	b	Less: cost or other basis	0 040 500	010 010								
nue		and sales expenses	2,840,708.	212,218.								
ther Revenue		Gain or (loss) 7c	-8,960.	-212,218.	001 150			001 150				
Ř		Net gain or (loss)		D	-221,178.			-221,178.				
ţ.	8 a	Gross income from fundraising eve	· I									
0		including \$ 2,										
		contributions reported on line 1	•	•								
		Part IV, line 18	I	0.								
		Less: direct expenses		1,525.	1 525			1 525				
		Net income or (loss) from fundr		P	-1,525.			-1,525.				
	9 a	Gross income from gaming act	I									
		Part IV, line 19	I									
		Less: direct expenses										
		Net income or (loss) from gamir										
	10 a	Gross sales of inventory, less re	I	06 007 717								
		and allowances		26,227,717.								
		Less: cost of goods sold		10,457,989.	15 560 500	15 560 500						
\dashv	<u> </u>	Net income or (loss) from sales	of inventory		15,769,728.	15,769,728.						
<u>s</u>		anorimit ampropu		Business Code	45 500	45 500						
eor Te		GROWTH SUPPORT		900099	45,500.	45,500.						
Miscellaneous Revenue		COMMISSION		900099	19,439.	19,439.						
Sce Rev	_	OTHER MISCELLANEOUS INCO		900099	12,979.	12,979.						
Ĕ		All other revenue			55 010							
		Total. Add lines 11a-11d		······	77,918.	16 -66 611		201 == 5				
	12	Total revenue. See instructions			18,933,651.	16,769,044.	0.	324,676.				

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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 respon			, , ,,		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to domestic organizations		·		·	
	and domestic governments. See Part IV, line 21	3,525.	3,525.			
2	Grants and other assistance to domestic					
	individuals. See Part IV, line 22	144,690.	144,690.			
3	Grants and other assistance to foreign					
	organizations, foreign governments, and foreign					
	individuals. See Part IV, lines 15 and 16					
4	Benefits paid to or for members					
5	Compensation of current officers, directors,					
	trustees, and key employees	788,031.	104,039.	378,596.	305,396.	
6	Compensation not included above to disqualified					
	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)					
7	Other salaries and wages	8,945,804.	6,890,746.	1,542,490.	512,568.	
8	Pension plan accruals and contributions (include			444		
	section 401(k) and 403(b) employer contributions)	1,133,466.	872,129.	199,724.	61,613. 92,487. 51,919.	
9	Other employee benefits	1,307,523.	962,007.	253,029.	92,487.	
10	Payroll taxes	666,354.	482,550.	131,885.	51,919.	
11	Fees for services (nonemployees):					
а	Management	0.000		2 252		
b	Legal	2,862.		2,862.		
	Accounting	75,050.		75,050.		
d	, 0					
е	Professional fundraising services. See Part IV, line 17	F F 0		550		
f	Investment management fees	550.		550.		
g	Other. (If line 11g amount exceeds 10% of line 25,	1 000 606	000 000	204 042	05 554	
	column (A) amount, list line 11g expenses on Sch 0.)	1,223,696.	923,200.	204,942.	95,554.	
12	Advertising and promotion	21,582.	21,582.	CE 001	47 412	
13	Office expenses	1,920,805.	1,807,491.	65,901.	47,413.	
14	Information technology					
15	Royalties	1,229,222.	992,736.	167,886.	60 600	
16	Occupancy	212,850.			68,600. 3,251.	
17	Travel	212,030.	200,115.	9,484.	3,231.	
18	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials	66,864.	54,517.	7,738.	4,609.	
19	Conferences, conventions, and meetings	1,739.	934.	805.	4,009.	
20	Interest	1,/33.	734.	003.		
21	Payments to affiliates Depreciation, depletion, and amortization	965,701.	928,362.	26,508.	10,831.	
22		371,366.	359,395.	8,213.	3,758.	
23	Other expenses. Itemize expenses not covered	371,300.	337,333.	0,213.	3,730.	
24	above (List miscellaneous expenses on line 24e. If					
	line 24e amount exceeds 10% of line 25, column (A)					
а	amount, list line 24e expenses on Schedule 0.) EQUIPMENT EXPENSE	307,012.	209,979.	69,947.	27,086.	
a b	TREEWORK	61,666.	61,666.	00,047.	21,000	
C	STAFF RECOGNITION	8,458.	01,000	8,458.		
d	RECRUITMENT	7,100.	3,528.	3,572.		
	All other expenses	10,705.	9,924.	781.		
25	Total functional expenses. Add lines 1 through 24e	19,476,621.	15,033,115.	3,158,421.	1,285,085.	
<u>25</u> 26	Joint costs. Complete this line only if the organization			-,	_,,	
_0	reported in column (B) joint costs from a combined					
	educational campaign and fundraising solicitation.					
	Check here if following SOP 98-2 (ASC 958-720)					
	F					

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,680,422.	1	5,381,823.
	2	Savings and temporary cash investments			12,412,596.	2	10,492,036.
	3	Pledges and grants receivable, net			1,350,197.	3	799,726.
	4	Accounts receivable, net			205,959.	4	139,230.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	contributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
g	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			548,313.	8	325,390.
₹	9	Prepaid expenses and deferred charges			542,818.	9	503,699.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	27,559,107.			
	b			15,213,241.	12,260,977.		12,345,866
	11	Investments - publicly traded securities			8,637,931.	11	9,239,222
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			25 622 242	15	22 22 22
_	16	Total assets. Add lines 1 through 15 (must equa			37,639,213.	16	39,226,992
	17	Accounts payable and accrued expenses		1	1,826,600.	17	1,899,696
	18	Grants payable			CE2 426	18	207 200
	19	Deferred revenue			653,426.	19	287,390
	20	Tax-exempt bond liabilities		1	114,864.	20	195,358
	21	Escrow or custodial account liability. Complete F			114,004.	21	190,000
es	22	Loans and other payables to any current or form					
≝		trustee, key employee, creator or founder, substa				00	
Liabilities	00	controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrelated		· · · · · · · · · · · · · · · · · · ·	0.	23 24	2,157,291.
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay			0.	24	2,131,231
	25	parties, and other liabilities not included on lines					
				·	243,033.	25	190,810.
	26	Total liabilities. Add lines 17 through 25			2,837,923.	26	4,730,545.
_	20	Organizations that follow FASB ASC 958, chee			2,037,323	20	1,750,515
Sa		and complete lines 27, 28, 32, and 33.	JK HOI				
ا يو	27	Net assets without donor restrictions			29,474,780.	27	28,640,038.
Bak	28	Net assets with donor restrictions			5,326,510.	28	5,856,409.
힏		Organizations that do not follow FASB ASC 95					
- ₽		and complete lines 29 through 33.	ŕ	· —			
ğ	29	Capital stock or trust principal, or current funds				29	
Sets	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			34,801,290.	32	34,496,447.
-	33	Total liabilities and net assets/fund balances		1	37,639,213.	33	39,226,992.

Par	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,93</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,47		
3	Revenue less expenses. Subtract line 2 from line 1	3		-54		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	34	,80	1,2	<u>90.</u>
5	Net unrealized gains (losses) on investments	5		23	8,1	<u> 27.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	34	,49	6,4	47.
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	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 Single	gle Audit				
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2019)

932012 01-20-20

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **Employer identification number** GIRL SCOUTS OF NORTHERN CALIFORNIA 94-1551410 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, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in 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))

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.						
	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						
	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						
	Gross receipts from related activities,	etc. (see instruction	ons)	•		12	
	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop	p here					>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2018					15	%
16a	33 1/3% support test - 2019. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶□
b	33 1/3% support test - 2018. If the	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	nis box and stop I	here. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	l organization		▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	neck this box and	stop here. Explain	n in Part VI how the	е
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a public	cly supported orga	nization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instructions	s >
						dule A (Form 990	

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.)

Sed	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1881859.	2548069.	1800607.	4547353.	1839931.	12617819.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	28487766.	28391120.	30069646.	29299633.	27227033.	143475198	
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							
6	Total. Add lines 1 through 5	30369625.	30939189.	31870253.	33846986.	29066964.	156093017	
7a	Amounts included on lines 1, 2, and	26 101	440 550	60 510	160005		0050606	
	3 received from disqualified persons	36,191.	118,573.	68,712.	1630905.	205,225.	2059606.	
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						0.	
c	Add lines 7a and 7b	36,191.	118,573.	68,712.	1630905.	205,225.	2059606.	
	Public support. (Subtract line 7c from line 6.)						154033411	
	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	30369625.	30939189.	31870253.	33846986.	<u> 29066964.</u>	<u> 156093017</u>	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	487,556.	524,511.	527,838.	697,569.	549,491.	2786965.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b	487,556.	524,511.	527,838.	697,569.	549,491.	2786965.	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	9,298.	1,240.				10,538.	
		30866479.						
14	First five years. If the Form 990 is fo	· ·			•		ation,	
S		io Support Dor					>	
	ction C. Computation of Publi			. (6)			06 04 0	
	Public support percentage for 2019 (I		•	.,,		15	96.94 % 97.02 %	
	Public support percentage from 2018 ction D. Computation of Investigation					16	97.02 %	
	Investment income percentage for 20			ne 13 column (f)		17	1.75 %	
	Investment income percentage for 20					18	1.75 %	
	33 1/3% support tests - 2019. If the							
.56	more than 33 1/3%, check this box a						▶ ▼	
b	33 1/3% support tests - 2018. If the							
	line 18 is not more than 33 1/3%, che							
20	Private foundation If the organization							

Part IV | Supporting Organizations

(Complete only if you checked a box 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)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 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 grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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.)

	Voc	No
	Yes	No
1		
2		
0-		
3a		
3b		
0.0		
3с		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
10b	990-F7)	2010

ı a	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
000	ton D. Type i cupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	٥.		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		2-		
h	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	Some supposed organizations. If I too, Acoulde III I will trule tole blaved by the Ordanization in this redain		, ,	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	Nov. 20, 1970 (explain in F	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete Sec	ctions A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	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		
Sect	tion 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-functional	ally integrate	d Type III supporting orga	ınization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	rt V Type III Non-Fun	ctionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	tion D - Distributions			,	Current Year
1	Amounts paid to supported				
2	Amounts paid to perform act				
	organizations, in excess of in	come from activity			
3	Administrative expenses paid	d to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exe	mpt-use assets			
5	Qualified set-aside amounts	(prior IRS approval required)			
6	Other distributions (describe	in Part VI). See instructions.			
7	Total annual distributions.	Add lines 1 through 6.			
8	Distributions to attentive sup	ported organizations to which th	ne organization is responsive		
	(provide details in Part VI). S	ee instructions.			
9	Distributable amount for 201	9 from Section C, line 6			
10	Line 8 amount divided by line	e 9 amount	T	Γ	
Secti	tion E - Distribution Allocatio	ns (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 201	9 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 carryove	er, if any, to 2019			
a	From 2014				
b	b From 2015				
С	c From 2016				
d	d From 2017				
е	From 2018				
f	Total of lines 3a through e				
g	Applied to underdistributions	s of prior years			
h	Applied to 2019 distributable	e amount			
i_	Carryover from 2014 not app	olied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g	g, 3h, and 3i from 3f.			
4	Distributions for 2019 from S	Section D,			
	line 7:	\$			
a	Applied to underdistributions	s of prior years			
	Applied to 2019 distributable				
	Remainder. Subtract lines 4a				
5	Remaining underdistributions				
	•	a from line 2. For result greater			
	than zero, explain in Part VI.				
6	Remaining underdistributions				
	and 4b from line 1. For result	greater than zero, explain in			
_	Part VI. See instructions.				
7	Excess distributions carryo	over to 2020. Add lines 3j			
0	and 4c.				
8_	Breakdown of line 7:				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018 Excess from 2019				
_	LAUGUU 10111 2013				

Schedule A (Form 990 or 990-EZ) 2019

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: GROSS INCOME FROM FUNDRAISING EVENTS 2015 AMOUNT: \$ 2,713. 2017 AMOUNT: \$ 0. 0. 2018 AMOUNT: \$ 2019 AMOUNT: \$ 0. GROSS INCOME FROM GAMING ACTIVITIES 2015 AMOUNT: \$ 6,585. 1,240. 2016 AMOUNT: \$ 2017 AMOUNT: \$ 0. 2018 AMOUNT: \$ 0. 2019 AMOUNT: 0.

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

Part VI

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2019 ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

OMB No. 1545-0047

GIRL SCOUTS OF NORTHERN CALIFORNIA

94-1551410

Organization type (check one):								
Filers of:	ilers of: Section:							
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule								
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules								
sections 509(a)(1) a any one contributor	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
year, total contribut	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., aplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year							
but it must answer "No" on l	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

LHA For Paperwork Reduction Act Notice, see the instructions for 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 OF NORTHERN CALIFORNIA

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$7,765.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 27,158.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$35,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$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
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GIRL SCOUTS OF NORTHERN CALIFORNIA

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$56,000.	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
8		\$6,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$8,600 .	Person X Payroll
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	Total contributions \$ 6,150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$ 44,577.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GIRL SCOUTS OF NORTHERN CALIFORNIA

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_		\$8,200.	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_		\$17,668 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$5,940.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	\$33,000.	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		\$ 65,119.	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		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GIRL SCOUTS OF NORTHERN CALIFORNIA

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19_		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$5,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 22	Name, address, and ZIP + 4	\$ 10,250.	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		\$ <u>18,100.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$57,406.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GIRL SCOUTS OF NORTHERN CALIFORNIA

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$ 87,108.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4	Total contributions \$ 40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GIRL SCOUTS OF NORTHERN CALIFORNIA

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$6,752.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 34	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
35		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$5,000.	Person X Payroll

Name of organization

Employer identification number

GIRL SCOUTS OF NORTHERN CALIFORNIA

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$5,234.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 40	Name, address, and ZIP + 4	Total contributions \$ 14,126.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$13,925.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GIRL SCOUTS OF NORTHERN CALIFORNIA

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$35,868.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$ <u>10,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 46	Name, address, and ZIP + 4	Total contributions \$ 20,000.	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		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GIRL SCOUTS OF NORTHERN CALIFORNIA

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$6,027.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51_		\$ 28,943.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	Name, address, and ZIP + 4	\$ 22,706.	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		\$ 9,623.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$116,864 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GIRL SCOUTS OF NORTHERN CALIFORNIA

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 20,000.	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
56		\$9,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57_		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58	Name, audiess, and Zir + 4	\$5,400.	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
59		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GIRL SCOUTS OF NORTHERN CALIFORNIA

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
61		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
62		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
63		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 64	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
65		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
66		Person Payroll Noncash X (Complete Part II for noncash contributions.)

GIRL SCOUTS OF NORTHERN CALIFORNIA

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Traine, dad coo, and En 1 1	\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

GIRL SCOUTS OF NORTHERN CALIFORNIA

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	CHICO CENTER BUILDING		
<u>25</u>			
		\$ 41,935.	10/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	4 SHARES OF AMAZON.COM INC. STOCK		
40			
		\$14,126.	09/03/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	BACKPACKING EQUIPMENT		
41			
		\$	09/11/20
(a)		(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
	320 SHARES OF STATE STR CORP STOCK & 384 SHARES OF SEI		
<u>43</u>	INVESTMENT STOCK		
		\$30,868.	09/08/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	61 FIRST AID KITS AND EMERGENCY WATER		
50			
		\$6,027.	11/20/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	310 SHARES OF SIMPSON MANUFACTURING INC. STOCK		
65			
		\$24,871.	12/31/19
000450 44 00			

Name of organization Employer identification number

GIRL SCOUTS OF NORTHERN CALIFORNIA

94-1551410

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
66	180 SHARES OF ENTERPRISE PRODUCTS PARTNERS STOCK	\$ 5,101.	12/24/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	·
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** GIRL SCOUTS OF NORTHERN CALIFORNIA 94-1551410 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GIRL SCOUTS OF NORTHERN CALIFORNIA

Employer identification number 94-1551410

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
	organization answered thes on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w		ed funds
	are the organization's property, subject to the organization's e	•	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
	·		
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio		
	Preservation of land for public use (for example, recreat	`	f a historically important land area
	Protection of natural habitat	· —	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired at		
	listed in the National Register	,	I I
3	Number of conservation easements modified, transferred, rele		
_	year >	,g,	9
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·	
	violations, and enforcement of the conservation easements it	J	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	>	,	Ç ,
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	tion easements during the year
	▶ \$,	,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170((h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.	-	
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, or research in fu	ırtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	is.
b	If the organization elected, as permitted under FASB ASC 958	B, to report in its revenue statement and I	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
			. .
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2019

932051 10-02-19

	t III Organizations Maintaining Co		Historical Tre			Similar A		31410	Page Z
								<u>(continue</u>	<u>ea) </u>
3	Using the organization's acquisition, accession	on, and other records	s, check any or the i	ollowing that	make siç	grillicarit use	OI ILS		
	collection items (check all that apply):		<u> </u>						
а	Public exhibition	d		hange progra	ım				
b	Scholarly research	е	Other						
С	c Preservation for future generations								
4	Provide a description of the organization's co						n Part	XIII.	
5	During the year, did the organization solicit or						_	_ ,	
_	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "	Yes" on	Form 990, P	art 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	ary for contributions	s or other ass	ets not ir	ncluded			
	on Form 990, Part X?						$lacksquare$	Yes	X No
b	If "Yes," explain the arrangement in Part XIII a								
								Amount	
С	Beginning balance					1c			
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo						X	Yes	No
	If "Yes," explain the arrangement in Part XIII.							[X
Par						0.			
		(a) Current year	(b) Prior year	(c) Two year		(d) Three year	s back	(e) Four year	ars back
1a	Beginning of year balance	1,145,283.	1,158,222.	1,124			,829.		97,528.
	Contributions	, ,				183	,121.		
	Net investment earnings, gains, and losses	111,416.	20,726.	61	,058.	132	,604.	6	59,638.
	Grants or scholarships	,	,		,		<u>, </u>		
	Other expenditures for facilities								
·		37,036.	33,665.	27	7,718.	23	,672.	2	34,337.
	Administrative expenses	, , , , , ,	,		,		,		
		1,219,663.	1,145,283.	1 158	3,222.	1,124	882	8.2	32,829.
g 2	Provide the estimated percentage of the curre				,	-,	, • • • •		,
		ent year end balance		i) Heid as.					
	Board designated or quasi-endowment ► 72.74	0/	_%						
	,	%							
С									
0-	The percentages on lines 2a, 2b, and 2c should be a sh	•	Para dia akama ing basi at a	and a selection to the term					
за	Are there endowment funds not in the posses	ssion of the organiza	tion that are neid ar	na aaminister	ea for the	e organizatio	n	<u></u>	
	by:							Ye	
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizate							3b	
Do:	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipme		vment funds.						
Fai			D . W. F. 44 0		5				
	Complete if the organization answered								
	Description of property	(a) Cost or of	()	or other		ccumulated		(d) Book va	alue
		basis (investm	· ·	(other)	dep	oreciation		1 010	
	Land			0,660.	4.0	100 =0:		1,810,	
b	Buildings			4,394.		183,794		8,780,	
С	Leasehold improvements			2,870.		39,575			295.
d	Equipment			1,922.		28,174			748.
<u>e</u>	Other		1,71	9,261.	4	161,698		1,257,	
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	K. column (B), line 1	0c.)			 1	2,345,	866.

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.			-1551410 Page
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	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" o		11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENT LIABILITY			160,282
(3) CAPITAL LEASE OBLIGATION			30,528

190,810. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

Schedule D (Form 990) 2019

(4) (5) (6) (7) (8)

oci ledule D							CITE I OIGITI	
Dart YI	Dacone	ciliation of	Davani	ia nar Aud	hati	Financial State	amonte With Do	Vanua nar Da

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		•		
1	Total revenue, gains, and other support per audited financial statements			1	19,125,210.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	238,127.		
b	Donated services and use of facilities	2b	9,200.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-57,880.		
е	Add lines 2a through 2d			2e	189,447.
3	Subtract line 2e from line 1			3	18,935,763.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-2,112.		
С	Add lines 4a and 4b			4c	-2,112.
5 D 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) TXII Reconciliation of Expenses per Audited Financial Stateme	nte With	Evnoncos por P	5 Potur	18,933,651.
Pal		HILS WILH	Expenses per F	vetur	11.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1	19,430,053.
1	Total expenses and losses per audited financial statements			1	19,430,033.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مو ا	9,200.		
a	Donated services and use of facilities	2a	5,200.		
b	Prior year adjustments	2b			
c	Other losses Other (Describe in Part XIII.)	2c 2d	2,112.		
d	· · · · · · · · · · · · · · · · · · ·			2e	11,312.
е 3				3	19,418,741.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			-	15,410,741.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		57,880.		
	Add lines 4a and 4b			4c	57,880.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	19,476,621.
	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b	and 2b; Part V, line 4	; Part	X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit				,
PAI	RT IV, LINE 2B:				
CUS	STODIAL FUNDS CONSIST PRIMARILY OF MEMBERSH	IP FEI	ES COLLECTE	D T	HAT WILL
BE	REMITTED TO GSUSA AND OTHER FEES COLLECTED	FOR 7	THE USE OF	MEM	BERS.
ד א ד	om tr time 4.				
PAI	RT V, LINE 4:				
тнт	E ENDOWMENT OWNED BY THE COUNCIL IS INTENDE	ם אים	TTS DONORS	тΩ	CENER ATE
1111	HADOWALKI CANALO DI INI COONCIL IO INILADI	<u> </u>	LID DONORD	10	ОПИПИТЕ
INC	COME FOR SPECIFIC RESTRICTED PURPOSES AND U	NRESTE	RICTED REVE	NUE	FOR THE
COT	JNCIL'S OPERATIONS.				
PAF	RT X, LINE 2:				
		_			
THE	E COUNCIL IS A TAX-EXEMPT ORGANIZATION UNDE	R INT	ERNAL REVEN	UE	SERVICE
~~-	NR (TRG) GROWTON FO1/G)/3) NR WR. G	T	, cope		
COI	DE (IRC) SECTION 501(C)(3) AND THE CALIFORN	ΤΑ ΊΑΣ	CODE.		

Schedule D (Form 990) 2019

Continued	
MANAGEMENT EVALUATED THE COUNCIL'S TAX POSITIONS AND CONCLUDED THAT THE	
COUNCIL HAD MAINTAINED ITS TAX-EXEMPT STATUS AND HAD NOT TAKEN UNCERTAIN	
TAX POSITIONS THAT REQUIRED ADJUSTMENT TO THE FINANCIAL STATEMENTS.	
THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN	<u>.1</u>
THE FINANCIAL STATEMENTS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FINANCIAL AID INCLUDED WITH REVENUE ON FINANCIALS -57,880	0.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
RENTAL EXPENSES NETTED WITH REVENUE ON TAX RETURN -2,112	2.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES NETTED WITH REVENUE ON TAX RETURN 2,112	2.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
FINANCIAL AID INCLUDED WITH REVENUE ON FINANCIALS 57,880	<u>).</u>

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
GIRL SCOUTS OF NORTHERN CALIFORNIA	94-1551410
Part I General Information on Grants and Assistance	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grant	
criteria used to award the grants or assistance?	X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization at	nswered "Yes" on Form 990, Part IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	
or government (b) EIN (c) IRC section (d) Amount of (e) Amount of valuation (if applicable) cash grant non-cash section (d) Amount of valuation (e) FMV, a	hod of n (book, opraisal, her) (g) Description of noncash assistance (h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	
3 Enter total number of other organizations listed in the line 1 table	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule I (Form 990) (2019)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CAMPS AND PROGRAMS	127	8,860.	0.		
		,			
MEMBERSHIP	3116	135,830.	0.		
Part IV Supplemental Information. Provide the information	ion required in Part I, line	e 2; Part III, column	(b); and any other ac	lditional information.	
PART I, LINE 2:					
GIRL SCOUTS OF NORTHERN CALIFOR	NIA PROVIDES	GRANTS TO	LOW-INCOM	E GIRLS TO	
ASSIST WITH THE PAYMENT OF MEMB	ERSHIP DUES,	UNIFORMS,	CAMP AND	OTHER	
PROGRAM FEES. GIRL SCOUTS OF NO	RTHERN CALIF	ORNIA STAF	F MAKES DE	CISIONS ON	
FINANCIAL AID AWARDS BASED ON F					
RESTRICTIONS.	111111011111 11111	0111111111	111,12 2011011		
MEDITATOTIOND .					

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.

2019

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

GIRL SCOUTS OF NORTHERN CALIFORNIA

Employer identification number 94-1551410

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а		4a		Х
b		4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
3	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		6a		Х
b	The organization? Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	30		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
'		7	Х	
5	not described on lines 5 and 6? If "Yes," describe in Part III		21	
3	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Δ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

932111 10-21-19

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, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred benefits		(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) MARINA PARK SUTTON	(i)	334,054.	10,000.	0.	37,363.	837.	382,254.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LEINANI MALIG	(i)	176,161.	0.	0.	5,332.	8,331.	189,824.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	179,780.	0.	0.	5,371.	10,511.	195,662.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	110,932.	0.	0.	137,784.	12,344.	261,060.	0.
CHIEF MISSION DELIVERY	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) HEATHER BURLEW HAYDEN	(i)	142,533.	0.	0.	4,505.	10,753.	157,791.	0.
CHIEF MEMBERSHIP MARKETING	(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	(i)							
	(ii)							
	(i)							
	(ii)							

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.
PART I, LINE 7:
THE CEO'S COMPENSATION IS REVIEWED BY THE STAFF DEVELOPMENT AND CEO
COMPENSATION AND REVIEW COMMITTEE. UPON COMPLETION OF ITS ANNUAL REVIEW,
THE STAFF DEVELOPMENT AND CEO COMPENSATION AND REVIEW COMMITTEE RECOMMENDS
THE CEO'S SALARY AND BONUS (IF ANY). THE CEO'S BONUS FOR 2019 PERFORMANCE,
PAID 2020, WAS BASED ON THIS REVIEW.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

GIRL SCOUTS OF NORTHERN CALIFORNIA

Employer identification number 94-1551410

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	_	3
1	Art - Works of art			, ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	10	87,383.	FMV			
10	Securities - Closely held stock			·				
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (CHICO CENTER)	X	1	41,935.				
26	Other \blacktriangleright (FIRST AID KIT)	X	1	6,027.				
27	Other \blacktriangleright ($EQUIPMENT$)	X	5	2,491.				
28	Other ► (FOOD)	Х	1	1,554.	FMV			
29	Number of Forms 8283 received by the organization	zation durinç	the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part IV, [Donee Acknowledg	gement 29			0	
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 through	gh 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be u	sed for			
	exempt purposes for the entire holding period?	?				30a		<u>X</u>
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard contribu	tions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		_X_
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is che	cked,			
	describe in Part II.							
I HA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	1	Schedule N	A (Forn	n aani	2010

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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.

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GIRL SCOUTS OF NORTHERN CALIFORNIA

Employer identification number 94-1551410

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

FROM MARCH 2020 TO SEPTEMBER 2020, IN-PERSON SERVICES WERE SEVERELY

LIMITED DUE TO THE COVID-19 PANDEMIC. VIRTUAL PROGRAMMING WAS DEVELOPED

AND LAUNCHED TO CONTINUE TO PROVIDE THE GIRL SCOUT LEADERSHIP

EXPERIENCE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RETAIL AND OTHER - WE OPERATE 6 RETAIL LOCATIONS AND AN ONLINE STORE,

WHICH EQUIP GIRLS WITH PROGRAM SUPPORT ITEMS SUCH AS UNIFORMS, KITS AND BADGES. WHEN OUR STORES WERE SHUT DOWN DUE TO THE PANDEMIC, WE

SUPPORTED ONLINE SHOPPING AND SHIPPED ORDERS DIRECTLY TO OUR MEMBERS.

WHEN PERMITTED BY LOCAL GUIDANCE, WE OFFERED CURBSIDE PICKUP.

COMMUNICATIONS AND OTHER SUPPORT SYSTEMS PROVIDE MEMBERS WITH ONGOING

UPDATES AND INFORMATION, INCLUDING COVID-19 GUIDELINES TO KEEP TROOPS

SAFE.

EXPENSES \$ 2,760,551. INCLUDING GRANTS OF \$ 0. REVENUE \$ 178,800.

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

GIRL SCOUTS OF NORTHERN CALIFORNIA IS A MEMBERSHIP ORGANIZATION. THERE WERE 60,000 TOTAL MEMBERS OF GIRLS SCOUTS OF THE USA DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, OF WHICH 26,000 MEMBERS WERE ADULTS AND 34,000 MEMBERS WERE GIRL MEMBERS.

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

VOTING MEMBERS OF THE GIRL SCOUTS OF NORTHERN CALIFORNIA (THE COUNCIL)

CONSIST OF 1) SERVICE UNIT DELEGATES; 2) MEMBERS OF THE BOARD OF DIRECTORS;

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization
GIRL SCOUTS OF NORTHERN CALIFORNIA

Employer identification number 94-1551410

3) GIRL BOARD PARTICIPANTS; 4) MEMBERS OF THE BOARD DEVELOPMENT COMMITTEE
WHO ARE NOT OTHERWISE VOTING MEMBERS; 5) NATIONAL COUNCIL DELEGATES WHO ARE
NOT OTHERWISE VOTING MEMBERS; AND 6) DELEGATES-AT-LARGE. ALL VOTING MEMBERS
OF THE COUNCIL ARE MEMBERS OF THE GIRL SCOUT MOVEMENT, 14 YEARS OF AGE OR
OVER, AND REGISTERED WITH THE GIRL SCOUTS OF THE UNITED STATES OF AMERICA
THROUGH THE GIRL SCOUTS OF NORTHERN CALIFORNIA. THE VOTING MEMBERS OF THE
COUNCIL ELECT THE OFFICERS OF THE COUNCIL, THE DIRECTORS-AT-LARGE OF THE
BOARD OF DIRECTORS, THE MEMBERS OF THE BOARD DEVELOPMENT COMMITTEE, AND THE

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

THE VOTING MEMBERS, IN ADDITION TO THE POWER TO ELECT OFFICERS, HAVE THE

POWER TO AMEND THE ARTICLES OF INCORPORATION AND BYLAWS, AND MAY HAVE OTHER

POWERS CONFERRED BY THE NONPROFIT CODE OF THE STATE OF CALIFORNIA.

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

GIRL SCOUTS OF NORTHERN CALIFORNIA'S FINANCE STAFF AND ITS TAX PREPARER,
HOOD & STRONG, GATHER THE REQUIRED INFORMATION TO COMPLETE THE FORM 990.

THE INITIAL DRAFT IS REVIEWED BY THE TAX PREPARER AND THE COUNCIL'S FINANCE
STAFF. FOLLOWING THE INITIAL DRAFT REVIEW, CHANGES ARE REFLECTED IN THE
RETURN. THE FORM 990 IS THEN REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD
OF DIRECTORS OR ITS DESIGNATED REPRESENTATIVE. A PUBLIC DISCLOSURE DRAFT IS
PROVIDED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO FILING. THE RETURN IS
THEN FILED WITH THE IRS.

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

EACH BOARD AND BOARD COMMITTEE MEMBER SIGNS A BOARD AND COMMITTEE MEMBER

AGREEMENT THAT OUTLINES RESPONSIBILITIES OF BOARD AND COMMITTEE MEMBERS,

Name of the organization

Employer identification number

GIRL SCOUTS OF NORTHERN CALIFORNIA 94-1551410

INCLUDING REVIEW OF THE CONFLICT OF INTEREST POLICY ANNUALLY, COMPLETION OF AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE, AND NOTIFICATION OF ANY POTENTIAL CONFLICTS OF INTEREST TO THE BOARD PRESIDENT. WHEN NOTIFIED OF ANY POTENTIAL CONFLICT OF INTEREST ON THE PART OF A BOARD OR COMMITTEE MEMBER, THE BOARD WILL DELIBERATE AND DETERMINE WHETHER OR NOT A POTENTIAL CONFLICT IS AN ACTUAL CONFLICT, AND WILL DOCUMENT IN THE MINUTES THE PROCESS OF DETERMINATION AND THE CONCLUSION REGARDING THE POTENTIAL CONFLICT, INCLUDING WHETHER, IF THERE IS A CONFLICT, RECUSAL OR SOME OTHER ACTION WILL BE REQUIRED.

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

THE BOARD STAFF DEVELOPMENT AND CEO COMPENSATION AND REVIEW COMMITTEE
REVIEWS THE CEO'S COMPENSATION AS PART OF ITS ANNUAL REVIEW PROCESS.

COMPARABILITY DATA IS PROVIDED BY THE HR DEPARTMENT FOR COMPARABLE

POSITIONS IN THE GEOGRAPHIC AREA. THE COMMITTEE MEETS IN CLOSED SESSION AND

MAINTAINS CONTEMPORANEOUS DOCUMENTATION OF THEIR REVIEW. THE COMPENSATION

OF THE CFO IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE. THE

COMPENSATION OF OTHER CHIEF OFFICERS AND KEY EMPLOYEES IS REVIEWED BY THE

CEO, AND INCLUDES A REVIEW OF COMPARABILITY DATA AND SUBSTANTIATION OF THE

DECISION.

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

GIRL SCOUTS OF NORTHERN CALIFORNIA MAKES ITS AUDITED FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC THROUGH ITS OWN WEBSITE. THE DOCUMENT IS ALSO

AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF TIME SET FORTH IN SEC.

6104(D).

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

GIRL SCOUTS O	F NORTHERN CALIFOR	NIA				94-15514	10	
Part I Identification of Disregarded Entities. Compl	ete if the organization answered "Ye	s" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea		Direct c	(f) controllino ntity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	n answered "Yes" on Form 990	0, Part IV, line 34, t	pecause it had one	or more	related tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) ct controlling entity	cont	g) 512(b)(13) rolled tity?
GIRL SCOUTS OF THE USA - 13-1624016 420 5TH AVENUE				301(0)(0))			Yes	No
NEW YORK, NY 10018	YOUTH SERVICE	NEW YORK	501(C)(3)	LINE 10	NA			X

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Dienroportionata		Code V-UBI	General c	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
				1					1		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
-	-								
	-								

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		Х	
c Gift, grant, or capital contribution from related organization(s)								
d	d Loans or loan guarantees to or for related organization(s)				1d		Х	
	Loans or loan guarantees by related organization(s)				1e		Х	
f	Dividends from related organization(s)				1f		X	
g	g Sale of assets to related organization(s)				1g		Х	
h	n Purchase of assets from related organization(s)				1h	X		
	Exchange of assets with related organization(s)				1i		Х	
	Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
k Lease of facilities, equipment, or other assets from related organization(s)								
-1	Performance of services or membership or fundraising solicitations for related organization(s)				11	X		
m	m Performance of services or membership or fundraising solicitations by related organization(s)				1m	X		
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X		
					10		Х	
p Reimbursement paid to related organization(s) for expenses								
q	Reimbursement paid by related organization(s) for expenses				1q	X		
r	Other transfer of cash or property to related organization(s)				1r		X	
s	S Other transfer of cash or property from related organization(s)				1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must con	mplete this	s line, including covered re	elationships and transaction thresholds.				
	(a) (b) Name of related organization (type (a))	action	(c) Amount involved	(d) Method of determining amount invo	olved			
1)								
۵۱								
2)								
٥١								
3)								
4\								
4)		+						
E)								
5)		+						
6)								
	63 09-10-19			Schedule F	R (Forn	n 990	2019	
02 10	50 50 10 10			Octicadie I	. (. 011	555		

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0040

932165 09-10-19 Schedule R (Form 990) 2019 59