(Rev. January 2020) Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

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

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

Open to Public Inspection

OMB No. 1545-0047

B Check if applicable: Address change change change limital return return terminated and pending pen	
TNC - Doing business as Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is no	
Doing business as Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 651-227-8835	
Number and street (of P.0. box if mail is not delivered to street address) 4 0 0 ROBERT STREET SOUTH City or town, state or province, country, and ZIP or foreign postal code Amended return Application SAME AS C ABOVE I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 Website: WWW.GIRLSCOUTSRV.ORG K Form of organization: X Corporation Trust Association Other L Year of formation: 1914 M State of legal domici Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Number and street (of P.0. box if mail is not delivered to street address) 651-227-8835 G Gross receipts \$ 29,396,0 H(a) Is this a group return for subordinates?	
City or town, state or province, country, and ZIP or foreign postal code ST. PAUL, MN 55107 F Name and address of principal officer: PATRICIA BOLGER SAME AS C ABOVE I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: WWW.GIRLSCOUTSRV.ORG K Form of organization: X Corporation Trust Association Other L Year of formation: 1914 M State of legal domici Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O 2 Check this box I 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)	
City or town, state or province, country, and ZIP or foreign postal code ST. PAUL, MN 55107 F Name and address of principal officer: PATRICIA BOLGER SAME AS C ABOVE I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: WWW.GIRLSCOUTSRV.ORG K Form of organization: X Corporation Trust Association Other L Year of formation: 1914 M State of legal domici Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O 2 Check this box I 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)	
Amended ST. PAUL, MN 55107 F Name and address of principal officer: PATRICIA BOLGER SAME AS C ABOVE I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 J Website: ▶ WWW.GIRLSCOUTSRV.ORG K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 1914 M State of legal domici Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O 2 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) 3	09.
F Name and address of principal officer: PATRICIA BOLGER SAME AS C ABOVE I Tax-exempt status:	
SAME AS C ABOVE H(b) Are all subordinates included? Yes	No
I Tax-exempt status: \$\overline{X}\$ 501(c)(3)	No
Website: WWW.GIRLSCOUTSRV.ORG K Form of organization: X Corporation Trust Association Other L Year of formation: 1914 M State of legal domici Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O 2 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) 3	s)
Corporation: X Corporation Trust Association Other L Year of formation: 1914 M State of legal domici	,
Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O 2 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) 3	e. MN
Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3	
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3 Number of voting members of the governing body (Part VI, line 1a)	
5 Number of voting members of the governing body (t art vi, interta)	25
5 4 Number of independent voting members of the governing body (Part VI, line 1b)	25
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	318
6 Total number of volunteers (estimate if necessary)	000
>	0.
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 7b	0.
	<u> </u>
8 Contributions and grants (Part VIII, line 1h) Prior Year Current Year 2,107,959. 2,432,1	3 0
8 Contributions and grants (Part VIII, line 1h) 2,107,959 2,432,1 9 Program service revenue (Part VIII, line 2g) 1,535,174 217,3	
0	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 256, 115. 798, 8 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13, 397, 619. 11, 446, 4	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 17, 296, 867. 14, 894, 7	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 566,116. 331,5	
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 10,023,566. 10,108,8	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a, 11d, 11f, 24e) 18 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 19 5, 850. 7 101, 095. 5 467.0	0.
b Total fundraising expenses (Part IX, column (D), line 25)	
Other expenses (Fartix, Column (A), lines Tra-Tru, Tir-24e)	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 17,696,627. 15,907,4	<u>54.</u>
19 Revenue less expenses. Subtract line 18 from line 12 −399,760 ⋅ −1,012,6	<u> 39.</u>
Beginning of Current Year End of Year	
ố털 20 Total assets (Part X, line 16) 48,443,325 1,233,2	
21 Total liabilities (Part X, line 26) 5,233,463. 8,531,8	
22 Net assets or fund balances. Subtract line 21 from line 20 43, 209, 862. 42, 701, 3	<u> 55.</u>
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.	
Sign Signature of officer Date	
Here PAMELA STEGORA AXBERG, TREASURER	
Type or print name and title	
Print/Type preparer's name Preparer's signature Date Check PTIN	
Paid LAWRENCE H. MOHR, CPA self-employed P0044760	3
Preparer Firm's name BAKER TILLY US, LLP Firm's EIN **-***9910	
Use Only Firm's address 225 S 6TH ST #2300	
MINNEAPOLIS, MN 55402 Phone no.612.876.4500	
May the IRS discuss this return with the preparer shown above? (see instructions)	No

INC. **-***3910 Page 2 Form 990 (2019) Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: GIRL SCOUTING BUILDS GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER, WHO MAKE THE WORLD A BETTER PLACE. Did the organization undertake any significant program services during the year which were not listed on the Yes X No If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? ______ Yes X No If "Yes." describe these changes on Schedule O. 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. 5,450,326. including grants of \$ 102,692.) (Revenue \$ 11,340,774.) (Expenses \$ 4a GIRL LEADERSHIP DEVELOPMENT PROGRAM: GIRL SCOUTS IS THE PREEMINENT LEADERSHIP DEVELOPMENT ORGANIZATION FOR GIRLS. FOR OVER 100 YEARS, GIRL SCOUTS GIVES GIRLS THE TOOLS TO LEAD, BREAK BARRIERS, AND CREATE POSITIVE CHANGE. EVERY GIRL DESERVES ACCESS TO A SAFE AND FRIENDLY ENVIRONMENT WHERE SHE CAN STAND UP FOR WHAT SHE BELIEVES IN AND BE PROUD OF WHO SHE IS. EVERYTHING A GIRL SCOUT DOES IS CENTERED AROUND STEM, THE OUTDOORS, DEVELOPMENT OF LIFE SKILLS, AND ENTREPRENEURSHIP, AND IS DESIGNED TO MEET HER WHERE SHE IS NOW-AND GROW ALONG WITH HER EVERY STEP OF THE WAY. WHETHER IT'S CLIMBING MOUNTAINS, SPEAKING HER MIND, OR DREAMING UP TECHNOLOGY-EVERYTHING GIRL SCOUTS DO IS DEVELOPED ESPECIALLY FOR, AND IS TESTED, BY GIRLS. 3,756,09<u>1.</u> including grants of \$ 194,977.) (Revenue \$ 4h) (Expenses \$ MEMBERSHIP AND VOLUNTEER SUPPORT: GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS SERVES GIRLS AGES 5 TO 18 IN ALL OR PORTIONS OF 49 COUNTIES IN SOUTHERN MINNESOTA AND WESTERN WISCONSIN. RIVER VALLEYS SERVED OVER 25,000 GIRLS IN 2020 AND ALMOST 12,000 VOLUNTEERS. AT THE HEART OF EVERY GIRL SCOUT EXPERIENCE ROLE MODELS AND TEACHERS. ARE VOLUNTEERS OUR GIRLS' RIVER VALLEYS CONTINUES TO RELY ON THE PASSION AND DEDICATION OF ADULT VOLUNTEERS TO SERVE AS TROOP LEADERS, TROOP COOKIE MANAGERS, TRAINERS, EPISODIC VOLUNTEERS AND COMMITTEE MEMBERS. VOLUNTEERS ALSO SERVE IN A RANGE OF ADMINISTRATIVE AND SUPPORTIVE ROLES THROUGHOUT THE SERVICE UNIT LEVEL. 2,644,870 including grants of \$) (Expenses \$) (Revenue \$ CAMP FACILITIES: RIVER VALLEYS OWNS AND OPERATES FIVE CAMP FACILITIES: ELK RIVER LAKAMAGA, NORTHWOODS, SINGING HILLS AND EDITH MAYO. RIVER VALLEYS' FOUR RESIDENT CAMPS (ELK RIVER, LAKAMAGA, NORTHWOODS, AND SINGING HILLS) ARE CURRENTLY ACCREDITED BY THE AMERICAN CAMP ASSOCIATION. ACA ACCREDITATION ENSURES THAT INDIVIDUALS HAVE A PHYSICALLY, MENTALLY, AND EMOTIONALLY SAFE CAMP EXPERIENCE. ACTIVITIES AT THE CAMPS INCLUDE, BUT ARE NOT LIMITED TO DAY CAMPS, RESIDENT CAMPS, PROGRAM EVENTS, AND SERVICE UNIT ENCAMPMENTS. CAMP EDITH MAYO, LOCATED ON THE OUTSKIRTS OF ROCHESTER, MN, IS PERFECT FOR DAY CAMPS, TRAINING, AND PROGRAMMING WITH AN OUTDOOR FOCUS. RIVER VALLEYS CONTINUES TO MAKE IMPROVEMENTS AT ALL CAMP FACILITIES. DURING FISCAL YEAR 2020 A MOUNTAIN BIKE TRAIL AND Other program services (Describe on Schedule O.) 507 , 496 . including grants of \$329,590.) 33,867.) (Revenue \$ 12,358,783.

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Form 990 (2019) INC . Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
0	, ,			x
^	Schedule D, Part III	8		
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?		v	
	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		37	
	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	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			┢
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_ 		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17		47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		 ^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا مد ا		_V
	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		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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Form **990** (2019)

Pa	Tt IV Checklist of Required Schedules (continued)		ı	т —
22	Did the examination report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	Х	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		21	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	, ,	23	х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
	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		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	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		<u> </u>
	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			
	"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			\ .
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		┝┷
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
20	Schedule N, Part II	32		 ^
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		 ^
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<u> </u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
-	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			
	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?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	140		1

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 318			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	5:11		За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other at				
	financial account in a foreign country (such as a bank account, securities account, or other financial account,		4a		X
b	If "Yes," enter the name of the foreign country	,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	rices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \ \textbf{Did a donor advised fund maintained}$	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
	Sponsoring organizations maintaining donor advised funds.				
			9a		-
			9b		
10	Section 501(c)(7) organizations. Enter:	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter:	المد			
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	146			
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	1		
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.		100		
h	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	13b			
С	Enter the amount of reserves on hand	13c			
14a		100	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera				
	excess parachute payment(s) during the year?		15		Х
	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		Х
	If "Yes," complete Form 4720, Schedule O.				
			Form	990	(2019

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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	1a	25					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	25					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other					
	officer, director, trustee, or key employee?			2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision					
	and the second of the second o			3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		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 app							
	more members of the governing body?			7a	Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto							
	persons other than the governing body?			7b	Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
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 read							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	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 characteristics.							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х			
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
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	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe					
	in Schedule O how this was done			12c	Х			
13	Did the organization have a written whistleblower policy?			13	Х			
14	Did the organization have a written document retention and destruction policy?			14	Х			
15	Did the process for determining compensation of the following persons include a review and approval	by inc	lependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15a	Х			
b	Other officers or key employees of the organization			15b	Х			
	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	ent wi	th 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	e its pa	articipation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	'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 ▶MN, WI							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-	T (Section 501(c)(3):	s 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 Sc	hedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	f interest policy, and	l 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 boo	ks and	records					
	CHRIS AMUNDSEN - 763-971-4115							
	5601 BROOKLYN BOULEVARD, BROOKLYN CENTER, MN 55429							

Form **990** (2019)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.			
(A)	(B)		(C)					(D)	(E)	(F)		
Name and title	Average	(do			Position not check more than one					Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of		
	week	_	l a		l	1711 43		from	from related	other		
	(list any hours for	directo				_		the organization	organizations (W-2/1099-MISC)	compensation from the		
	related	9e or (stee			nsated		(W-2/1099-MISC)	(VV 2/ 1000 IVIIOO)	organization		
	organizations	truste	al tru		oyee	om pe		(** =* ** ** ** ** ** ** ** **		and related		
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations		
	line)	Indi	lust	Officer	Key	High	Former					
(1) PATRICIA BOLGER	40.00	-										
CHIEF EXECUTIVE OFFICER	40.00			X				198,731.	0.	13,185.		
(2) CHRIS AMUNDSEN	40.00							470 006		40.000		
CHIEF FINANCIAL OFFICER	40.00			X				172,306.	0.	13,868.		
(3) JENNIFER L THORSON	40.00	-						4.5 5.40				
CHIEF OPERATING OFFICER	40.00			Х				145,748.	0.	4,291.		
(4) CAROL LUO	40.00	-						100 100	•	10 010		
CHIEF PEOPLE OFFICER	40.00			Х				128,103.	0.	12,019.		
(5) MAGGIE PASSMORE	40.00	-				,,		106 017	0	10 067		
SR. DIR INFORMATION SYSTEMS	40.00					Х		106,017.	0.	18,867.		
(6) ANNE WALTERS	40.00	-		٦,				112 027	0	0 405		
CHIEF DEV OFFICER	40.00			Х				113,037.	0.	9,425.		
(7) BREANNE HEGG	40.00	1						112 000	0	4 6EO		
VICE PRESIDENT OF PROGRAMS (8) KRISTIN NEUER	40.00					X		112,009.	0.	4,659.		
(8) KRISTIN NEUER VP OF MEMBER ENGAGEMENT	40.00	1				x		102 270	0.	10 720		
(9) BRENDA DEGE	40.00					^		102,370.	0.	10,720.		
SR. DIR FINANCE & ACCOUNTING	40.00	1				x		100,123.	0.	10,278.		
(10) SARAH KUENLE	40.00							100,123.	•	10,270.		
CHIEF DEV OFFICER (PROMOTION 3/14/20	1000	1		х				75,300.	0.	2,353.		
(11) GAYLE HAYHURST	1.00							,		,		
CHAIR		Х		Х				0.	0.	0.		
(12) WENDY UNGLAUB	1.00											
1ST VICE CHAIR		Х		Х				0.	0.	0.		
(13) NANCY KLEMEK	1.00											
SECRETARY		Х		Х				0.	0.	0.		
(14) JEFF REDMON	1.00											
TREASURER		Х		Х				0.	0.	0.		
(15) MARIELA AMPUERO	1.00											
DIRECTOR-AT-LARGE		Х						0.	0.	0.		
(16) PAMELA STEGORA AXBERG	1.00											
DIRECTOR-AT-LARGE / 2ND VICE CHAIR		Х		Х				0.	0.	0.		
(17) DANIEL BALLARD	1.00	. .						_	_	_		
DIRECTOR-AT-LARGE		X						0.	0.	0.		

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Form 990 (2019) INC.									**_**	39	10	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	(do	not c	Pos heck ss pe	c) sition more rson is		one i an	(D) Reportable compensation	(E) Reportable compensation		Estir amo	F) mated unt of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		compe fror organ and r	her ensation in the dization related dizations
(18) CHRISTINE BATTIST DIRECTOR-AT-LARGE	1.00	Х						0.	0			0.
(19) JOHN BINA	1.00									Ť		
DIRECTOR-AT-LARGE		Х						0.	0			0.
(20) KELLY BLOCH	1.00											
DIRECTOR-AT-LARGE	1 00	Х						0.	0	•		0.
(21) KELLI CADWELL	1.00								•			•
DIRECTOR-AT-LARGE	1 00	Х						0.	0	•		0.
(22) JANE CANNEY	1.00	37							0			^
DIRECTOR-AT-LARGE (23) GAIL EADIE	1.00	Х			<u> </u>			0.	0	+		0.
DIRECTOR-AT-LARGE	1.00	Х						0.	0			0.
(24) VELMA KORBEL	1.00							•	•	⇈		<u> </u>
DIRECTOR-AT-LARGE		х						0.	0			0.
(25) GAILEN KNOX KRUG	1.00											
DIRECTOR-AT-LARGE (THRU 6/18/20)		Х						0.	0	•		0.
(26) CRISTINA LIEN	1.00								_			_
DIRECTOR-AT-LARGE		Х						0.	0	_	0.0	0.
1b Subtotal								1,253,744.	0	_	99	,665. 0.
c Total from continuation sheets to Part VII								1,253,744.	0	_	99	,665.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but no							o re			•		,005.
compensation from the organization	or miniou to an	000		, u u.	3010	,	010	, contournors than \$100,	ood of roportable			9
<u> </u>											Y	es No
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for su										L	3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	X
5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fi	rom	any	unre	elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes," com	plete Schedule	e <i>J f</i>	or su	ıch į	pers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest cor the organization. Report compensation for t										satio	on from	
(A)	,			<u>.g</u>				(B)			(C)	
Name and business	address	N	INC	3				Description of s	ervices	Со	mpens	ation
							\dashv					
 Total number of independent contractors (ir \$100,000 of compensation from the organiz 	ŭ	ot lir	nited	d to	thos		ted	above) who received mo	ore than			
SEE PART VII, SECTION		IN	UΑ	ΤI			HE	ETS	,	F	orm 99	90 (2019)

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rustaas Kay Er	male								
ustees, Rey Li	пріс	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(B)							(D)	(E)	(F)
Average							Reportable	Reportable	Estimated
1	(c	heck	allt	that	app	ly)	· '	·	amount of
					eo				other compensation
	tor				ploye				from the
hours for	rdirec				ed em		ı	(,	organization
related	tee oi	ustee			ensat				and related
"	altrus	onal tr		loyee	dwoo				organizations
1	lividu	iffuti	icer	y emp	hest	mer			
	n pu	si Si	#0	Ke	ij	For			
1.00	ļ								•
1 00	X						0.	0.	0.
1.00	ļ								
1 00	X						0.	0.	0.
1.00								_	
1 00	X	_			_		0.	0.	0.
1.00	.,							_	
1 00	X	-			\vdash		U .	U •	0.
1.00	.,							_	0
1 00	A						0.	0.	0.
1.00	₩.						_	_	^
1 00	^						0.	0.	0.
1.00	·						_	_	0.
1 00	^						0.	0.	0.
1.00	v						_	0	0.
1 00	^						0.	0.	0.
1.00	v						0	0	0.
1.00	22							<u> </u>	0.
1.00	×						0.	0.	0.
1.00							•	•	•
	x						0.	0.	0.
1,00									
	x						0.	0.	0.
1.00	ļ —								
	x						0.	0.	0.
1.00							-	-	-
	Х						0.	0.	0.
1.00									
	Х						0.	0.	0.
]								
	<u> </u>								
	1								
1	<u> </u>								
	1								
	(B) Average hours per week (list any hours for related organizations below line) 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	(B) Average hours per week (list any hours for related organizations below line) 1.00 X 1.00	(B) Average hours per week (list any hours for related organizations below line) 1.00 X 1.00	(B) Average hours per week (list any hours for related organizations below line) 1.00 X 1.00	(B) Average hours per week (list any hours for related organizations below line) 1.00 X 1.000 X 1.000	(B) Average hours per week (list any hours for related organizations below line) 1.00 X 1.00	(B) Average hours per week (list any hours for related organizations below line) 1.00 X 1.00	(B) Average hours por week (list any hours for related organizations below line) 1.00	Columbia Columbia

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Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 42,857 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b **b** Membership dues 347,597. c Fundraising events 1c d Related organizations 1d 45,775. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 1,995,901 1f 54,064 g Noncash contributions included in lines 1a-1f 2,432,130. h Total. Add lines 1a-1f **Business Code** 900099 2 a EVENT PROGRAM FEES 216,904 216,904. Program Service Revenue b ADULT TRAINING FEES 900099 420 420 С f All other program service revenue 217,324, g Total. Add lines 2a-2f Investment income (including dividends, interest, and 417,656 417,656. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 44,058. 6 a Gross rents 6b **b** Less: rental expenses ... 44,058. c Rental income or (loss) 44,058. 44,058. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 6,684,341. 8,278. assets other than inventory **b** Less: cost or other basis 6,262,201. 49,186. and sales expenses Other Revenue -40,908 c Gain or (loss) 422,140. 381,232. 381,232. d Net gain or (loss) 8 a Gross income from fundraising events (not 347,597. of including \$ contributions reported on line 1c). See Part IV, line 18 79,637. **b** Less: direct expenses -79,637 -79,637. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9b **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 19,563,260 and allowances 10a 8,110,220 **b** Less: cost of goods sold 11,453,040. 11,453,040. c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS INCOME 900099 28,962 28,962. b d All other revenue 28,962 e Total. Add lines 11a-11d 14,894,765. 792,271. 11,670,364

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Total revenue. See instructions

Form 990 (2019) INC . Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp. Check if Schedule O contains a response				X
	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	7,000.	7,000.		
2	Grants and other assistance to domestic	7,0000	7,70001		
_	individuals. See Part IV, line 22	324,536.	324,536.		
3	Grants and other assistance to foreign	0227000	0		
•	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	852,976.	227,664.	352,121.	273,191.
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	7,047,625.	5,603,628.	643,773.	800,224.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	531,620.	401,883.	61,065.	68,672.
9	Other employee benefits	1,033,742.	782,010.	113,170.	138,562.
10	Payroll taxes	642,877.	476,695.	79,344.	86,838.
11	Fees for services (nonemployees):				
а	Management				
	Legal	22,990.	2,517.	13,731.	6,742.
	Accounting	44,062.		44,062.	10 101
	Lobbying	42,491.			42,491.
е	Professional fundraising services. See Part IV, line 17	02.075		02.075	
f		93,075.		93,075.	
g	Other. (If line 11g amount exceeds 10% of line 25,	242 006	010 746	111 040	11 000
	column (A) amount, list line 11g expenses on Sch 0.)	342,086.	219,746.	111,242.	11,098.
12	Advertising and promotion	22 247	17 226	4 114	1 007
13	Office expenses	23,347.	17,236.	4,114.	1,997.
14	Information technology				
15	Royalties	902,854.	864,074.	10 057	10 022
16	Occupancy	158,092.	144,301.	18,857. 6,806.	19,923. 6,985.
17	Travel	130,092.	144,301.	0,000.	0,905.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	193,787.	71,796.	108,224.	13,767.
19 20	[133,707.	71,750.	100,224.	15,707
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,214,119.	1,134,635.	34,678.	44,806.
23	Insurance	264,411.	214,402.	31,779.	18,230.
23 24	Other expenses. Itemize expenses not covered	201,111	221,1021	02///50	20,200
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CUIDDI TEC	865,863.	855,302.	2,528.	8,033.
b	EQUIPMENT	425,221.	302,749.	45,778.	76,694.
c	PRINTING & MEDIA	322,501.	283,085.	9,259.	30,157.
d	TELECOMMUNICATIONS	252,635.	222,023.	11,773.	18,839.
-	All other expenses	299,544.	203,501.	74,842.	21,201.
25	Total functional expenses. Add lines 1 through 24e	15,907,454.	12,358,783.	1,860,221.	1,688,450.
26	Joint costs. Complete this line only if the organization	•		•	•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (
Part X	Bala	ance	Sheet

<u>Par</u>	ťΧ	Balance Sneet								
		Check if Schedule O contains a response or note to	o any	line in this Part X						
					(A) Beginning of year		(B) End of year			
	1	Cash - non-interest-bearing			203,079.	1	813,708			
	2	Savings and temporary cash investments			2,128,907.	2	2,429,498			
	3	Pledges and grants receivable, net			1,227,889.	3	946,347			
	4	Accounts receivable, net			585,973.	4	594,489			
	5	Loans and other receivables from any current or fo								
		trustee, key employee, creator or founder, substan								
		controlled entity or family member of any of these		5						
	6	Loans and other receivables from other disqualified								
		under section 4958(f)(1)), and persons described in	sect	ion 4958(c)(3)(B)		6				
13	7	Notes and loans receivable, net				7				
Assets	8	Inventories for sale or use			399,823.	8	345,693			
۲	9	Prepaid expenses and deferred charges			206,068.	9	197,753			
	10a	Land, buildings, and equipment: cost or other								
		basis. Complete Part VI of Schedule D		31,850,468.						
	b	Less: accumulated depreciation		16,249,790.	15,442,102.	10c	15,600,678			
	11	Investments - publicly traded securities			23,894,039.	11	24,769,412			
	12	Investments - other securities. See Part IV, line 11				12				
	13	Investments - program-related. See Part IV, line 11				13				
	14	Intangible assets			4 255 445	14	F F2F 600			
	15	Other assets. See Part IV, line 11			4,355,445.	15	5,535,622			
	16	Total assets. Add lines 1 through 15 (must equal I			48,443,325. 814,973.	16 17	51,233,200 1,123,928			
	17		counts payable and accrued expenses							
	18	Grants payable	318,490.	18 19	294,007					
	19		eferred revenue							
	20	Tax-exempt bond liabilities			4,100,000.	20	5,270,000			
	21	Escrow or custodial account liability. Complete Par			4,100,000.	21	5,270,000			
les	22	Loans and other payables to any current or former								
Liabilities		trustee, key employee, creator or founder, substan				22				
Lia	23	controlled entity or family member of any of these particles and notes payable to unrelated				23				
	23 24	Unsecured notes and loans payable to unrelated the				24				
	25	Other liabilities (including federal income tax, payal				24				
	25	parties, and other liabilities not included on lines 17								
		of Schedule D	, ,.	Complete Fart X	0.	25	1,843,900			
	26				5,233,463.	26	8,531,835			
		Organizations that follow FASB ASC 958, check			, , , , , , , , , , , , , , , , , , , ,					
ès		and complete lines 27, 28, 32, and 33.		, —						
auc	27				37,652,185.	27	36,950,283			
Ball	28	Net assets with donor restrictions	5,557,677.	28	5,751,082					
n a		Organizations that do not follow FASB ASC 958								
<u> </u>		and complete lines 29 through 33.								
ğ	29	Capital stock or trust principal, or current funds				29				
set	30	Paid-in or capital surplus, or land, building, or equip				30				
As	31	Retained earnings, endowment, accumulated incom				31				
Net Assets or Fund Balances	32	Total net assets or fund balances			43,209,862.	32	42,701,365			
_	33				48,443,325.	33	51,233,200			

Form **990** (2019)

Pa	Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				X				
1	Total revenue (must equal Part VIII, column (A), line 12)		14,89						
2	Total expenses (must equal Part IX, column (A), line 25)		15,90						
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,01	2,6	89.				
4									
5	Net unrealized gains (losses) on investments	5	49	4,0	15.				
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	1	0,1	77.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	42,70	1,3	65.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	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:								
	Separate basis X 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 Scho	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin								
	Act and OMB Circular A-133?		3a		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2019)				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

GIRL SCOUTS OF MN AND WI RIVER VALLEYS,

OMB No. 1545-0047

2019
Open to Public

Inspection
Employer identification number

INC.								*-***3910		
Pa	art I	Reason for Public (Charity Status (All organizations must co	mplete th	is part.) Se	e instructions			
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).			
4		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:								
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental i	unit or from th	e general į	oublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of t	the college	or	
		university:								
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	oort from c	ontributio	ns, membersh	ip fees, an	d gross receipts from	
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its	s support t	from gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11	Ш	An organization organized a	and operated exclusi	vely to test for public sat	fety.See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to car	ry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 5	09(a)(3).	Check the box in	
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.		
a	ı		anization operated, so	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	s of the su	upporting	
		organization. You must o	complete Part IV, Se	ections A and B.						
k	.		anization supervised	or controlled in connect	ion with its	s supporte	d organization	n(s), by hav	ving	
		control or management o			ame perso	ns that co	ntrol or manag	e the supp	ported	
		organization(s). You mus	-							
(;		-					y integrate	ed with,	
	. —	its supported organization		·						
(i							-	* *	
		that is not functionally int	-		•		=	an attentiv	/eness	
		requirement (see instructi	•	• '	•					
•	•	☐ Check this box if the orga					Type I, Type I	ı, туре ііі		
		functionally integrated, or								
		er the number of supported o	•	d arganization(a)						
		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10	in your governi Yes	No	support (see in	structions)	support (see instructions)	
				above (see instructions))	1.00					
	_									

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

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

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
	Gifts, grants, contributions, and	(1)		` ,	, ,	. ,	
•	membership fees received. (Do not						
	include any "unusual grants.")	2656562.	2227282.	2979381.	2107959.	2432130.	12403314.
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	2656562.	2227282.	2979381.	2107959.	2432130.	12403314.
	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)						1110134.
6	Public support. Subtract line 5 from line 4.						11293180.
	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	2656562.	2227282.	2979381.	2107959.	2432130.	12403314.
	Gross income from interest,		-				
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	796,232.	547,761.	656,228.	677,021.	461,714.	3138956.
9	Net income from unrelated business	,	01///010		0,0220		0200000
Ŭ	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.)	64,088.	99.856.	183,600.	59,117.	28.962.	435,623.
11	Total support. Add lines 7 through 10	02,000	55 / 666 1		00/12/1		15977893.
12		etc (see instructio	nne)				,508,672.
	First five years. If the Form 990 is for						755575721
.0	organization, check this box and stop						
Sec	ction C. Computation of Publi		centage				
14	Public support percentage for 2019 (li	ne 6. column (f) di	vided by line 11, co	olumn (f))		14	70.68 %
15						15	69.52 %
16a	33 1/3% support test - 2019. If the c					ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the c						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac-	ū					•
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances test						
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						▶ □
12	Private foundation. If the organization		-	· ·			
10	i invate roundation. Il the organizatio	i dia noi check a l	50A 011 III 16 13, 10a	i, 100, 17a, 01 170		dula A /Farm 000	

Schedule A (Form 990 or 990-EZ) 2019

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

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

Se	ction A. Public Support	slow, please comp	Diete Fait II.)				
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.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
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 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						,,
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				1		<u></u>
14	First five years. If the Form 990 is for	ŭ			•	. , . ,	. —
Sa	check this box and stop here ction C. Computation of Publi						P
	•			oolumn (f))		15	0/
	Public support percentage for 2019 (li		•	.,,		15	<u>%</u>
	Public support percentage from 2018 ction D. Computation of Inves					ן וס ן	<u>%</u>
	•			ino 13 column (f)		17	
	Investment income percentage for 20 Investment income percentage from 2					18	<u>%</u>
	a 33 1/3% support tests - 2019. If the						
196	more than 33 1/3%, check this box ar					41	▶ □
k	33 1/3% support tests - 2018. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	ind
00	line 18 is not more than 33 1/3%, chece Private foundation. If the organization						
/()	ELIVATE TOURGATION, IT THE ORGANIZATION	н ою пот спеск а	DOX ON line 14 19	a or igo check th	us dox and see in:	SITUCHORS	■

932023 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

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.)

	Yes	No
4		
1		
2		
За		
3b		
20		
3c		
4a		
4b		
40		
4c		
5a		
5b 5c		
30		
6		
7		
7		
8		
9a		
OI-		
9b		
9c		
10a		
10b		

Sche		, 23T	U Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
	Here the consideration are solded as 20 cm and 20 time from any of the following second		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)	110		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a		\vdash
	A 35% controlled entity of a person described in (a) above? 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.	11b 11c		\vdash
	tion B. Type I Supporting Organizations	1 110		
	71 11 3 3		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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		<u> </u>
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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type III Supporting Organizations		V	
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	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 ins	tructions)		
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	2a		
h	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi:	zations	
Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in F	Part VI). See instructions. A
other Type III non-functionally integrated supporting organizations must c	omplete Sec	tions A through E.	
ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ion C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
· · · · · ·			
emergency temporary reduction (see instructions).	6		
	ally integrated	d Type III supporting orga	nization (see
	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must of the Type III non-functionally integrated supporting organizations must of the Type III non-functionally integrated supporting organizations must of the Type III non-functionally integrated supporting organizations must organize the Type III non-functionally integrated supporting organizations must organize the Type III non-functional depletion or production and depletion or production 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). Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). Ition B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) Interest Six of line 1. Minimum asset amount for prior year (from Section A, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Section A - Adjusted Net Income Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Idion B - Minimum Asset Amount 8 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (adines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Income tax imposed in prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Fother Type III non-functionally integrated supporting organizations must complete Sections A through E. Identifying a section of the Prior Year (A) Prior Year (A) Prior Year (A) Prior Year (A) Prior Year (B) Prior Year

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Sche Par	dule A (Form 990 or 990-EZ) 2019 INC. tV Type III Non-Functionally Integrated 509(a)(3) Supporting Orga		*-***3910 Page 7
Secti	on D - Distributions	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(00111111111111111111111111111111111111	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
<u> </u>	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)						
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:					
MISCELLANEOUS INC	COME					
2015 AMOUNT: \$	64,088.					
2016 AMOUNT: \$	99,856.					
2017 AMOUNT: \$	183,600.					
2018 AMOUNT: \$	59,117.					
2019 AMOUNT: \$	28,962.					

Schedule B

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

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization			Emp	oloyer identification number					
GIR	L SCOUTS	OF M	IN AND	WI	RIVER	VALLEYS,			
INC	•							*	*-***3910

Filers of	:	Section:					
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 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 . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	ū	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						
X	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.						
	For an organization described in section 501(c)(7), (8), or (10) filling 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.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it m u	ıst answer "No" on F	t 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 e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

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

Name of organization

GIRL SCOUTS OF MN AND WI RIVER VALLEYS,

INC.

Employer identification number

-*3910

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			Person X Payroll Noncash Complete Part II for oncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2			Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3			Person X Payroll Noncash Complete Part II for oncash contributions.)			
(a)	(b)	(c)	(d)			
No4_	Name, address, and ZIP + 4		Person X Payroll Noncash Complete Part II for oncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$95,000(Person X Payroll Noncash Complete Part II for oncash 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 oncash contributions.)			

Name of organization

GIRL SCOUTS OF MN AND WI RIVER VALLEYS,

INC.

-*3910

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

Part II

(a)

No.

from

Part I

Name of organization GIRL SCOUTS OF MN AND WI RIVER VALLEYS, INC.

anization COUTS OF MN AND WI RIVER VALLEYS,		**-***3910
Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	j.
(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Date received
	\$	

		Ψ	
(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	(b)	(c) FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	- ,	(See instructions.)	
		\$	990, 990-EZ, or 990-PF) (2019)

Name of organization **Employer identification number** GIRL SCOUTS OF MN AND WI RIVER VALLEYS, **-***3910 INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

 See separate instructions), then Section 501(c)(4), (5), or (6) organize 				
INC.	COUTS OF MN AND			oloyer identification number **-***3910
Part I-A Complete if the or	ganization is exempt un	der section 501(c)	or is a section 527 o	rganization.
 Provide a description of the organ Political campaign activity expend Volunteer hours for political camp 	litures		>	\$
Part I-B Complete if the or	ganization is exempt un	der section 501(c)	(3)	
1 Enter the amount of any excise ta	·		•	\$ 0.
2 Enter the amount of any excise ta				·
3 If the organization incurred a secti				
4a Was a correction made?				
b If "Yes," describe in Part IV.				
Part I-C Complete if the or	ganization is exempt un	der section 501(c),	except section 501(c)(3).
1 Enter the amount directly expende2 Enter the amount of the filing organized exempt function activities		other organizations for s	ection 527	
3 Total exempt function expenditure				Ψ
line 17b			,	\$
4 Did the filing organization file Form				
5 Enter the names, addresses and e made payments. For each organiz contributions received that were p political action committee (PAC). I	employer identification number (I ation listed, enter the amount paromptly and directly delivered to	EIN) of all section 527 po aid from the filing organi o a separate political org	olitical organizations to whic zation's funds. Also enter th anization, such as a separa	ch the filing organization ne amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

Part II-A Complete if the org section 501(h)).	anization is exe	mpt under sectio	n 501(c)(3) and file	d Form 5768 (el	ection under
A Check ▶ if the filing organiza	tion belongs to an aff	iliated group (and list i	n Part IV each affiliated	group member's nam	ne, address, EIN,
	e of excess lobbying	•	·		, ,
B Check ▶ if the filing organiza	tion checked box A a	nd "limited control" pr	ovisions apply.		
Limit (The term "expend	(a) Filing organization's totals	(b) Affiliated group totals			
1a Total lobbying expenditures to influ	ience public opinion ((grassroots lobbying)			
b Total lobbying expenditures to influ	ence a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lin	nes 1a and 1b)				
d Other exempt purpose expenditure	s				
e Total exempt purpose expenditures	s (add lines 1c and 1d	d)(b			
f Lobbying nontaxable amount. Ente	r the amount from th	e following table in bo	th columns.		
If the amount on line 1e, column (a) o	r (b) is: The lot	obying nontaxable an	nount is:		
Not over \$500,000	20% of	the amount on line 1e).		
Over \$500,000 but not over \$1,000	,000 \$100,0	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000 \$175,0	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	ess over \$1,500,000.				
Over \$17,000,000	\$1,000	,000.			
Subtract line 1f from line 1c. If zero If there is an amount other than zer reporting section 4911 tax for this y (Some organizations the section of the sect	o on either line 1h or year? 4-Year Av nat made a section 5	line 1i, did the organiz eraging Period Unde 601(h) election do not	zation file Form 4720 r Section 501(h) have to complete all o		Yes No
	<u> </u>	rate instructions for li enditures During 4-Ye			
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b))
of the lobbying activity.	Yes	No	Amo	unt
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
•		Х		
 a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 	х			
c Media advertisements?		Х		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		Х		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			899.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i Other activities?	Х		136	,824.
j Total. Add lines 1c through 1i				,723.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	5), or sec	tion	
501(c)(6).				
			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the			<u> </u>	
Part III-B Complete if the organization is exempt under section 501(c)(4), section		•		0 in
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes."	NO" OR	(b) Part i	II-A, IINE	3, IS
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	aı			
. , ,		20		
a Current year				
b Carryover from last year				
 c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information.	list); Part II-	A, lines 1 aı	nd 2 (see	
PART II-B, LINE 1, LOBBYING ACTIVITIES:				
RIVER VALLEYS' DIRECTOR OF ADVOCACY AND PUBLIC RELATIO	NS WOR	RKED W	ГТН	
THE SERVICES OF PROFESSIONAL LOBBYISTS TO SEEK FUNDING	FROM	THE S'	PATE	
OF MINNESOTA FOR THE GIRL SCOUTS CONNECTZ PROGRAM, A P	ROGRAM	THAT		
BRINGS HIGH-QUALITY, CULTURALLY SENSITIVE PROGRAMMING	TO GIR	RLS WI	ГН	
DIVERSE BACKGROUNDS THROUGHOUT THE TWIN CITIES METRO A			THERN 990 or 990)-EZ) 2019

Part IV Supplemental Information (continued)
MINNESOTA. RIVER VALLEYS (GIRL SCOUT BILL - HF292/SF400) WAS INVITED TO
TESTIFY BEFORE THE SENATE EDUCATION POLICY AND FINANCE COMMITTEE, BUT
THE HEARING WAS CANCELLED ON MARCH 16, 2020 DUE TO COVID-19. THE GIRL
SCOUT BILL WAS NOT PASSED.
RIVER VALLEYS PLANNED ON HOSTING OVER 300 ADVOCATES AT GIRL SCOUT DAY
AT THE CAPITOL BUT UNFORTUNATELY THE EVENT WAS CANCELED DUE TO
COVID-19.
ON APRIL 14, 2020, WE HOSTED THE FINDING COMMON GROUND VIRTUAL EVENT
FOR GIRL SCOUTS WHICH WAS ALSO BROADCAST ON FACEBOOK LIVE.
ON MAY 27, 2020 WE HOSTED A VIRTUAL MOCK INFORMATIONAL HEARING ON OUR
GIRL SCOUT BILL WITH CHAIR OF THE SENATE E-12 FINANCE AND POLICY
COMMITTEE, SEN. CARLA NELSON, CHIEF AUTHOR SEN. CARRIE RUUD, AND CO
AUTHOR SEN. MELISA FRANZEN.

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GIRL SCOUTS OF MN AND WI RIVER VALLEYS, INC.

Employer identification number **-***3910

Pai	art I Organizations Maintaining Donor	Advised Funds or Other Similar Funds o	or Accounts. Complete if the				
	organization answered "Yes" on Form 990, F	Part IV, line 6.					
		(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 ad	lvisors in writing that the assets held in donor advised	d funds				
	are the organization's property, subject to the organ	nization's exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, an	d donor advisors in writing that grant funds can be us	sed only				
	for charitable purposes and not for the benefit of th	e donor or donor advisor, or for any other purpose co	onferring				
Pai	art II Conservation Easements. Complete	e if the organization answered "Yes" on Form 990, Pa	art IV, line 7.				
1	Purpose(s) of conservation easements held by the o	organization (check all that apply).					
	Preservation of land for public use (for examp	ole, recreation or education) Preservation of a	a historically important land area				
	Protection of natural habitat	Preservation of a	a certified historic structure				
	Preservation of open space						
2		eld a qualified conservation contribution in the form of					
	day of the tax year.		Held at the End of the Tax Year				
a							
b	,						
С		istoric structure included in (a)					
d		acquired after 7/25/06, and not on a historic structure	l l				
•							
3	_	ferred, released, extinguished, or terminated by the o	organization during the tax				
4	year	votion accoment is located					
4	Number of states where property subject to conser						
5	Does the organization have a written policy regardir violations, and enforcement of the conservation eas		Yes No				
6	•	sements it holds?specting, handling of violations, and enforcing conse					
Ü	L	specting, nariding of violations, and emoreing consci	rvation casements during the year				
7	Amount of expenses incurred in monitoring inspec	ting, handling of violations, and enforcing conservation	on easements during the year				
•	▶ \$	ang, nanamig or violations, and officially consolvation	on casemente danning the year				
8		2(d) above satisfy the requirements of section 170(h)	(4)(B)(i)				
9		conservation easements in its revenue and expense st					
		f the footnote to the organization's financial statemen					
	organization's accounting for conservation easemen						
Pai	art III Organizations Maintaining Collec	tions of Art, Historical Treasures, or Oth	er Similar Assets.				
	Complete if the organization answered "Yes	on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in its revenue statement and	d balance sheet works				
	of art, historical treasures, or other similar assets he	eld for public exhibition, education, or research in furt	herance of public				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
	art, historical treasures, or other similar assets held	for public exhibition, education, or research in further	rance of public service,				
	provide the following amounts relating to these item						
	(i) Revenue included on Form 990, Part VIII, line 1		> \$				
	(ii) Assets included in Form 990, Part X		> \$				
2	If the organization received or held works of art, his	torical treasures, or other similar assets for financial g	gain, provide				
	the following amounts required to be reported under						
	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Ins	structions for Form 990.	Schedule D (Form 990) 2019				

932051 10-02-19

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

	t III Organizations Maintaining C	ollections of Art	, Historica	al Tre	asures, o	r Othe	r Simi	lar Ass	ets (cont	nued)	ago
3	Using the organization's acquisition, accession	on, and other records	s, check any	of the fo	ollowing that	make s	ignificar	nt use of i	ts	ĺ	
	collection items (check all that apply):										
а	a Public exhibition d Loan or exchange program										
b	Scholarly research	е	Othe	r							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how they fu	rther th	e organizatio	n's exe	mpt pur	pose in P	art XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historic	al treas	ures, or othe	er similaı	r assets				_
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang		te if the orga	ınizatior	n answered '	"Yes" or	Form 9	90, Part I	V, line 9, o	r	
	reported an amount on Form 990, Par										
та	Is the organization an agent, trustee, custodi		•							Ū	٦.,
	on Form 990, Part X?								Yes	Δ	No
р	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:								
	Davissian halana						-		Amour	nt	
	Beginning balance										
a	Additions during the year										
e	Distributions during the year										
f O-	Ending balance						11		X Yes		No
	-						iity?		_A res	X	
Pai	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i						10				
	2 1 Complete 1	(a) Current year	(b) Prior y		(c) Two yea			ee years ba	ıck (e) Fou	ır vaare	hack
10	Beginning of year balance	8,879,227.	8,702		12,34			,589,37		,276,	
b	Contributions	124,537.		,241.		4,676.		,382,55		,011,	
	Net investment earnings, gains, and losses	663,581.		,457.		9,673.		,320,37			344.
d	Grants or scholarships	,		,		,		,,		,	
	Other expenditures for facilities										
C		323,632.	363	,072.	4 084	4,642.	2	,949,41	8.	401	971.
	Administrative expenses	,		, •	-,	-,	_	, ,			
g		9,343,713.	8 879	,227.	8 70:	2 601.	12,342,894.		4. 10	589	377.
2	Provide the estimated percentage of the curr		-			,		, ,		, ,	
a	Board designated or quasi-endowment	51.00	%	arriir (a),	Tiola ao.						
b	Permanent endowment 43.30	%	_′°								
	Term endowment ► 5.70										
Ū	The percentages on lines 2a, 2b, and 2c short										
За	Are there endowment funds not in the posses	•	tion that are	held an	d administer	ed for th	ne organ	ization			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)	Х	
	(ii) Related organizations										Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Sched	ule R?					3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990,	, Part IV, line	11a. Se	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or ot	her (I	o) Cost	or other	(c) A	ccumul	ated	(d) Boo	ok valu	e
	basis (investment) basis (other) depreciation										
	Land			96	1,793.					1,7	
b	Buildings		26	,49	4,942.	13,	612,	267.	12,88	2,6	75.
С	Leasehold improvements										
d	Equipment		4		7,088.	2,	637,	523.	1,58		
е	Other			16	6,645.					6,6	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part >	(, column (B)	. line 10	Oc.)			🕨	15,60	0,6	78.

Schedule D (Form 990) 2019

Part VII Investme	ents - Other Securities.			
			11b. See Form 990, Part X, line 12.	
(a) Description of security	/ Or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives				
	nterests			
(3) Other				
(A)			+	
(B)				
(C) (D)				
(E)				
(F)				
(G)				
(H)				
	Form 990, Part X, col. (B) line 12.)			
	ents - Program Related.			
Complete if	the organization answered "Yes" (on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	ption of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	5 000 Part V and (D) line 40)			
Part IX Other As	Form 990, Part X, col. (B) line 13.)			
		on Form 990 Part IV line	11d. See Form 990, Part X, line 15.	
- Complete II		Description	Tru. See Form 390, Fart X, line 13.	(b) Book value
(1) COMMUNITY	Y FOUNDATION HOLD			265,622.
	D FOR TROOPS AND S			5,270,000.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must of	equal Form 990. Part X. col. (B) line	15.)	>	5,535,622.
Part X Other Lia				
	the organization answered "Yes" ((a) Description of liability	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
1.	, , ,			(b) book value
(1) Federal income t	taxes PROTECTION PROGRAM	√ I.∩λN		1,843,900.
	PROTECTION PROGRAM	I LOAN		1,043,900.
(3)			+	
(5)			+	
(6)			+	
(7)				
(8)			1	
(9)				
	egual Form 990. Part X. col. (B) line	25.)	>	1,843,900.
. ,		,	the organization's financial statements that	

Schedule D (Form 990) 2019

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

		(Form 990) 2019	INC.						~ ~ ~ 3910	Page 4
Par	t XI	Reconciliation of	of Revenue p	er Audited Fi	nancial Stateme	ents With I	Revenue per Re	turn.		_
		Complete if the organ	nization answere	d "Yes" on Form	990, Part IV, line 12a	l.				
1	Total r	evenue, gains, and ot	her support per a	audited financial	statements			1	15,481	<u>,140.</u>
2	Amour	nts included on line 1	but not on Form	990, Part VIII, lin	e 12:					
а	Net un	nrealized gains (losses) on investments			. 2a	494,015.			
b	Donate	ed services and use o	f facilities			. 2b	95,620.			
С	Recov	eries of prior year grai	nts			. 2c				
d	Other	(Describe in Part XIII.)				. 2d	89,815.			
е	Add lir	nes 2a through 2d						2e	679	<u>,450.</u>
3		act line 2e from line 1						3	14,801	<u>,690.</u>
4	Amour	nts included on Form	990, Part VIII, line	e 12, but not on I	line 1:	1 1				
а	Investr	ment expenses not in	cluded on Form 9	990, Part VIII, line	e 7b	4a	93,075.			
b	Other	(Describe in Part XIII.)				. 4b				
С	Add lir	nes 4a and 4b						4c	93	<u>,075.</u>
5	Total r	evenue. Add lines 3 a	nd 4c. (This mus	t equal Form 990). Part I, line 12.)			5	14,894	<u>,765.</u>
Pai	rt XII	Reconciliation of					Expenses per H	ketur!	n.	
		Complete if the organ			990, Part IV, line 12a	l			15 000	
1		expenses and losses p						1	15,989	<u>,636.</u>
2		nts included on line 1		, ,		1 1	05 600			
а		ed services and use o				1 1	95,620.			
b	Prior y	ear adjustments								
С	Other						70 627			
d		(Describe in Part XIII.)					79,637.		100	0.5.7
								2e	175 15,814	, 257.
3		act line 2e from line 1						3	15,814	,379.
4		nts included on Form				1 1	02 075			
		ment expenses not in		990, Part VIII, line	e 7b		93,075.			
		(Describe in Part XIII.)								075
								4c	15 007	,075.
5 Dai	Total e	expenses. Add lines 3 Supplemental Ir	and 4c. (This mu	ust equal Form 99	90, Part I, line 18.) ·			5	15,907	,454.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,										
ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.										
PART IV, LINE 2B:										
17.	/T T,	v, hine 7D:								
7 T C	TED V	WAT.T.FVC PEC	OCNIZES 7	и уссти	מעד.ז ע מואע	TT.TጥV I	TOR CASH AC	COIT	NTTC	
RIVER VALLEYS RECOGNIZES AN ASSET AND A LIABILITY FOR CASH ACCOUNTS										

MAINTAINED BY TROOPS, SERVICE UNITS AND DAY CAMPS. THE ACCOUNTS HAVE BEEN OPENED USING RIVER VALLEYS' TAX IDENTIFICATION NUMBER, BUT RIVER VALLEYS DOES NOT HAVE DIRECT CONTROL OVER THESE ACCOUNTS. THEREFORE, TROOP, SERVICE UNIT AND DAY CAMP ACTIVITY IS NOT INCLUDED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES.

PART V, LINE 4:

RIVER VALLEYS' ENDOWMENT CONSISTS OF 14 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING GENERAL OPERATIONS, VARIOUS FORMS OF FINANCIAL ASSISTANCE, AND FUNDING FOR SPECIFIC GEOGRAPHIC REGIONS. ITS

Part XIII | Supplemental Information (continued)

ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS

DESIGNATED BY THE GOVERNING BOARD TO FUNCTION AS ENDOWMENTS. RIVER VALLEYS

HAS ADOPTED INVESTMENT AND SPENDING POLICIES THAT ATTEMPT TO PROVIDE A

PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE

SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS.

PART X, LINE 2:

THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT RIVER VALLEYS AND CAMPS

ARE EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE. RIVER VALLEYS AND CAMPS ARE ALSO EXEMPT FROM STATE INCOME

TAXES. HOWEVER, ANY UNRELATED BUSINESS INCOME MAY BE SUBJECT TO TAXATION.

RIVER VALLEYS AND CAMPS ARE NOT CONSIDERED PRIVATE FOUNDATIONS;

CONTRIBUTIONS ARE CONSIDERED TAX DEDUCTIBLE.

RIVER VALLEYS AND CAMPS FOLLOW THE ACCOUNTING STANDARDS FOR CONTINGENCIES

IN EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES

RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION

OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE

NOT CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY RIVER

VALLEYS' AND CAMPS FOR UNCERTAIN TAX POSITIONS AS OF SEPTEMBER 30, 2020

AND 2019. RIVER VALLEYS AND CAMPS' TAX RETURNS ARE SUBJECT TO REVIEW AND

EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

PART XT LINE 2D - OTHER ADJUSTMENTS.

PART XI, DINE 2D - OTHER ADDUSTMENTS:	
CHANGE IN VALUE OF COMMUNITY FOUNDATION HOLDINGS	10,177.
DIRECT FUNDRAISING EXPENSES	79,637.
RENT INCOME OF RELATED ORGANIZATION - SEE SCH O, NOTE B	1.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	89,815.

Schedule D (Form 990) 2019

GIRL SCOUTS OF MN AND WI RIVER VALLEYS,

Schedule D (Form 990) 2019 INC.	**-***3910 Page 5
Schedule D (Form 990) 2019 INC . Part XIII Supplemental Information (continued)	
DADE VII IINE OD OMIED ADIIGEMENEG.	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSES	79,637.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

GIRL SCOUTS OF MN AND WI RIVER VALLEYS,

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

Name of the organization GIRL SC INC.	OUTS OF MN AND WI	RIVI	ER V	/ALLEYS,		**-**3	ntification number 910
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individendments.	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover ising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
3 List all states in which the organization	on is registered or licensed to solicit c	ontrib	▶ utions	or has been notified	it is e	exempt from re	gistration
or licensing.							

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

Schedule G (Form 990 or 990-EZ) 2019

*	*	_	*	*	*	3	9	1	0	Page 2
---	---	---	---	---	---	---	---	---	---	--------

Pa		Fundraising Events. Complete if the of fundraising event contributions and great process.	oss income on Form 990	EZ, lines 1 and 6b. Lis	st events with gross receip	
			(a) Event #1 WOMEN OF DISTINCTION	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	- col. (c))
Revenue	1	Gross receipts	347,597.			347,597.
	2	Less: Contributions	347,597.			347,597.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
Sense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	762.			762.
	8	Entertainment				
	9 10	Other direct expenses Direct expense summary. Add lines 4 through				78,875. 79,637.
	11	Net income summary. Subtract line 10 from li	٠,			-79,637.
Pa	rt I	II Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.	1	Γ		1
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bing	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Ä	1	Gross revenue				
es	2	Cash prizes				
zpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes 9	% Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
	_					
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a No," explain:	ctivities in each of these s	states?		Yes No
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·		•	Yes No
b	lf "	Yes," explain:				
		L-11_10				rm 990 or 990-F7\ 201

GIRL SCOUTS OF MN AND WI RIVER VALLEYS,

Sch	nedule G (Form 990 or 990-EZ) 2019 INC.	**_*	**3	910	Page 3
	Does the organization conduct gaming activities with nonmembers?			Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?			Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility		13a		%
	An outside facility		13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record				
	Name				
	Address				
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt			
	of gaming revenue retained by the third party > \$				
ď	If "Yes," enter name and address of the third party:				
	Name >				
	Address >				
16	Gaming manager information:				
	Name				
	Gaming manager compensation > \$				
	Description of services provided				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in				
	organization's own exempt activities during the tax year > \$				
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	: III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
	·				
_					
_					

GIRL SCOUTS OF MN AND WI RIVER VALLEYS,

Schedule G	G (Form 990 or 990-FZ) INC.	**-***3910	Page 4
Part IV	(Form 990 or 990-EZ) INC. Supplemental Information	(continued)	r ugo r
		[continuou]	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

GIRL SCOUTS OF MN AND WI RIVER VALLEYS,

2019

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2019)

Name of the organization GIRL SCOU INC.	INC.											
Part I General Information on Grants a	nd Assistance											
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?				-							
Part II Grants and Other Assistance to	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any					
recipient that received more than second address of organization or government	\$5,000. Part II can (b) EIN	be duplicated if additi (c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance					
NORTH STAR MUSEUM OF BOY SCOUTING AND GIRL SCOUTING - 2640 7TH AVE E - NORTH ST. PAUL, MN 55109	••*:***_*	5 016 0 9(3)	7,000.	0.			SUPPORT THE MUSEUM'S OPERATIONS					
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization	-						1.					

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

TROOP ACTIVITIES OR TRIPS. GRANTS ARE AWARDED BASED ON RECIPIENT REQUESTS.

GRANTS AND FINANCIAL ASSISTANCE ARE APPLIED DIRECTLY TO THE RECIPIENT'S

ACCOUNTS AND NO FURTHER MONITORING IS PERFORMED.

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

Part III

Part III can be duplicated if additional space is needed.

-*3910

Page 2

(e) Method of valuation (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance GIRL MEMBERSHIP GRANTS 4645 115,590. 0 ADULT MEMBERSHIP GRANTS 806 19,800 0 GIRL PROGRAM GRANTS 964 88 503 0 ADULT PROGRAM GRANTS 34 2,823. 0 TROOP AND SERVICE UNIT ASSISTANCE 404 97 820 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE GIRL SCOUTS OF MINNESOTA AND RIVER VALLEYS MAINTAIN A "GRANT FOR GIRLS" PROGRAM TO ENSURE THAT FINANCIAL NEED IS NOT A BARRIER FOR GIRLS WHO WISH TO GO TO CAMP OR PARTICIPATE IN OTHER TROOP ACTIVITIES, TRIPS OR EVENTS. GSMWRV ALSO OFFERS ADULT GRANTS TO ENSURE THAT FINANCIAL NEED IS NOT A BARRIER FOR VOLUNTEERS WHO PARTICIPATE IN TRAINING SESSIONS OR CHAPERONE

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 MN AND WI RIVER VALLEYS,

INC.

Employer identification number **-**3910

			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			
	X 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:	4-		~
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
J	contingent on the revenues of:			
а	The organization?	5a		х
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

INC.

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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990	
(1) PATRICIA BOLGER	(i)	198,731.	0.	0.	5,106.	8,079.	211,916.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) CHRIS AMUNDSEN	(i)	169,575.	2,731.	0.	2,652.	11,216.	186,174.	0.	
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) JENNIFER L THORSON	(i)	143,363.	2,385.	0.	3,450.	841.	150,039.	0.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
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	(i)								
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	(i)								
	(ii)								

Schedule J (Form 990) 2019 INC.		**-***3910	Page 3
Part III Supplemental Information			
Provide the information, explanation, or descript	ons required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, a	and for Part II. Also complete this part for any additional information.	

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.

INC

Go to www.irs.gov/Form990 for instructions and the latest information. GIRL SCOUTS OF MN AND WI RIVER VALLEYS,

Employer identification number **-***3910

Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 12,379. FAIR MARKET VALUE Х 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 39,740. FAIR MARKET VALUE (EQUIPMENT 4 25 (PROGRAM SUPPL) 3 1,945.FAIR MARKET VALUE X Other > 26 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 0 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

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

Schedule M (Form 990) 2019

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GIRL SCOUTS OF MN AND WI RIVER VALLEYS, TNC.

Employer identification number **-***3910

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: GIRL SCOUTING BUILDS GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER, MAKE THE WORLD A BETTER PLACE. THE GIRL SCOUT PROGRAM ENCOURAGES INDEPENDENCE, POSITIVE DECISION-MAKING, HEALTHY CHOICES, ANDGIRL SCOUTS ARE ABLE TO REACH THEIR HIGHEST POTENTIALS SELF-RELIANCE. AND LEARN THE STRONGEST LIFE SKILLS WHILE BEING TAUGHT HOW TO DEAL WITH KEY ISSUES FACING YOUNG WOMEN TODAY.

FORM 990, PART I, LINE 5, TOTAL NUMBER OF EMPLOYEES:

AS 9/30/2020, RIVER VALLEYS EMPLOYED 138 EMPLOYEES: 135 FULL TIME AND 3 PART TIME EMPLOYEES. THE TOTAL NUMBER OF EMPLOYEES REPRESENT THE NUMBER INDIVIDUALS REPORTED ON RIVER VALLEYS' FORM W-3, TRANSMITTAL OF WAGE AND TAX STATEMENTS FOR THE CALENDAR YEAR ENDED DECEMBER 31, 2019. DURING CALENDAR YEAR 2019, RIVER VALLEYS EMPLOYED 318 EMPLOYEES, INCLUDING 149 HIRED AS SEASONAL AND TEMPORARY EMPLOYEES DURING THE 2019 SUMMER SEASON FOR RESIDENTIAL, TROOP, AND FAMILY CAMP.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: 2020 WAS A YEAR FULL OF CHALLENGES, GIRLS NEEDED US MORE THAN EVER, RIVER VALLEYS WAS QUICK TO RESPOND. IN JUST A MATTER OF WEEKS, VALLEYS CREATED VIRTUAL STEM, OUTDOOR, AND LEADERSHIP EVENTS THAT INSPIRED GIRLS TO STAY CONFIDENT AND CONNECTED. DURING A TIME OF SOCIAL DISTANCING AND ISOLATION, WE MADE SURE GIRLS COULD CONTINUE TO DEVELOP KEY SKILLS, STAY CONNECTED TO EACH OTHER, AND PARTICIPATE IN PROGRAM OPPORTUNITIES. BEGINNING SPRING 2020, RIVER VALLEYS HELD 82 VIRTUAL EVENTS WITH 3,134 EVENT ATTENDEES. THROUGH OUR GIRL SCOUTS AT HOME LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

932211 09-06-19

Name of the organization GIRL SCOUTS OF MN AND WI RIVER VALLEYS, **Employer identification number** INC. **-***3910 PROGRAM, GIRLS WERE ABLE TO ATTEND VIRTUAL EVENTS, EXPLORE THEIR INTERESTS, AND 534 GIRLS EARNED THEIR GIRL SCOUTS AT HOME PATCH BY SHARING THEIR STORIES. WHEN RACIAL INJUSTICE IMPACTED OUR COMMUNITY, RIVER VALLEYS HOSTED COMMUNITY CONVERSATIONS AND RACIAL JUSTICE PROGRAMS TO STAND UP FOR WHAT IS RIGHT. WITH THE HEALTH AND SAFETY OF OUR MEMBERS AND STAFF OUR TOP CONCERN, RIVER VALLEYS MADE THE DIFFICULT DECISION TO CANCEL ALL SUMMER CAMP PROGRAMS FOR 2020. THE SUMMER ADVENTURE PROGRAM WAS DEVELOPED TO PROVIDE GIRLS A WAY TO STAY ENGAGED AND CONNECTED OVER THE SUMMER. THIS PROGRAM OFFERED VIRTUAL (GUIDED) AND UNPLUGGED OPTIONS FOR GIRLS TO LEARN NEW THINGS AND EXPERIENCE SOME OF THE FUN AND JOY OF CAMP. 963 GIRLS PARTICIPATED IN OUR VIRTUAL CAMP PROGRAMS WITH 239 GIRLS SELECTING THE GUIDED OPTION AND 690 GIRLS CHOOSING THE UNPLUGGED OPTION. HALF OF THE UNPLUGGED PARTICIPANTS HAD NEVER ATTENDED IN-PERSON GIRL SCOUT CAMP BEFORE. ONE GIRL SCOUT PARENT STATED "I SAW HER SMILING, SINGING, AND ENGAGING WITH THE CAMP ACTIVITIES IN A WAY I DIDN'T THINK WAS POSSIBLE WITH ONLINE CAMP. THIS WAS A BRIGHT WEEK IN A SUMMER FULL OF CANCELLATIONS AND CHANGES." GIRL SCOUTS CONNECTZ PATHWAY BRINGS A CULTURALLY RELEVANT GIRL SCOUT LEADERSHIP EXPERIENCE TO ALMOST 2,800 GIRLS WITH DIVERSE BACKGROUNDS FROM UNDERREPRESENTED COMMUNITIES THROUGHOUT THE TWIN CITIES METRO AREA AND SOUTHERN MINNESOTA. UNDER THE LEADERSHIP OF TRAINED YOUTH DEVELOPMENT PROFESSIONALS, CONNECTZ PROVIDES GIRLS FROM UNDERSERVED COMMUNITIES THE OPPORTUNITY TO DISCOVER, CONNECT, AND TAKE-ACTION IN THE COMMUNITY. THROUGH PARTNERSHIPS WITH LOCAL SCHOOLS AND

ORGANIZATIONS, THE CONNECTZ PROGRAM REDUCES BARRIERS TO PARTICIPATION

Employer identification number

AND ENSURES ACCESS TO ALL GIRLS TO PARTICIPATE IN THE GIRL SCOUT

EXPERIENCE. DURING THIS UNPRECEDENTED YEAR, GIRL SCOUTS CONNECTZ WAS

ABLE TO MEET THE NEEDS OF OUR GIRLS. WE CONTINUED TO PROVIDE FREE

PROGRAMMING TO GIRLS, ADAPTING OUR DELIVERY METHODS TO REFLECT THE

CURRENT REALTY. WHETHER IT WAS ONLINE TROOP MEETINGS, SENDING ACTIVITY

KITS HOME, ATTENDING VIRTUAL EVENTS, OR SAFELY MEETING IN PERSON, OUR

MISSION REMAINED THE SAME ENSURING GIRL SCOUTS IS ACCESSIBLE TO EVERY

GIRL.

Name of the organization GIRL SCOUTS OF MN AND WI RIVER VALLEYS,

THE GOLD AWARD IS THE HIGHEST ACHIEVEMENT IN GIRL SCOUTS AND IS THE MOST PRESTIGIOUS AWARD IN THE WORLD FOR GIRLS AND THE MOST DIFFICULT TO EARN. THE GOLD AWARD IS ONLY OPEN TO GIRLS IN HIGH SCHOOL. GROUNDED IN REAL-LIFE PROBLEMS, GIRLS DEVELOP A DEEPER UNDERSTANDING OF THEIR COMMUNITY, MASTER TIME MANAGEMENT, AND PRACTICE FINANCIAL PLANNING. GIRLS TACKLE AN ISSUE LOCALLY OR GLOBALLY AND MAKE THE WORLD A BETTER PLACE. THEY ESTABLISH A LIFETIME NETWORK AND CREATE THEIR COMMUNITY LEGACY WITH A SUSTAINABLE SOLUTION TO A PROBLEM. YOUNG INSPIRING LEADERS ARE IMPACTING THE WORLDS OF SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH (STEM), EDUCATION, AGRICULTURE, MEDICINE AND MANY MORE THROUGH THEIR SUSTAINABLE GOLD AWARD PROJECTS. LOUISE WORKED WITH HER SCHOOL AND COMMUNITY TO CREATE A SEIZURE SMART COMMUNITY FOR HER GOLD AWARD PROJECT. LOUISE TRAINED STAFF AND COMMUNITY MEMBERS ON WHAT A SEIZURE IS, HOW TO REACT, AND HOW TO PROMOTE SAFETY AWARENESS FOR PEOPLE WHO HAVE SEIZURES AND EPILEPSY. DURING THE YEAR, 145 GIRLS EARNED THEIR SILVER AND GOLD AWARD.

THE GIRL SCOUT COOKIE PROGRAM PROVIDES AN IMPORTANT INGREDIENT FOR LEADERSHIP BY HELPING GIRLS DEVELOP FIVE KEY SKILLS: GOAL SETTING,

Name of the organization GIRL SCOUTS OF MN AND WI RIVER VALLEYS, **Employer identification number** INC. **-***3910 DECISION MAKING, MONEY MANAGEMENT, PEOPLE SKILLS, AND BUSINESS ETHICS. THE PROGRAM ALSO RAISES PUBLIC AWARENESS ABOUT THE VALUE OF GIRL SCOUTING AND SUPPORTS LOCAL PROGRAMS AND MEMBERSHIP SERVICES FOR OVER 37,000 GIRLS AND ADULTS. DURING THE 2020 COOKIE SEASON, GIRLS ALSO LEARNED TO ADAPT AND EVOLVE IN REACTION TO COVID-19. RIVER VALLEYS LAUNCHED COOKIES FOR A CAUSE, A PROGRAM IN WHICH CUSTOMERS PURCHASED GIRL SCOUT COOKIES THAT WERE, IN TURN, DONATED TO WORKERS ON THE FRONTLINE OF THE PANDEMIC. IN ADDITION, TROOPS WERE DIRECTED TO DONATE ANY UNSOLD INVENTORY TO LOCAL NON-PROFIT ORGANIZATIONS. THROUGH OUR COUNCIL DONATION PROGRAMS, COOKIES FOR A CAUSE, AND TROOP UNSOLD INVENTORY, RIVER VALLEYS DONATED 85,621 PACKAGES OF COOKIES. RIVER VALLEYS' GIRLS SOLD OVER 3.6 MILLION PACKAGES OF COOKIES IN 2020. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: RIVER VALLEYS CONTINUES TO INVEST IN RESOURCES FOR OUR VOLUNTEERS, SO THEY CAN BEST DELIVER THE GIRL SCOUT LEADERSHIP EXPERIENCE TO GIRLS IN TODAY'S BUSY WORLD. 86% OF SERVICE UNIT VOLUNTEERS AGREE WITH THE FOLLOWING STATEMENT: I GET THE SUPPORT AND GUIDANCE I NEED FROM STAFF AT MY GIRL SCOUT COUNCIL. 86% OF TROOPS LEADERS AGREE WITH THE FOLLOWING STATEMENT: I KNOW WHAT IS EXPECTED OF ME. NEW LEADER TRAINING AND SUPPORT IS A CONTINUED STRATEGIC PRIORITY. IN 2020, RIVER VALLEYS' COMMUNITY ENGAGEMENT TEAM CONTINUED TO GROW MENTORED TROOPS IN ITS SECOND YEAR. MENTORED TROOPS ARE VOLUNTEER-LED

COLOR. GIRLS DEVELOP A SENSE OF BELONGING AND SISTERHOOD IN A

TROOPS THAT PROVIDE GIRLS THE OPPORTUNITY TO BE PART OF AN ETHNICALLY

DIVERSE GIRL SCOUT TROOP LED PRIMARILY BY VOLUNTEER TROOP LEADERS OF

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization GIRL SCOUTS OF MN AND WI RIVER VALLEYS, **Employer identification number** **-***3910 INC. CULTURALLY RELEVANT ENVIRONMENT AS THEY WORK TOWARDS BADGES. ANNUAL MEMBERSHIP DUES ARE REMITTED TO GIRL SCOUTS OF THE USA AND RIVER VALLEYS DOES NOT RETAIN ANY PORTION OF THE MEMBERSHIP DUES. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: SKILL PARK WAS BUILT AT CAMP ELK RIVER. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: RETAIL SERVICES: RIVER VALLEYS OPERATES RETAIL SHOPS AT THEIR TWO SERVICE CENTERS AND FOUR SATELLITE LOCATIONS. DURING THE SUMMER, RIVER VALLEYS OFFERS RETAIL TRADING POSTS AT FIVE CAMP LOCATIONS (INCLUDING CAMP EDITH MAYO). IN RESPONSE TO COVID-19, RETAIL SERVICES DEVELOPED CURBSIDE PICKUP, MONTHLY FACEBOOK LIVE SHOPPING EVENTS, AND ADDED IN-STORE AND VIRTUAL SHOPPING APPOINTMENTS. RETAIL SERVICES PROVIDE PROGRAM RELATED MATERIALS TO MEMBERS PARTICIPATING IN RIVER VALLEYS' PROGRAMMING AND PROMOTE THE GIRL SCOUT BRAND AND MISSION THROUGH A VARIETY OF MERCHANDISE OFFERINGS. EXPENSES \$ 507,496. INCLUDING GRANTS OF \$ 33,867. REVENUE \$ 329,590. FORM 990, PART VI, SECTION A, LINE 6: THERE IS ONE CLASS OF MEMBERS OF THE COUNCIL AND SHALL CONSIST OF THE FOLLOWING CATEGORIES: (A) DELEGATES ELECTED BY SERVICE UNITS IN ACCORDANCE WITH SECTION 3.2 OF THE BYLAWS; (B) UP TO 50 DELEGATES-AT-LARGE APPOINTED BY THE COUNCIL'S BOARD OF DIRECTORS, FOR THE PURPOSE OF ENSURING THAT THE

CONSTITUTE MORE THAN 5% OF THE ELECTED VOTING MEMBERS; (C)

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

COMMUNITY AT LARGE IS REPRESENTED. AT NO TIME SHALL THE DELEGATES-AT-LARGE

Employer identification number **-**3910

DIRECTORS-AT-LARGE AND OFFICERS OF THE COUNCIL (D) MEMBERS OF THE BOARD

DEVELOPMENT COMMITTEE OF THE COUNCIL (E) DELEGATES TO THE NATIONAL COUNCIL

OF THE GIRL SCOUTS OF THE UNITED STATES OF AMERICA. VOTING MEMBERS MUST BE

AGE 14 OR OLDER ON THE DATE THE TERM BEGINS, A MEMBER OF GSUSA AND BE

CURRENTLY REGISTERED THROUGH AND IN GOOD STANDING OF THE COUNCIL.

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

VOTING MEMBERS: (A) ARE ENTITLED TO ONE VOTE EACH; (B) ELECT THE OFFICERS,

DIRECTORS-AT-LARGE AND MEMBERS OF THE BOARD DEVELOPMENT COMMITTEE; (C)

ELECT THE NATIONAL DELEGATES AND ALTERNATE DELEGATES TO THE NATIONAL

COUNCIL OF GSUSA; (D) WORK WITH THE BOARD TO DETERMINE THE STRATEGIC

DIRECTION FOR GIRL SCOUTING LOCALLY; (E) AMEND THE BYLAWS IN ACCORDANCE

WITH SECTION 15; AND (F) CONDUCT OTHER BUSINESS THAT MAY COME BEFORE THE

VOTING MEMBERS. DELEGATE TERMS ARE ONE YEAR, BEGINNING OCTOBER 1 AND ENDING

SEPTEMBER 30. NATIONAL DELEGATES AND ALTERNATE NATIONAL DELEGATES SERVE A

TERM OF 3 YEARS OR UNTIL THEIR SUCCESSORS ARE ELECTED AND ASSUME THEIR

POSITIONS.

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

THE ORGANIZATION HAS APPROXIMATELY 500 "MEMBERS". RIGHTS AND

RESPONSIBILITIES OF VOTING MEMBERS INCLUDE: WORK WITH THE BOARD TO

DETERMINE THE STRATEGIC DIRECTION FOR GIRL SCOUTING LOCALLY; AMEND THE

BYLAWS IN ACCORDANCE WITH SECTION 15; AND CONDUCT OTHER BUSINESS THAT MAY

COME BEFORE VOTING MEMBERS. SECTION 15.2 STATES VOTING MEMBERS MAY AMEND

THE BYLAWS AT ANY MEETING OF THE VOTING MEMBERS SO LONG AS 2/3 OF THOSE

PRESENT APPROVE THE AMENDMENTS. VOTING MEMBERS MAY PROPOSE BYLAW AMENDMENTS

WHEN AT LEAST FIFTY (50) VOTING MEMBERS REPRESENTING AT LEAST THIRTY (30)

SERVICE UNITS SIGN, DATE AND DELIVER TO THE CHAIR OF THE BOARD

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Employer identification number **-**3910

OR TREASURER OF THE COUNCIL, A REQUEST FOR SUCH AMENDMENT TO BE CONSIDERED

BY THE VOTING MEMBERS. PROPOSED AMENDMENTS MUST BE INCLUDED IN THE NOTICE

OF THE MEETING AT WHICH THE VOTE WILL BE TAKEN.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE WERE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY DURING THE TAX YEAR.

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

THE FORM 990 IS REVIEWED IN DETAIL BY THE CHIEF EXECUTIVE OFFICER, CHIEF
FINANCIAL OFFICER AND AUDIT COMMITTEE. ONCE REVIEWED, AND REQUESTED
CHANGES, IF ANY, HAVE BEEN MADE, THE AUDIT COMMITTEE MAKES A RECOMMENDATION
TO THE FULL BOARD OF DIRECTORS TO APPROVE THE TAX RETURN. THE COMPLETE FORM
990 IS FORWARDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL.
AFTER THEIR REVIEW, THE BOARD OF DIRECTORS VOTE TO APPROVE THE FORM 990 AND
REQUIRED STATE FILINGS. ONCE APPROVED, THE COMPLETE FORM 990 IS FILED WITH

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

THE CONFLICT OF INTEREST POLICY IS APPLICABLE TO ALL OFFICERS, DIRECTORS,

TRUSTEES AND EMPLOYEES OF RIVER VALLEYS. THE EXECUTIVE OFFICE IS

RESPONSIBLE FOR THE DISTRIBUTION AND COLLECTION OF THE ANNUAL CONFLICT OF

INTEREST STATEMENTS FROM OFFICERS, DIRECTORS, TRUSTEES, BOARD COMMITTEE

MEMBERS AND KEY EMPLOYEES. THE CONFLICT OF INTEREST STATEMENTS ARE REVIEWED

BY THE CFO FOR POTENTIAL CONFLICTS. A SUMMARY OF THE RESULTS, INCLUDING ANY

DISCLOSED CONFLICTS, ARE FORWARDED TO THE AUDIT COMMITTEE WHICH IS CHARGED

WITH OVERSIGHT OF THE CONFLICT OF INTEREST POLICY AND ASSURING THAT SYSTEMS

ARE IN PLACE FOR COMPLIANCE. PERSONS WHO HAVE A CONFLICT OF INTEREST SHALL

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Employer identification number **-***3910

DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST TO THE BOARD OR

APPLICABLE COMMITTEE AND THE MINUTES OF THE MEETING SHALL INCLUDE THESE

DISCLOSURES. THIS PERSON SHALL NOT PARTICIPATE IN OR HEAR THE BOARD OR

COMMITTEE DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND

RESPOND TO QUESTIONS. THE PERSON WHO HAS A CONFLICT OF INTEREST MAY NOT

VOTE ON THE CONTRACT OR TRANSACTION AND SHALL NOT BE PRESENT IN THE MEETING

ROOM WHEN THE VOTE IS TAKEN. THE MINUTES OF THE MEETING WILL REFLECT THE

PERSON'S ABSENCE AND INELIGIBILITY TO VOTE. ALL EMPLOYEES ANNUALLY SIGN A

CONFLICT OF INTEREST ACKNOWLEDGMENT FORM STATING THAT THEY HAVE RECEIVED

AND READ THE CONFLICT OF INTEREST STATEMENT THAT IS INCLUDED IN THE GIRL

SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS' EMPLOYEE HANDBOOK.

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

SALARY RANGES ARE ESTABLISHED FOR ALL RIVER VALLEYS' EMPLOYEES INCLUDING

THE CEO, OFFICERS (CFO, COO, CDO, CPO), AND KEY EMPLOYEES. SALARY RANGES

ARE DEVELOPED BASED ON INFORMATION PROVIDED BY GIRL SCOUTS OF THE USA

(GSUSA), SALARY DATA COLLECTED ON PAYSCALE (A MARKET COMPENSATION TOOL FROM

WHICH RIVER VALLEYS PURCHASED A SUBSCRIPTION) AND LOCAL SALARY SURVEYS FROM

THE MN COUNCIL OF NONPROFITS.

IN ADDITION, DURING FISCAL YEAR 2020, RIVER VALLEYS ENGAGED AN INDEPENDENT

CONSULTING FIRM TO COMPLETE A COMPREHENSIVE COMPENSATION ANALYSIS OF ALL

RIVER VALLEYS' POSITIONS, INCLUDING ALL CORPORATE OFFICERS (CEO, CFO, COO,

CDO, CPO). AFTER COMPLETING A REVIEW OF ALL JOB DESCRIPTIONS, AS WELL AS A

COMPREHENSIVE ANALYSIS ON THE CURRENT MARKET AND INTERNAL EQUITY, ALL JOB

POSITIONS WERE BENCHMARKED. ALL JOBS WERE BENCHMARKED AGAINST RELEVANT

SOURCES OF PUBLISHED MARKET DATA (INCLUDING NON-PROFITS, MEMBERSHIP

ORGANIZATIONS, LOCAL LABOR MARKET, ORGANIZATIONS OF COMPARABLE SIZE, AND A

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

Employer identification number **-**3910

BROADER GENERAL INDUSTRY (FOR CROSS-INDUSTRY POSITIONS)).

SUPERVISORS ANNUALLY REVIEW DIRECT REPORTS' PERFORMANCE AND AUTHORIZE MERIT INCREASES BASED ON THE INDIVIDUAL'S PERFORMANCE IN ACCORDANCE WITH

ORGANIZATION WIDE MERIT INCREASE GUIDELINES. OFFICERS ARE RESPONSIBLE FOR REVIEWING AND APPROVING MERIT INCREASES FOR THEIR FUNCTIONAL AREAS. THE CEO ANNUALLY REVIEWS THE OFFICERS' (CFO, COO, CDO, CPO) PERFORMANCES AND MERIT INCREASES WITH RIVER VALLEYS' EXECUTIVE COMMITTEE. A REPORT DETAILING THE RECOMMENDED INCREASES FOR ALL EMPLOYEES, EXCEPT THE CEO, IS FORWARDED TO THE CEO FOR REVIEW AND FINAL APPROVAL. THE CEO'S PERFORMANCE AND COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD CHAIR AND EXECUTIVE COMMITTEE. THE APPROVED SALARY IS COMMUNICATED TO HUMAN RESOURCES VIA MEMO FROM THE BOARD CHAIR.

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

RIVER VALLEYS' ARTICLES OF MERGER, BYLAWS, ANNUAL AUDIT, FORM 990, ANNUAL REPORT AND BOARD MINUTES ARE AVAILABLE FOR REVIEW UPON REQUEST FROM THE EXECUTIVE OFFICE. THE BYLAWS, ANNUAL AUDIT, FORM 990 AND ANNUAL REPORT ARE ALSO DISCLOSED ON THE ORGANIZATION'S WEBSITE (GIRLSCOUTSRV.ORG) UNDER ABOUT, WHO WE ARE, FINANCE & ACCOUNTABILITY.

FORM 990, PART IX, LINE 11G, FEES FOR SERVICES - OTHER:

OTHER FEES FOR SERVICES (NON-EMPLOYEES) INCLUDE: TEMPORARY STAFF FOR

COOKIE CUPBOARDS AND FILLING OPEN POSITIONS UNTIL PERMANENT STAFF ARE

HIRED. OTHER FEES FOR SERVICES RECEIVED DURING THE YEAR INCLUDED

PAYROLL SERVICING, EVALUATION, IT, BACKGROUND CHECKS, PUBLIC RELATIONS

AND OTHER MISCELLANEOUS SERVICES.

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. GIRL SCOUTS OF MN AND WI RIVER VALLEYS, INC.

Employer identification number **-***3910

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
	1				

(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	(f) Direct controlling entity	Section 5 contr enti	olled
				501(c)(3))		Yes	No
ST. CROIX VALLEY GIRL SCOUT CAMPS, INC					GIRL SCOUTS OF MIN		
23-7436373, 400 ROBERT STREET SOUTH, ST.	HOLD PROPERTY TO BE USED				AND WI RIVER		
PAUL, MN 55107	FOR YOUTH CAMPS	WISCONSIN	501(C)(3)	LINE 12B, II	VALLEYS, INC.	Х	

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

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		0 11 70 1 1	"\" = 000	D + D / F O /		
Dort 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 m	iore related
Part III	organizations treated as a partnership during the tax year.					

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General emanaging partner	(k) Percentage ownership

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	Sec 512(b contr enti	tion b)(13) rolled tity?
		country)		or trusty		233013		Yes	No
	-								
								\vdash	

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

X

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	у			1a		X		
b Gift, grant, or capital contribution to related organization(s)				1b		X		
c Gift, grant, or capital contribution from related organization(s)				1c		X		
d Loans or loan guarantees to or for related organization(s)				1d		X		
e Loans or loan guarantees by related organization(s)				1e		X		
f Dividends from related organization(s)				1f		X		
g Sale of assets to related organization(s)				1g		X		
h Purchase of assets from related organization(s)				1h		X		
i Exchange of assets with related organization(s)				1i		X		
j Lease of facilities, equipment, or other assets to related organization(s)								
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Х			
I Performance of services or membership or fundraising solicitations for related orga				11		<u>X</u>		
m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
Sharing of paid employees with related organization(s)								
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 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 w	ho must complete th	is line, including covered r	elationships and transaction thresholds.					
(a)	(b)	(c)	(d)					
Name of related organization	Transaction	Amount involved	Method of determining amount in	ınt involved				
	type (a-s)							
(1) ST. CROIX VALLEY GIRL SCOUT CAMPS, INC.	K	1.	AGREED UPON RATE					
(2)								
(3)								
(4)								
(4)								
(5)								
(6)	1		0	D /F - :	- 000	0040		
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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

GIRL SCOUTS OF MN AND WI RIVER VALLEYS,

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Part VII	(Form 990) 2019 Supplemental Inform	nation					
	Provide additional information	tion for responses to que	estions on Schedule	H. See instructions.			

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