** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A I</u>	TOI LITE	and e	enaing Si	SP 30, 2022	
В	Check if applicabl	C Name of organization GIRL SCOUTS OF MN AND WI RIVER VALLEYS,		D Employer iden	tification number
	Addre chang	SS TNG			
	Name chang			41-069391	10
	Initial return		Room/suite	E Telephone num	
	Final return	400 ROBERT STREET SOUTH		651-227-88	35
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	38,046,344.
	Ameno return	SI. PAUL, MN SSIU/		H(a) Is this a group	return
	Applic tion	F Name and address of principal officer: MAKISA WILLIAMS		for subordina	tes? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinate	es included? Yes No
		empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	r 527	If "No," attach	a list. See instructions
		e: WWW.GIRLSCOUTSRV.ORG		H(c) Group exemp	tion number
		organization: X Corporation Trust Association Other	L Year	of formation: 1914	M State of legal domicile: MN
Pa	art I	Summary			
o	1	Briefly describe the organization's mission or most significant activities: SEE SCHI	EDULE O		
Activities & Governance					
ern	2	Check this box if the organization discontinued its operations or dispose	ed of more	1	1
Š	3				3 25
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			4 25
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			5 236 6 6500
Ĭ	6	Total number of volunteers (estimate if necessary)			
Ą	/ a	Total unrelated business revenue from Part VIII, column (C), line 12			7a 0. 7b 0.
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		
	8	Contributions and grants (Part VIII, line 1h)		Prior Year 6,304,643	Current Year 1. 8,145,209.
шe	9			754,57	
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		661,39	
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,975,27	-
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		18,695,880	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		149,17	
	1	Benefits paid to or for members (Part IX, column (A), line 4)			0.
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,194,17	9,817,564.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		(0.
per	. в	Total fundraising expenses (Part IX, column (D), line 25)			
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,404,38	6,229,812.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,747,73	7. 16,319,586.
	19	Revenue less expenses. Subtract line 18 from line 12		3,948,143	5,295,422.
Net Assets or	3		Ве	ginning of Current Yea	r End of Year
sets	20	Total assets (Part X, line 16)		57,310,79	
t As	21	Total liabilities (Part X, line 26)		9,086,70	
	22	Net assets or fund balances. Subtract line 21 from line 20		48,224,09	49,827,796.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules a			my knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.	
		Signature of officer		I Date	
Sig		, -		Date	
Hei	e	PAMELA STEGORA AXBERG, TREASURER Type or print name and title			
			Ιr	Date Check	PTIN
Da!	4	Print/Type preparer's name Preparer's signature KAREN A. GRIES KAREN A. GRIES		1 1 1 1 1 1 if	500050514
Paid	o parer		μ.	Firm's EIN	
	Only	Firm's address 225 S 6TH ST #2300		33 0033310	
096	Jilly	MINNEAPOLIS, MN 55402		Dhone no 6	12.876.4500
Mar	v the II	RS discuss this return with the preparer shown above? See instructions		FIIOHE 110. °	X Yes No
ivid	, ui (O II	10 diocess and retain with the property offewire above: Occiliationicity			

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.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 514,692. including grants of \$) (Revenue \$ 306,386.)

le Total program service expenses ► 12,907,467.

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Form 990 (2021)

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

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Page **4** Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a **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 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х 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 Х 25b 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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 Х 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a Х **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If X 28c "Yes," complete Schedule L, Part IV Х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Х 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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 Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 38 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 54 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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(gambling) winnings to prize winners?

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

INC.

			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 236			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
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 contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.) Coation 4047(a)(d) and available trusted to the available filter form 2000 in line of form 10440.	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2021)

Part VI Governance, Page 6

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule (Х
800	Check if Schedule O contains a response or note to any line in this Part VI						Λ
Sec	tion A. Governing Body and Management						ı
		1.	ı	ر د ا		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u> 1a</u>		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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent			25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?]	5		Х
6	Did the organization have members or stockholders?				6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or				
	more members of the governing body?			[7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s						
	persons other than the governing body?				7b	X	
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?			- 1	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			···			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
	(This Section B requests information about policies not required by the internal re	evenue	Code.j			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			ſ	10a	Х	110
	If "Yes," did the organization have written policies and procedures governing the activities of such c			···	iou		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•			10b	х	
110	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			- 1	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	ay Deloi	e illing the form:	1	1 I a		
b 100					10-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			····	12b	21	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	,			40-	Х	
40	on Schedule O how this was done			- 1	12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?			}	14	Α	
15	Did the process for determining compensation of the following persons include a review and approv	-	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					77	
	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	rith a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatior	ı'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, a	and 990	-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain	n on Sc	chedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c			and	financ	cial	
	statements available to the public during the tax year.		. ,				
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	d records				
	CHRIS AMUNDSEN - 763-971-4115		_				
	5601 BROOKLYN BOULEVARD, BROOKLYN CENTER, MN 55429						

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

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

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

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

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average			(O Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per					s both		compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) PATRICIA BOLGER	40.00									
CHIEF EXECUTIVE OFFICER				х				226,316.	0.	9,650.
(2) CHRIS AMUNDSEN	40.00									-
CFAO				х				198,779.	0.	14,816.
(3) JENNIFER L THORSON	40.00									
CHIEF OPERATING OFFICER				Х				163,956.	0.	3,929.
(4) SARAH KUENLE	40.00									
CHIEF DEV OFFICER				Х				141,074.	0.	3,767.
(5) JANET GRACIA	40.00									
CHIEF CULTURE OFFICER				Х				110,510.	0.	18,247.
(6) BREANNE HEGG	40.00									
VP OF PROGRAMS & RECRUITMENT						Х		120,404.	0.	6,165.
(7) KRISTIN NEUER	40.00									
VP OF MEMBER ENGAGEMENT						Х		114,844.	0.	10,581.
(8) CAROL LUO	40.00									
FORMER CHIEF PEOPLE OFFICER							Х	115,741.	0.	8,157.
(9) BRENDA DEGE	40.00									
SR. DIR FINANCE & ACCOUNTING						Х		105,454.	0.	10,933.
(10) LYNNEA ATLAS-INGEBRETSON	40.00									
CHIEF DEI OFFICER (HIRED 2/2022)				Х				0.	0.	0.
(11) JANE CANNEY	1.00									
CHAIR		Х		Х				0.	0.	0.
(12) WENDY UNGLAUB	1.00									
1ST VICE CHAIR		Х		Х				0.	0.	0.
(13) MARNIE OVERMAN	1.00	1								
1ST VICE CHAIR		Х		Х				0.	0.	0.
(14) CRISTINA LIEN	1.00	4								
2ND VICE CHAIR		Х		Х				0.	0.	0.
(15) MELISSA MEYERS	1.00	4								
2ND VICE CHAIR		Х		Х		_		0.	0.	0.
(16) PAMELA STEGORA AXBERG	1.00	4								
TREASURER		Х	_	Х		_		0.	0.	0.
(17) KELLY BLOCH	1.00							_	_	_
SECRETARY		Х		Х				0.	0.	0. Form 990 (2021)

Form **990** (2021)

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Part VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	st C	Compensated Employee	s (continued)				
(A)	(B)	(C) Position						(D)	(E)	(E)		(F)	
Name and title	Average	(do		POS heck			one	Reportable	Reportable		Es	stimate	∍d
	hours per			ss per				compensation	compensatio		ar	nount	of
	week (list any	\vdash	T			1	100)	from	from related			other	.4:
	hours for	director						the organization	organization (W-2/1099-MIS		l	pensa	
	related	e or c	tee			sated		(W-2/1099-MISC/	1099-NEC)		l .	anizat	
	organizations	truste	al trus		/ee	m per		1099-NEC)	1000 NEO		ı ~	d relat	
	below	Individual trustee or	Institutional trustee	 	Key employee	sst co	e	1			l .	anizati	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
(18) MARIELA AMPUERO	1.00												
DIRECTOR-AT-LARGE		Х						0.		0.			0.
(19) DANIEL BALLARD	1.00												
DIRECTOR-AT-LARGE		Х						0.		0.			0.
(20) KATE BANTE	1.00												
DIRECTOR-AT-LARGE		Х						0.		0.			0.
(21) CHRISTINE BATTIST	1.00	1											
DIRECTOR-AT-LARGE		Х						0.		0.			0.
(22) KELLI CADWELL	1.00												
DIRECTOR-AT-LARGE		Х						0.		0.			0.
(23) LILIA CIVETTINI	1.00												
DIRECTOR-AT-LARGE		Х						0.		0.			0.
(24) BELINDA CORDINA	1.00	1											
DIRECTOR-AT-LARGE		Х						0.		0.			0.
(25) EMILY DAVIS	1.00	1											
DIRECTOR-AT-LARGE		Х						0.		0.			0.
(26) BETH DUYVEJONCK	1.00	1								_			_
DIRECTOR-AT-LARGE		Х					<u></u>	0.		0.			0.
1b Subtotal								1,297,078.		0.		86,	245.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	1,297,078.		0.		86,	245.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed ab	ove) wh	o re	eceived more than \$100,	000 of reportable	9			0
compensation from the organization												Yes	No
O Did the averagination list and forman officers				1			. la : a		laaa aa			163	NO
3 Did the organization list any former officer,	·	-	•		•	•	_		•		3	х	
line 1a? If "Yes," complete Schedule J for si								har companyation from t			<u> </u>	21	
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a	•		•								-		
rendered to the organization? If "Yes." com					•			•			5		х
Section B. Independent Contractors	piete Scrieduit	- J /	UI SL	<u>ICII I</u>	JEIS	OII .							
Complete this table for your five highest contains the second secon	mpensated inc	depe	nde	nt co	ontra	acto	rs tl	hat received more than \$	3100.000 of comp	oensa	tion fr	om	
the organization. Report compensation for t													
(A)								(B)			((C)	
Name and business	address	NO	NE					Description of s	services	C		nsatio	n
2 Total number of independent contractors (in	ncluding but n	ot lir	nited	d to	thos	se lis	ted	l above) who received me	ore than				

\$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

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Form 990 INC.									41-06939	910
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd H	ligh	est	Compensated Employe	ees (continued)	
(A)	(B)			(0	C)			(D)	(F)	
Name and title	Average			Pos	ition	ı		Reportable	Reportable	Estimated
	hours	(check all that apply)				app	ly)	compensation	compensation	amount of
	per week (list any	or director				em plo ye e		from the organization	from related organizations (W-2/1099-MISC)	other compensation from the
	hours for related organizations	stee	Institutional trustee		Key employee	Highest compensated employee		(W-2/1099-MISC)		organization and related organizations
	below line)	Individ	Institut	Officer	Key em	Highest	Former			
(27) GAIL EADIE	1.00									
DIRECTOR-AT-LARGE		Х						0.	0.	0.
(28) GAYLE HAYHURST	1.00									
DIRECTOR-AT-LARGE		Х						0.	0.	0.
(29) KEISHA HOUSTON	1.00									
DIRECTOR-AT-LARGE		Х						0.	0.	0.
(30) NANCY KLEMEK	1.00]								
DIRECTOR-AT-LARGE		Х						0.	0.	0.
(31) DR. SHANNON LAUGHLIN-TOMMASO	1.00	1								
DIRECTOR-AT-LARGE		Х						0.	0.	0.
(32) JANESSA NELSON	1.00	1								
DIRECTOR-AT-LARGE		Х						0.	0.	0.
(33) CAREN PETRULA-BERRY	1.00	4							_	_
DIRECTOR-AT-LARGE	1	Х						0.	0.	0.
(34) NORMA PORTER	1.00	ł								
DIRECTOR-AT-LARGE	1 00	Х						0.	0.	0.
(35) SUSANA ROSAS DIRECTOR-AT-LARGE	1.00	x						0.	0.	0
(36) MARIA SARABIA	1.00	^						0.	0.	0.
DIRECTOR-AT-LARGE	1.00	x						0.	0.	0.
(37) NICHOLAS STILLINGS	1.00	1						•	· ·	
DIRECTOR-AT-LARGE	1.00	x						0.	0.	0.
(38) BROOKE STORY	1.00									-
DIRECTOR-AT-LARGE		x						0.	0.	0.
(39) JEAN BENNINGTON SWEENEY	1.00									
DIRECTOR-AT-LARGE		х						0.	0.	0.
(40) KAADE WALLACE	1.00									
DIRECTOR-AT-LARGE		х						0.	0.	0.
(41) DR. RACHEL WOBSCHALL	1.00									
DIRECTOR-AT-LARGE		х						0.	0.	0.
(42) MAI NHIA XIONG-CHAN	1.00									
DIRECTOR-AT-LARGE		х						0.	0.	0.
		<u> </u>		I	<u> </u>		<u> </u>			
Total to Part VII, Section A, line 1c										

Form 990 (2021) INC.

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to any lin	e in this Part VIII			Х
		•	•	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					Tunction revenue	business revenue	sections 512 - 514
SΩ	1 2	Federated campaigns 1a	52,854.				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b	,				
ନ୍ଦ୍ର ପ୍ର		Fundraising events 1c	384,321.				
ífts, r A		d Related organizations 1d	,				
nila		Government grants (contributions)	1,544,398.				
Sir		All other contributions, gifts, grants, and	, , ,				
uti Je		similar amounts not included above 1f	6,163,636.				
e ţ	,	Noncash contributions included in lines 1a-1f	34,914.				
on Pud	•	Total. Add lines 1a-1f		8,145,209.			
<u> </u>	•	1 Total Add iii 63 Ta 11	Business Code				
	2 -	CAMPING FEES	721210	919,787.	919,787.		
Ş	2 6	EVENT PROGRAM FEES	900099	128,539.	128,539.		
Ser	,	ADULT TRAINING FEES	900099	2,286.	2,286.		
z S	,			_/			
gra Re	,						
Program Service Revenue		All other program service revenue					
_		Total. Add lines 2a-2f		1,050,612.			
	3	Investment income (including dividends, int					
	Ŭ	other similar amounts)		514,889.			514,889.
	4	Income from investment of tax-exempt bon		, , , , , , ,			
	5	Royalties	•				
	Ŭ	(i) Real	(ii) Personal				
	6 :	Gross rents 6a 85,09					
			0.				
		Rental income or (loss) 6c 85,09	15.				
		d Net rental income or (loss)		85,095.			85,095.
		a Gross amount from sales of (i) Securities	es (ii) Other	,			,
		assets other than inventory 7a 8,980,09					
	ŀ	Less: cost or other basis	,				
<u>e</u>		and sales expenses 7b 8,486,08	4. 62,763.				
her Revenue	,	Gain or (loss) 7c 494,01					
Jev		d Net gain or (loss)		460,584.			460,584.
e		a Gross income from fundraising events (not		,			,
g	•	including \$ 384,321. of					
		contributions reported on line 1c). See					
		•	8a 43,872.				
	k		8b 153,440.				
		Net income or (loss) from fundraising event	s	-109,568.			-109,568.
		a Gross income from gaming activities. See		·			
			9a				
	k		9b				
		Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		•	10a 19,125,794.				
	k		10b 7,729,049.				
		Net income or (loss) from sales of inventory	·	11,396,745.	11,396,745.		
			Business Code				
sno	11 a	MISCELLANEOUS INCOME	900099	71,442.			71,442.
ane Duc	k)					
eve	(
Miscellaneous Revenue	(d All other revenue					
	•	Total. Add lines 11a-11d	>	71,442.			
	12	Total revenue. See instructions	>	21,615,008.	12,447,357.	0.	1,022,442.

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Form **990** (2021)

Page 9

Form 990 (2021) INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column	(A).
---	------

	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	114,170.	114,170.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	158,040.	158,040.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,098,870.	436,236.	344,029.	318,605
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	6,709,278.	5,435,628.	648,728.	624,922
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	542,800.	415,766.	65,321.	61,713
9	Other employee benefits	811,761.	612,853.	96,152.	102,756
0	Payroll taxes	654,855.	494,715.	81,718.	78,422
1	Fees for services (nonemployees):				
а	Management				
b	Legal	8,183.		8,183.	
С	Accounting	52,422.		52,422.	
d	Lobbying	42,000.			42,000
е	Professional fundraising services. See Part IV, line 17	112 255		112 255	
f	Investment management fees	113,357.		113,357.	
g	Other. (If line 11g amount exceeds 10% of line 25,	445 510	247 100	100 004	0 410
	column (A), amount, list line 11g expenses on Sch O.)	445,510.	247,190.	188,904.	9,416
12	Advertising and promotion	17 014	15 200	1,136.	1 200
13	Office expenses	17,914.	15,380.	1,130.	1,398
4	Information technology				
15	Royalties	862,545.	809,043.	27,505.	25,997
6	Occupancy	119,207.	108,923.	5,696.	4,588
7 8	Travel Payments of travel or entertainment expenses	115,207.	100,525.	3,030.	4,300
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	116,591.	68,756.	38,550.	9,285
9	Internal	8,179.	,,	8,179.	- ,
.u 21	Payments to affiliates	-,		-,	
2	Depreciation, depletion, and amortization	1,232,932.	1,159,005.	34,331.	39,596
3	Insurance	296,340.	236,733.	43,086.	16,521
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),	·	·		·
а	amount, list line 24e expenses on Schedule 0.) SUPPLIES	1,304,441.	1,285,977.	4,560.	13,904
a b	EQUIPMENT	487,870.	354,356.	56,855.	76,659
C	PRINTING & MEDIA	406,820.	376,051.	8,958.	21,813
d	TELECOMMUNICATIONS	194,324.	171,184.	11,257.	11,883
e	All other expenses	521,177.	407,461.	91,496.	22,220
25	Total functional expenses. Add lines 1 through 24e	16,319,586.	12,907,467.	1,930,423.	1,481,696
<u>.5 </u>	Joint costs. Complete this line only if the organization	, ,	, ,	, ,	, ,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

Form 990 (2021) Part X Balance Sheet

	Check if Schedule O contains a response or	note to any line	e in this Part X		·····	
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			667,543.	1	839,059.
2				3,185,978.	2	5,877,645.
3				806,397.	3	729,281.
4			3,078,095.	4	1,705,222.	
5						
	trustee, key employee, creator or founder, s	ubstantial contr	ibutor, or 35%			
	controlled entity or family member of any of	these persons			5	
6	Loans and other receivables from other disq	ualified persons	s (as defined			
	under section 4958(f)(1)), and persons descr	4958(c)(3)(B)		6		
<u>ν</u> 7	Notes and loans receivable, net		7			
Assets				336,779.	8	351,661.
8 9	B			190,234.	9	136,312.
10	a Land, buildings, and equipment: cost or oth					
	basis. Complete Part VI of Schedule D	1 1	32,814,155.			
		10b	18,534,014.	14,974,694.	10c	14,280,141.
11			27,793,227.	11	26,966,789.	
12				12		
13				13		
14			14			
15			6,277,844.	15	5,830,679	
16				57,310,791.	16	56,716,789
17	Accounts payable and accrued expenses	<u> </u>		1,033,698.	17	987,817.
18				18		
19		333,383.	19	361,176.		
20				20		
21	Escrow or custodial account liability. Compl		5,940,000.	21	5,540,000.	
ທ 22						
	trustee, key employee, creator or founder, s	ubstantial contr	ibutor, or 35%			
<u> </u>	controlled entity or family member of any of				22	
ສັ ₂₃					23	
24					24	
25						
	parties, and other liabilities not included on	lines 17-24). Co	mplete Part X			
	of Schedule D		·	1,779,620.	25	0.
26	Total liabilities. Add lines 17 through 25			9,086,701.	26	6,888,993.
	Organizations that follow FASB ASC 958,	check here	X			
se	and complete lines 27, 28, 32, and 33.					
E 27	Net assets without donor restrictions			42,198,249.	27	44,583,473.
28	Net assets with donor restrictions			6,025,841.	28	5,244,323.
ם	Organizations that do not follow FASB AS					
2	and complete lines 29 through 33.					
ة 29		nds			29	
g 30					30	
8 31					31	
27 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20				48,224,090.	32	49,827,796.
33				57,310,791.	33	56,716,789.

Form **990** (2021)

Form	990 (2021) INC.	41-0693910		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			008.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,	319,	586.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,	295,	422.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	48,	224,	090.
5	Net unrealized gains (losses) on investments	5	-3,	644,	551.
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		-47,	165.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	49,	827,	796.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		<u>Ш</u>
		_		Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule C).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	n 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 by	oasis,			
	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 a	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 Sched	lule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	e Audit			
	Act and OMB Circular A-133?	L	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

GIRL SCOUTS OF MN AND WI RIVER VALLEYS. Name of the organization **Employer identification number** INC 41-0693910 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

INC.

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2,979,381.	2,107,959.	2,432,130.	6,304,641.	3,945,209.	17,769,320.	
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	2,979,381.	2,107,959.	2,432,130.	6,304,641.	3,945,209.	17,769,320.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						1,073,887.	
6	Public support. Subtract line 5 from line 4.						16,695,433.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4	2,979,381.	2,107,959.	2,432,130.	6,304,641.	3,945,209.	17,769,320.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	656,228.	677,021.	461,714.	412,784.	599,984.	2,807,731.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	183,600.	59,117.	28,962.	51,566.	71,442.	394,687.	
11	Total support. Add lines 7 through 10						20,971,738.	
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	98,288,710.	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)		
	organization, check this box and stop						>	
Sec	ction C. Computation of Publi							
14	Public support percentage for 2021 (I					14	79.61 %	
15	Public support percentage from 2020					15	78.15 %	
16a	33 1/3% support test - 2021. If the							
_	stop here. The organization qualifies							
b	33 1/3% support test - 2020. If the						. \Box	
	and stop here. The organization qual	•	•					
17a	10% -facts-and-circumstances test	-						
	and if the organization meets the fact			=	•	VI how the organiz	ation	
	meets the facts-and-circumstances te	· ·		,	•			
b	10% -facts-and-circumstances test	ū				•	IU% or	
	more, and if the organization meets the		•				<u> </u>	
	organization meets the facts-and-circu							
<u> 18</u>	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to r expended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		47	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Casi	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	etruction	ie)	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	140
-	the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's position that its supported organization(s) would have engaged in	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	-15-		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
-			000)	

Sche	edule A (Form 990) 2021 INC.			41-0693910	Page 6	
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations		<u> </u>	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in	Part VI). See instr	uctions.	
	All other Type III non-functionally integrated supporting organizations mu		•			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
_7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Y	ear	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see		
	instructions).					

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	1		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	3		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2; Part IV, Section V, Section B, line 1e; Pa	n C,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
MISCELLANEOUS INCOME		
2017 AMOUNT: \$ 183,600.		
2018 AMOUNT: \$ 59,117.		
2019 AMOUNT: \$ 28,962.		
2020 AMOUNT: \$ 51,566.		
2021 AMOUNT: \$ 71,442.		

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

GIRL SCOUTS OF MN AND WI RIVER VALLEYS,

THE

Employer identification number

41-0693910

Organization type (check one):

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

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ \bigsim \frac{1}{2} \int \frac{

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Pag

Name of organization
GIRL SCOUTS OF MN AND WI RIVER VALLEYS,
INC.
41-0693910

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
1		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4	Total contributions	Person X Payroll
		\$\$	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, auu ess, anu ZIF + 4	\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, audiess, and ZIF + 4	\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Page 3

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

Employer identification number

41-0693910

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
			Cohedula P (Form 000) (0004)			

Employer identification number

Name of organization

Ξ.			41-0693910
art III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	through (e) and the following line enticharitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year. For organizations ess for the year. (Enter this info. once.) \$\sim_{\text{\$\left}}\$\$\$
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- - - .	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
No. om ort I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

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 Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization GIRL SCOU	TS OF MN AND WI RIVER VA	LLEYS,	Emp	loyer identification number
INC.				41-0693910
Part I-A Complete if the o	rganization is exempt und	der section 501(c)	or is a section 527 or	ganization.
 1 Provide a description of the organ 2 Political campaign activity expend 3 Volunteer hours for political camp 	ditures		> \$	0.
Part I-B Complete if the o	rganization is exempt und	der section 501(c)(3).	
 1 Enter the amount of any excise to 2 Enter the amount of any excise to 3 If the organization incurred a sector 4a Was a correction made? 	ax incurred by organization manaç ion 4955 tax, did it file Form 4720	gers under section 4955 ofor this year?	>	0 Yes No
b If "Yes," describe in Part IV. Part I-C Complete if the o	rganization is exempt und	der section 501(c),	except section 501(c	:)(3).
 Enter the amount directly expended Enter the amount of the filing orgexempt function activities Total exempt function expenditur line 17b Did the filing organization file Formate in the filing organization file formate payments. For each organization received that were political action committee (PAC). 	es. Add lines 1 and 2. Enter here m 1120-POL for this year? employer identification number (Ezation listed, enter the amount pa	and on Form 1120-POL IN) of all section 527 point from the filing organia a separate political org	ection 527 , , , , Ilitical organizations to whicl zation's funds. Also enter th anization, such as a separat	Yes No n the filing organization e 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) 2021

LHA

132041 11-03-21

	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under							
section 501(h)).	section 501(h)).							
A Check 🕨 🔲 if the filing organiza	tion belongs to ar	n affiliated group (and list ir	n Part IV each affiliated	group member's nam	e, address, EIN,			
. — .	expenses, and share of excess lobbying expenditures).							
B Check if the filing organiza	tion checked box	A and "limited control" pro	ovisions apply.	(a) Filing	(b) Affiliated group			
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)							
1a Total lobbying expenditures to influ	uence public opini	on (grassroots lobbying)						
b Total lobbying expenditures to influ	uence a legislative	body (direct lobbying)						
c Total lobbying expenditures (add li	nes 1a and 1b)							
d Other exempt purpose expenditure								
e Total exempt purpose expenditure	•	,						
f Lobbying nontaxable amount. Ente								
If the amount on line 1e, column (a) o		lobbying nontaxable am	11					
Not over \$500,000		6 of the amount on line 1e.						
Over \$500,000 but not over \$1,000	<i>'</i>	0,000 plus 15% of the exc						
Over \$1,000,000 but not over \$1,5	· ·	75,000 plus 10% of the exc						
Over \$1,500,000 but not over \$17,		25,000 plus 5% of the exce	ss over \$1,500,000.					
Over \$17,000,000] \$1,	000,000.						
g Grassroots nontaxable amount (en	ter 25% of line 1f)							
h Subtract line 1g from line 1a. If zero	•							
i Subtract line 1f from line 1c. If zero	•							
j If there is an amount other than ze	,		•		<u> </u>			
reporting section 4911 tax for this					Yes No			
	4-Year	Averaging Period Under	Section 501(h)					
(Some organizations th		on 501(h) election do not eparate instructions for li	•	f the five columns b	elow.			
	Lobbying E	xpenditures During 4-Yea	ar Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total			
2a Lobbying nontaxable amount								
b Lobbying ceiling amount								
(150% of line 2a, column(e))								
c Total lobbying expenditures								
C Total lobbyling expenditures								
d Grassroots nontaxable amount								
e Grassroots ceiling amount								
(150% of line 2d, column (e))								
f Grassroots lobbying expenditures								

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)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
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:				
а	Volunteers?		х		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
С	Media advertisements?		Х		
	Mailings to members, legislators, or the public?		Х		
е	Publications, or published or broadcast statements?		Х		
	Grants to other organizations for lobbying purposes?		Х		
_	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			128.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		40.005
	Other activities?	Х			42,095.
	Total. Add lines 1c through 1i		x		42,223.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5). or sec	tion	
	501(c)(6).	(.)(-,,		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
	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, line	3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year				
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	-A, lines 1 a	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PARI	II-B, LINE 1, LOBBYING ACTIVITIES:				
RIVE	R VALLEYS ADVOCACY MANAGER, A REGISTERED LOBBYIST, WORKED WITH THE				
SERV	ICES OF PROFESSIONAL LOBBYISTS TO ADVOCATE FOR TWO BILLS DURING				
FISC	AL YEAR 2022. RIVER VALLEYS SUBMITTED A LETTER OF SUPPORT FOR				
HF32	70/SF3088, THE TAKE PRIDE ACT WHICH, IF PASSED, WOULD CHANGE THE				
LANG	UAGE OF THE MINNESOTA HUMAN RIGHT ACT AND REMOVE A NONPROFIT				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

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

INC.

Employer identification number 41-0693910

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	· ·	I I
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ►		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the peri		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con-	servation easements during the year
-	Accorded to the second to the		Manager and the state of the st
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	ition easements during the year
	Does each conservation easement reported on line 2(d) above	a action the requirements of acetion 170	(b)(4)(D)(:)
8			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
9	balance sheet, and include, if applicable, the text of the footnote	·	
	organization's accounting for conservation easements.	ote to the organization's infancial statem	ents that describes the
Pa	rt III Organizations Maintaining Collections of	Art. Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958		and balance sheet works
	of art, historical treasures, or other similar assets held for public	•	
	service, provide in Part XIII the text of the footnote to its finance		•
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,	······································
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		' -
	the following amounts required to be reported under FASB AS		
а			> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

132051 10-28-21

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

(i) Unrelated organizations (ii) Related organizations

3a(i) 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10,

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land		961,793.		961,793.		
b Buildings		27,208,405.	15,316,165.	11,892,240.		
c Leasehold improvements						
d Equipment		4,443,489.	3,217,849.	1,225,640.		
e Other		200,468.		200,468.		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)						

Schedule D (Form 990) 2021

Yes

No

132052 10-28-21

		GIRL SCOUTS OF M	N AND WI RIVER VALL	EYS,	
Schedule D) (Form 990) 2021	INC.			41-0693910 Page 3
Part VII		- Other Securities.			
				11b. See Form 990, Part X, line 12.	
(a) Descrip	ption of security or ca	tegory (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financi	ial derivatives				
	held equity interes	ts			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F) (G)					
(H)					
	(h) must equal Form 9	990, Part X, col. (B) line 12.)			
		- Program Related.			
		_	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description		(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)					·
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 9	90, Part X, col. (B) line 13.)			
Part IX	Other Assets		F 000 D+ N/ I'	44 d. O. a. Farras 2000, Bard V. Kana 45	
	Complete if the o	-		11d. See Form 990, Part X, line 15.	(h) Dook volue
	MMUNITY FOUNDA		Description		(b) Book value 290,679.
		OOPS AND SERVICE UNIT	œ.		5,540,000.
	SH HELD FOR IRO	JOPS AND SERVICE UNIT	5		5,540,000.
(3)					
<u>(4)</u> (5)					
(6)					
(7)					
(8)					
(9)					
	umn (b) must equal	Form 990, Part X, col. (B) line	e 15.)		5,830,679.
Part X	Other Liabilit	ies.			
	Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
1.	(a)	Description of liability			(b) Book value
(1) Fed	deral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					

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

Schedule D (Form 990) 2021

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

Par	rt XI Reconciliation of Revenue per Audited Financial State	ments With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	18,002,526.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а			-3,644,551.		
b	Donated services and use of facilities		39,150.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	153,441.		
е	•			2e	-3,451,960.
3	Subtract line 2e from line 1			3	21,454,486.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	1		113,357.	-	
b	7	4b	47,165.		
С				4c	160,522.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	amanta With	Evnance per C	5 Doturn	21,615,008.
Pai	rt XII Reconciliation of Expenses per Audited Financial State		Expenses per F	teturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		<u> </u>	16 200 010
1	Total expenses and losses per audited financial statements			1	16,398,819.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	20 150		
a	Donated services and use of facilities		39,150.	-	
b	, , , , , , , , , , , , , , , , , , , ,			-	
С.	Other losses	l I	152 440	-	
d	,	•	153,440.		102 500
_	•			2e	192,590. 16,206,229.
3	Subtract line 2e from line 1			3	10,200,229.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	الما	113 357		
a			113,357.	-	
b				10	113,357.
	Add lines 4a and 4b			4c 5	16,319,586.
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.			1 3 1	10,313,300.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV lines 1h a	and 2h: Part V line 4	· Part X li	ne 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			,, r art 7, n	rie Z, r art XI,
	Za ana 15, ana 1 ar 7m, moo za ana 15. 7moo complete ano part to provide any	additional inform			
PART	T IV, LINE 2B:				
RIVE	ER VALLEYS RECOGNIZES AN ASSET AND A LIABILITY FOR CASH ACCO	OUNTS			
MAIN	NTAINED BY TROOPS, SERVICE UNITS AND DAY CAMPS. THE ACCOUNTS	S HAVE BEEN			
OPEN	NED USING RIVER VALLEYS' TAX IDENTIFICATION NUMBER, BUT RIVE	ER VALLEYS			
DOES	S NOT HAVE DIRECT CONTROL OVER THESE ACCOUNTS. THEREFORE, THE	ROOP,			
SERV	ICE UNIT AND DAY CAMP ACTIVITY IS NOT INCLUDED IN THE CONSC	OLIDATED			
STAT	TEMENTS OF ACTIVITIES.				
PART	r V, Line 4:				
RIVE	ER VALLEYS' ENDOWMENT CONSISTS OF 14 INDIVIDUAL FUNDS ESTABI	LISHED FOR A			
VARI	IETY OF PURPOSES INCLUDING GENERAL OPERATIONS, VARIOUS FORMS	S OF			
ביוד ב	ANCIAL ASSISTANCE AND FUNDING FOR SPECIFIC GEOGRAPHIC REGIO	אום דודים			
CINA	SINCLOL GOOLGLOUNCE ONLY PUNDLING PUR OPPULTELL GEVITAPHIC KEGIL	TID. TID			

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:						
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, 2022						
AND 2021. RIVER VALLEYS AND CAMPS' TAX RETURNS ARE SUBJECT TO REVIEW AND						
EXAMINATION BY FEDERAL AND STATE AUTHORITIES.						
PART XI, LINE 2D - OTHER ADJUSTMENTS:						
DIRECT FUNDRAISING EXPENSES 153,440.						
RENT INCOME OF RELATED ORGANIZATION - SEE SCH O, NOTE B 1.						
TOTAL TO SCHEDULE D, PART XI, LINE 2D 153,441.						
PART XI, LINE 4B - OTHER ADJUSTMENTS:						
CHANGE IN VALUE OF COMMUNITY FOUNDATION HOLDINGS 47,165.						
PART XII, LINE 2D - OTHER ADJUSTMENTS:						
DIRECT FUNDRAISING EXPENSES 153,440.						

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

	S OF MN AND WI RIVER VALLEY	S,				Employer ide 41-069391	ntification number
Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	Form 990 Part IV li	ine 17		
required to complete this par						7.1011110000	THE S & C FIOT
 Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations 	e Solicitat	ion of	non-g gover	overnment grants			
 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	art VII) or entity in connection with prividuals or entities (fundraisers) pursua	ofessi	onal fu	indraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribi	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total 3 List all states in which the organization	n is registered at licensed to colicit a	ontrib	utions	or has been notified	it is a	evennt from re	rictration
or licensing.	ir is registered of licensed to solicit o	OHUID		or rias been notined	11.15	exempt nom re	gistiation

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

P	irt i	of fundraising event contributions and gro	-						
		or fundraising event contributions and give	(a) Event #1	(b) Event #2	(c) Other events	To greater triair 45,000.			
			CELEBRATE	(b) Event #2	NONE	(d) Total events			
					NOINE	(add col. (a) through			
			CHANGEMAKERS	(ayant typa)	(total number)	col. (c))			
e			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts	428,193.			428,193.			
	2	Less: Contributions	384,321.			384,321.			
	3	Gross income (line 1 minus line 2)	43,872.			43,872.			
	4	Cash prizes							
m	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs							
Direct E	7	Food and beverages	76,205.			76,205.			
	8	Entertainment							
	9	Other direct expenses	77,235.			77,235.			
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	153,440.			
_	11	Net income summary. Subtract line 10 from li				-109,568.			
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than				
		\$15,000 on Form 990-EZ, line 6a.	ı			T			
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Revenue			-	billyo/progressive billyo		coi. (a) through coi. (c))			
Rev									
	1	Gross revenue							
es	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
			Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No No	No No				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>				
		ter the state(s) in which the organization condu	_						
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these s	states?		. Yes No			
b	b If "No," explain:								
	_								
	_								
		ere any of the organization's gaming licenses re			ear?	Yes No			
b	lf "	Yes," explain:							
	_								
1320	32 10	-21-21			Sche	edule G (Form 990) 2021			

Schedule G (Form 990) 2021 INC.	41-0693910	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity f		
to administer charitable gaming?		No
13 Indicate the percentage of gaming activity conducted in:		
	40-	0/
a The organization's facility		<u>%</u>
b An outside facility		<u>%</u>
14 Enter the name and address of the person who prepares the organization's gaming/special events books a	.nd records:	
Name ▶		
15a Does the organization have a contract with a third party from whom the organization receives gaming rever	nue? Yes	∟ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and	d the amount	
of gaming revenue retained by the third party \$		
c If "Yes," enter name and address of the third party:		
c ii Tes, enter name and address of the tilld party.		
Name		
Address		
16 Gaming manager information:		
Name		
Coming manager companyation		
Gaming manager compensation \$		
Description of continue annuithed N		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations		
· · · · · · · · · · · · · · · · · · ·	or spent in the	
organization's own exempt activities during the tax year \(\) \\$ Part IV Supplemental Information. Provide the explanations required by Part I. line 2b. columns (i)	"	0 - 40 -
The trade and explanations required by the art, mile 20, established to	ii) and (V); and Part III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G (Form 990) 2021

GIRL SCOUTS OF MN AND WI RIVER VALLEYS,

Schedule G	(Form 990) INC.	41-0693910	Page 4
Part IV	(Form 990) INC. Supplemental Information (continued)		
	11 (Softlinded)		
			•

Schedule G (Form 990)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	GIRL SCOUTS OF	F MN AND WI RI	VER VALLEYS,					Employer identification number
	INC.							41-0693910
0.2112131111	nation on Grants a							
1 Does the organization								
								Yes No
2 Describe in Part IV the							/ F 000 Dt	IV. Fra Od. fav. and
			be duplicated if addition			anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and addres or governn		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NODMII GMAD MIIGEIM OE	DOY GOOTHING							
NORTH STAR MUSEUM OF AND GIRL SCOUTING -								SUPPORT THE MUSEUM'S
- NORTH ST. PAUL, MN		41-1401619	501(C)(3)	111,900.	0.			OPERATIONS
-				 				
2 Enter total number of	section 501(c)(3) ar	nd government org	ganizations listed in the	e line 1 table				1.
3 Enter total number of) 0.
LHA For Paperwork Red	luction Act Notice,	, see the Instructi	ons for Form 990.					Schedule I (Form 990) 2021

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

Schedule I (Form 990) 2021

Part III can be duplicated if additional space is needed.

41-0693910

Page 2

recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance						
2820	78,575.	0.								
831	22,160.	0.								
62	33,710.	0.								
	00.505									
218	23,595.	0.								
equired in Part I, lir	ie 2; Part III, column	(b); and any other ac	dditional information.							
AINTAIN A "GRAN	T FOR GIRLS"									
ARRIER FOR GIRI	S WHO WISH									
/ITIES, 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										
	2820 831 62 218 Pequired in Part I, lin AINTAIN A "GRAN ARRIER FOR GIRI VITIES, TRIPS C	2820 78,575. 831 22,160. 62 33,710. 218 23,595. Pequired in Part I, line 2; Part III, column AINTAIN A "GRANT FOR GIRLS" ARRIER FOR GIRLS WHO WISH VITIES, TRIPS OR EVENTS. INANCIAL NEED IS NOT A	2820 78,575. 0. 831 22,160. 0. 62 33,710. 0. 218 23,595. 0. Prequired in Part I, line 2; Part III, column (b); and any other accompany of the second of	2820 78,575. 0. 831 22,160. 0. 62 33,710. 0. 218 23,595. 0. required in Part I, line 2; Part III, column (b); and any other additional information. AINTAIN A "GRANT FOR GIRLS" ARRIER FOR GIRLS WHO WISH VITIES, TRIPS OR EVENTS.						

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

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

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Internal Revenue Service Name of the organization

GIRL SCOUTS OF MN AND WI RIVER VALLEYS, INC

41-0693910 Part I Questions Regarding Compensation

			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			
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:			Х
a	The organization?	5a		X
O	Any related organization?	5b		┢
	If "Yes" on line 5a or 5b, describe in Part III.			
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			,,
3	The organization?	6a		X
)	, , ,	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
	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
)	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	l	l

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 INC. 41-0693910 Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PATRICIA BOLGER	(i)	218,375.	7,044.	897.	3,482.	6,168.	235,966.	0,
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0,	0,
(2) CHRIS AMUNDSEN	(i)	182,174.	15,708.	897.	5,682.	9,134.	213,595.	0,
CFAO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNIFER L THORSON	(i)	158,813.	4,257.	886.	3,851.	78.	167,885.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CAROL LUO	(i)	102,781.	2,788.	10,172.	2,730.	5,427.	123,898.	0.
FORMER CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

GIRL SCOUTS OF MN AND WI RIVER VALLEYS, INC.

Employer identification number 41-0693910

Pai	rt I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin		s
1	Art - Works of art		Itemie continuated	Tomi coo, i air viii, iiio ig				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9		X	7	21 744	FAIR MARKET VALU	E		
	Securities - Publicly traded		<u> </u>	21,711.				
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
40	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	<u> </u>		42.450		_		
25	Other (SUPPLIES)	X	6	13,170.	FAIR MARKET VALU	E		
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organization	•					_	
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			0	
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be u	sed for			
	exempt purposes for the entire holding period	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	oolicy that re	quires the review	of any nonstandard contribu	tions?	31	Х	<u> </u>
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				1
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	for which column (a) is che	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Inspection

Name of the organization

GIRL SCOUTS OF MN AND WI RIVER VALLEYS

Employer identification number 41-0693910

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 HEALTHY CHOICES, INDEPENDENCE, POSITIVE DECISION-MAKING, AND GIRL 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: ON 9/30/2022 RIVER VALLEYS EMPLOYED 115 EMPLOYEES: 114 FULL TIME AND 1 PART TIME EMPLOYEE. DURING CALENDAR YEAR 2021, RIVER VALLEYS EMPLOYED INCLUDING 80 HIRED AS SEASONAL AND TEMPORARY EMPLOYEES TO ASSIST WITH PROGRAMS AND SUMMER CAMP. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: LIFE SKILLS (PUBLIC SPEAKING, DEMOCRACY, FIRST AID, PHOTOGRAPHY WOODWORKING, MUSIC). RIVER VALLEYS CONTINUED TO PREPARE GIRLS FOR A LIFETIME OF LEADERSHIP, ADVENTURE, AND SUCCESS THROUGH IN-PERSON (SERVING 2,800 GIRLS) AND VIRTUAL PROGRAMMING (SERVING OVER 900 GIRLS). DURING FISCAL YEAR 2022, RIVER VALLEYS PROVIDED \$3,204 IN FINANCIAL ASSISTANCE FOR PROGRAM EVENTS. THIS AMOUNT HAS BEEN RECORDED AS A REDUCTION FROM EVENT PROGRAM FEES REPORTED ON FORM 990, PART VIII, LINE 2В. GIRL SCOUTS COULDN'T WAIT TO GO TO SUMMER CAMP IN 2022! AFTER 2 YEARS

132211 11-11-21

Schedule O (Form 990) 2021

OF ON-AND-OFF SOCIAL DISTANCING AND VIRTUAL LEARNING. GIRLS WERE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021 Page 2 GIRL SCOUTS OF MN AND WI RIVER VALLEYS, **Employer identification number** Name of the organization 41-0693910 EXCITED TO SPEND TIME AT CAMP WITH ONE ANOTHER SWIMMING, RIDING HORSES, BUILDING CAMPFIRES, SLEEPING IN CABINS, TENTS AND YURTS, HIKING MOUNTAIN BIKING, AND MORE. 2,176 INDIVIDUALS EXPERIENCED RESIDENT (OVERNIGHT) CAMP, TROOP CAMP, AND FAMILY CAMP. STAFFING CHALLENGES PREVENTED US FROM OFFERING CAMP PROGRAMMING AT CAMP EDITH MAYO AND CAMP NORTHWOODS. DURING FISCAL YEAR 2022 RIVER VALLEYS AWARDED \$113 820 IN FINANCIAL ASSISTANCE FOR OUR MEMBERS TO ATTEND SUMMER CAMP. THIS AMOUNT HAS BEEN RECORDED AS REDUCTION FROM CAMPING FEES REPORTED ON FORM 990, PART VIII, LINE 2A. OUR COMMITMENT TO DIVERSITY, EQUITY, AND INCLUSION INCLUDES A COMMITMENT TO PROVIDING ADAPTABLE, CULTURALLY RELEVANT PROGRAMMING THAT MEETS THE NEEDS OF GIRLS AND FAMILIES. THE COMMUNITY ENGAGEMENT TEAM WORKS TO INCREASE VISIBILITY, BUILD TRUST, AND CREATE LONG-TERM INVESTMENT IN THE GIRL SCOUT LEADERSHIP EXPERIENCE FOR FAMILIES AND GIRLS OF COLOR BY CULTIVATING AUTHENTIC AND HOLISTIC RELATIONSHIPS WITH COMMUNITIES OF COLOR AND COMMUNITY ORGANIZATIONS THAT SERVE PEOPLE OF COLOR IN MINNESOTA. THESE PARTNERSHIPS FORM MENTORED TROOPS AND CONNECTZ TROOPS, WHERE GIRLS CAN DEVELOP A SENSE OF BELONGING AND SISTERHOOD WITH ONE ANOTHER AS THEY EXPERIENCE GIRL SCOUT PROGRAMMING WITH GIRLS AND TROOP LEADERS WHO LOOK LIKE THEM AND REFLECT THEIR LIVED EXPERIENCES. IN 2022, THE COMMUNITY ENGAGEMENT TEAM SERVED 1,473 GIRLS THROUGH THE CONNECTZ AND MENTORED TROOP PATHWAYS. THE GOLD, SILVER, AND BRONZE AWARDS ARE THE HIGHEST AWARDS GIRL SCOUTS CAN EARN. THE GOLD AWARD IS ONLY OPEN TO GIRLS IN HIGH SCHOOL. GROUNDED

Schedule O (Form 990) 2021

IN REAL-LIFE PROBLEMS, GIRLS DEVELOP A DEEPER UNDERSTANDING OF THEIR

COMMUNITY, MASTER TIME MANAGEMENT, AND PRACTICE FINANCIAL PLANNING.

Schedule O (Form 990) 2021

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

Employer identification number

Name of the organization GIRL SCOUTS OF MN AND WI RIVER VALLEYS, Employer identification number INC. 41-0693910

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. GIRL SCOUT JEANETTE P.

BUILT A PARTNERSHIP BETWEEN THE MINNESOTA STATE ACADEMY FOR THE BLIND

AND A SCHOOL FOR THE BLIND IN TBILISI, GEORGIA TO FOSTER AN

INTERNATIONAL COMMUNITY AND RAISE DISABILITY AWARENESS. SHE CREATED

EDUCATIONAL RESOURCES AND A PODCAST, AND VISITED THE REPUBLIC OF

GEORGIA TO DELIVER LEARNING MATERIALS TO THE SCHOOL FOR THE BLIND TO

HELP STUDENTS FOR YEARS TO COME. DURING THE YEAR. 556 GIRLS EARNED

THEIR BRONZE, SILVER AND GOLD AWARD. GIRL SCOUTS VOLUNTEERED MORE THAN

20,000 HOURS IN THEIR COMMUNITIES WHILE EARNING THEIR HIGHEST AWARD.

THE GIRL SCOUT COOKIE PROGRAM PROVIDES AN IMPORTANT INGREDIENT FOR

LEADERSHIP BY HELPING GIRLS DEVELOP FIVE KEY SKILLS: GOAL SETTING,

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 ALMOST

24,500 GIRLS AND ADULTS. THROUGH A VARIETY OF PARTICIPATION OPTIONS

(ONLINE ORDERING, COOKIE BOOTHS, CONTACTLESS PAYMENTS, ETC.), GIRL

SCOUTS BROUGHT THEIR GRIT, ENTREPRENEURIAL SPIRITS, RESOURCEFULNESS,

AND FUN TO THIS YEAR'S COOKIE PROGRAM. THROUGH THE COOKIE DONATION

PROGRAMS, RIVER VALLEYS' DONATED 91,000 PACKAGES OF COOKIES TO

HEALTHCARE HEROES, FOOD SHELVES, AND SCHOOL LUNCH PROGRAMS. RIVER

VALLEYS' GIRLS SOLD ALMOST 3.53 MILLION PACKAGES OF COOKIES IN 2022.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

HEAR COUNCIL UPDATES, SHARE RESOURCES, AND PROVIDE SUPPORT TO ONE

ANOTHER. THIS PAST YEAR, OUR SERVICE UNITS PROVIDED VIRTUAL

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 GIRL SCOUTS OF MN AND WI RIVER VALLEYS, **Employer identification number** Name of the organization 41-0693910 PROGRAMMING, ADAPTED RECRUITMENT IN NEW AND EXCITING WAYS, AND UTILIZED ONLINE TECHNOLOGY, LIKE ZOOM AND RALLYHOOD, TO STAY CONNECTED. RIVER VALLEYS COMPLETED PHASE 1 OF THE VOLUNTEER CAPACITY PROJECT, A PROJECT TO BUILD GREATER CAPACITY AND TRAINING FOR OUR SERVICE UNIT VOLUNTEERS. THE FOLLOWING WERE ACCOMPLISHED DURING THE YEAR: STAFF AND VOLUNTEER WORKGROUP COMPLETED RECOMMENDATIONS FOR BOUNDARIES AND VOLUNTEER ROLES, MAPPED PRELIMINARY BOUNDARIES AND LAYERS, AND RALLYHOOD SITE LAUNCHED TO FACILITATE COMMUNICATIONS WITH VOLUNTEERS. IN 2022, NEW TROOP LEADERS WERE INVITED TO JUMPSTART THEIR GIRL SCOUT YEAR ALONGSIDE OTHER NEW LEADERS. RIVER VALLEYS STAFF PROVIDED TRAINING, TROOP MEETING PLANS, RESOURCES, AND A NETWORK OF SUPPORT TO HELP THEM BE CONFIDENT AND SUCCESSFUL LEADERS. 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 4D, OTHER PROGRAM SERVICES: RENTAL SERVICES: RIVER VALLEYS OPERATES RETAIL SHOPS AT THEIR TWO SERVICE CENTERS. CAMP EDITH MAYO, AND ONE SATELLITE LOCATION. DURING THE SUMMER, RIVER VALLEYS OFFERS RETAIL STORES AT OUR CAMP. 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. FINANCIAL ASSISTANCE PROVIDED TO GIRL SCOUTS FOR UNIFORMS AND PROGRAM MATERIALS TOTALED \$13,711 DURING THE

FISCAL YEAR. THIS AMOUNT IS RECORDED AS A REDUCTION FROM GROSS SALES OF

<u>Schedule O (Form 990) 2021</u> Page **2**

GIRL SCOUTS OF MN AND WI RIVER VALLEYS, **Employer identification number** Name of the organization 41-0693910 INVENTORY REPORTED ON FORM 990, PART VIII LINE 10A. EXPENSES \$ 514,692. INCLUDING GRANTS OF \$ 0. REVENUE \$ 306,386. 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 COMMUNITY AT LARGE IS REPRESENTED. AT NO TIME SHALL THE DELEGATES-AT-LARGE CONSTITUTE MORE THAN 5% OF THE ELECTED VOTING MEMBERS; (C) 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.

<u>Schedule O (Form 990) 2021</u> Page **2**

GIRL SCOUTS OF MN AND WI RIVER VALLEYS, **Employer identification number** Name of the organization INC. 41-0693910 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 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 & ADMINISTRATIVE 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 THE IRS.

Schedule 0 (Form 990) 2021

132212 11-11-21

<u>Schedule O (Form 990) 2021</u>

GIRL SCOUTS OF MN AND WI RIVER VALLEYS, **Employer identification number** Name of the organization INC. 41-0693910 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 CFAO 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 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 (CFAO, COO, CDO, CCO, CDIEO), AND KEY EMPLOYEES. IN FISCAL YEARS 2021 AND 2022, RIVER VALLEYS ENGAGED AN INDEPENDENT CONSULTANT TO COMPLETE A COMPREHENSIVE COMPENSATION ANALYSIS FOCUSED ON CORPORATE

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GIRL SCOUTS OF MN AND WI RIVER VALLEYS, **Employer identification number** Name of the organization 41-0693910 OFFICER POSTIONS (CEO, CFAO, COO, CDO, CCO, CDIEO), THAT DEVELOPED RECOMMENDATIONS FOR THE OFFICERS' COMPENSATION TO BE CURRENT WITH MARKET. THE OFFICER COMPENSATION ANALYSIS WAS REVIEWED WITH RIVER VALLEYS' COMPENSATION AND TALENT COMMITTEE AND BOARD CHAIR IN FALL 2021. THE CEO'S PERFORMANCE IS REVIEWED BY THE BOARD OF DIRECTORS. THE BOARD CHAIR, USING THE 2022 COMPLETED OFFICER COMPENSATION ANALYSIS, DETERMINED THE CEO'S MERIT INCREASE AND COMMUNICATED THE INCREASE TO THE CFAO AND HUMAN RESOURCES VIA MEMO FROM THE BOARD CHAIR. SUPERVISORS COMPLETED THE ANNUAL REVIEWS OF THEIR DIRECT REPORTS' PERFORMANCE AND MERIT INCREASES WERE AWARDED TO RIVER VALLEYS' STAFF. IN FISCAL YEAR 2020, RIVER VALLEYS ENGAGED AN INDEPENDENT CONSULTING FIRM TO COMPLETE A COMPREHENSIVE COMPENSATION ANALYSIS OF ALL RIVER VALLEYS POSITIONS. DURING FISCAL YEAR 2022, USING THE 2020 COMPREHENSIVE COMPENSATION ANALYSIS AS A BASE, THE ENTIRE SALARY RANGE STRUCTURE WAS INCREASED BY 3 PERCENT BASED ON RESEARCH PERFORMED BY HUMAN RESOURCES. IN ADDITION. HUMAN RESOURCES PERFORMED MARKET RESEARCH FOR SELECTED JOBS IN EACH PAY GRADE USING RELEVANT SOURCES OF PUBLISHED MARKET DATA (INCLUDING NON-PROFITS, MEMBERSHIP ORGANIZATIONS, LOCAL LABOR MARKET, ORGANIZATIONS OF COMPARABLE SIZE, AND A BROADER GENERAL INDUSTRY (FOR CROSS-INDUSTRY POSITIONS), BASED ON MARKET DATA, PAY INCREASES WERE PROVIDED FOR PAY GRADE 3-5 POSITIONS, INCLUDING EQUITY ADJUSTMENTS PROVIDED TO BRING POSITIONS TO THE DETERMINED PERCENTAGE OF MIDPOINT IN THE PAY GRADES. THE CEO REVIEWED THE OFFICERS' (CDO, CFAO, COO, CCO, CDEIO) PERFORMANCE. PAY INCREASES FOR THE OFFICERS (CDO, CFAO, COO, COC, CDEIO) WERE AWARDED BASED ON THE RECOMMENDATIONS FROM THE OFFICER COMPENSATION ANALYSIS. A REPORT DETAILING THE RECOMMENDED MERIT INCREASES FOR ALL EMPLOYEES, EXCEPT THE CEO, IS FORWARDED TO THE CEO FOR REVIEW AND FINAL APPROVAL. THE CEO'S PERFORMANCE

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization GIRL SCOUTS OF MN AND WI RIVER VALLEYS. **Employer identification number** 41-0693910 IS REVIEWED BY THE BOARD OF DIRECTORS. THE BOARD CHAIR, USING THE 2022 COMPLETED OFFICER COMPENSATION ANALYSIS, DETERMINED THE CEO'S MERIT INCREASE AND COMMUNICATED THE INCREASE TO THE CFAO AND 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 VIII, LINE 1E, GOVERNMENT GRANTS: GOVERNMENT GRANTS INCLUDE PAYCHECK PROTECTION LOAN ROUND 2 FORGIVENESS OF \$1,422,589. IN FEBRUARY 2021, RIVER VALLEYS RECEIVED LOAN PROCEEDS IN THE AMOUNT OF \$1,779,620 UNDER THE PAYCHECK PROTECTION PROGRAM SECOND DRAW LOANS (PPP2) ESTABLISHED AS PART OF THE CONSOLIDATED APPROPRIATIONS ACT, 2021, ECONOMIC AID TO HARD-HIT SMALL BUSINESS, NONPROFITS AND VENUES ACT (ECONOMIC AID ACT). THE LOAN AND ACCRUED INTEREST ARE FORGIVABLE AFTER A "COVERED PERIOD" IF THE BORROWER MAINTAINS ITS PAYROLL LEVELS AND USED THE LOAN PROCEEDS FOR ELIGIBLE PURPOSES. IN MAY 2022, \$1,422,589 OF THE PPP2 LOAN WAS FORGIVEN BY THE SMALL BUSINESS ADMINISTRATION (SBA). FORM 990, PART IX, LINE 11G, FEES FOR SERVICES - OTHER: OTHER FEES FOR SERVICES (NON-EMPLOYEES) INCLUDE: TEMPORARY STAFF FOR

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Name of the organization GIRL SCOUTS OF MN AND WI RIVER VALLEYS, INC.	Employer identification number 41-0693910
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.	_
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF COMMUNITY FOUNDATION HOLDINGS -47,165.	
NOTE B, RENT INCOME OF RELATED ORGANIZATION	
GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS' RENT OF LAND FROM	
ST. CROIX VALLEY GIRL SCOUT CAMPS, INC. (EIN 23-7436373) REPORTED AS	_
RENT INCOME ON THE CAMPS' FORM 990.	
	_
	_

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.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

GIRL SCOUTS OF MN AND WI RIVER VALLEYS. INC.

Employer identification number 41-0693910

entity

GIRL SCOUTS OF MN

AND WI RIVER

LINE 12B, II VALLEYS, INC.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) r Total incor	me End-of-year	assets Direct c	(f) ontrolling ntity
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization are	nswered "Yes" on Form 990,	, Part IV, line 34, b	ecause it had one	or more related tax-exer	npt
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13) controlled

foreign country)

wisconsin

section

501(C)(3)

status (if section

501(c)(3))

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

of related organization

ST. CROIX VALLEY GIRL SCOUT CAMPS, INC. -

23-7436373, 400 ROBERT STREET SOUTH, ST.

Schedule R (Form 990) 2021

entity?

No

Yes

Х

PAUL, MN 55107

HOLD PROPERTY TO BE USED

FOR YOUTH CAMPS

Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	Complete if the organization answered	"Yes" on Form 990, Pa	art IV, line 34, because it had o	ne or more related
organizations treated as a partitioning 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	Disprop	h) nortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managin partner? Yes No	(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		tion b)(13) rolled tity?
		country)		,				Yes	No
-	-								
-									
	-								

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed	in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>			1a		Х	
	Gift, grant, or capital contribution to related organization(s)				1b		Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х	
	Loans or loan guarantees to or for related organization(s)				1d		Х	
	e Loans or loan guarantees by related organization(s)							
							١	
f	Dividends from related organization(s)				1f		X	
	Sale of assets to related organization(s)				1 g		X	
h	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)				_1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	Х	
ı	Performance of services or membership or fundraising solicitations for related organization(s)							
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		Х	
0	Sharing of paid employees with related organization(s)				10	Х		
р	Reimbursement paid to related organization(s) for expenses				1р		Х	
q	Reimbursement paid by related organization(s) for expenses				1q		Х	
r	r Other transfer of cash or property to related organization(s)							
s	s Other transfer of cash or property from related organization(s)							
2	If the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instruction of the above is "Yes," and "Yes," in the above is "Yes," in the above	ho must complete th	is line, including covered r	relationships and transaction thresholds.				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved				
(1) ^s	T. CROIX VALLEY GIRL SCOUT CAMPS, INC.	K	1.	AGREED UPON RATE				
(2)								
(3)								

(4)

(5)

Schedule R (Form 990) 2021 INC.

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat allocatio	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) Percentage ownership

41-0693910

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Schedule R	(Form 990) 2021 INC.	41-0693910	Page 5
Part VII	(Form 990) 2021 INC. Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		
	Provide additional information for responses to questions on Schedule K. See Instructions.		
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Schedule R (Form 990) 2021