

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

| | | |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Type or print | Name of exempt organization or other filer, see instructions. GIRL SCOUTS OF THE SIERRA NEVADA, INC. | Taxpayer identification number (TIN) 88-0060580 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 605 WASHINGTON STREET | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. RENO, NV 89503 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For | Return Code | Application Is For | Return Code |
|------------------------------------------|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |
| Form 990-T (corporation) | 07 | | |

THE ORGANIZATION

• The books are in the care of ▶ **605 WASHINGTON STREET - RENO, NV 89503**

Telephone No. ▶ **(775) 322-0642** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2022**, and ending **SEP 30, 2023**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|----|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

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

Return of Organization Exempt From Income Tax

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **OCT 1, 2022** and ending **SEP 30, 2023**

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization GIRL SCOUTS OF THE SIERRA NEVADA, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 605 WASHINGTON STREET City or town, state or province, country, and ZIP or foreign postal code RENO, NV 89503 | D Employer identification number 88-0060580 E Telephone number (775) 322-0642 |
| F Name and address of principal officer: ANN NELSON SAME AS C ABOVE | | G Gross receipts \$ 3,034,947. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: WWW.GSSN.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation: 1954 M State of legal domicile: NV |

Part I Summary

| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: ENCOURAGE GIRLS TO DEVELOP THEIR FULL POTENTIAL, RELATE TO OTHERS WITH INCREASING UNDERSTANDING, 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 13 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 51 6 Total number of volunteers (estimate if necessary) 6 1051 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------|--------------|-------------------------------------------------------------------------------|------------|------------|---------------------------------------------------------------------------------------------------|------------|------------|--------------------------------------------------------------------------------|------------|------------|------------------------------------------------------------------------------------------|------------|------------|----------------------------------------------------------------------------------------------------|------------|------------|-------------------------------------------------------------------------------------------|------------|------------|----------------------------------------------------------------------|-----------|-----------|--|
| Revenue | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">575,033.</td> <td style="text-align: right;">439,763.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">66,366.</td> <td style="text-align: right;">178,414.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">24,321.</td> <td style="text-align: right;">19,536.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">1,223,153.</td> <td style="text-align: right;">1,522,521.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">1,888,873.</td> <td style="text-align: right;">2,160,234.</td> </tr> </tbody> </table> | | Prior Year | Current Year | 8 Contributions and grants (Part VIII, line 1h) | 575,033. | 439,763. | 9 Program service revenue (Part VIII, line 2g) | 66,366. | 178,414. | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 24,321. | 19,536. | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,223,153. | 1,522,521. | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,888,873. | 2,160,234. | | | | | | | |
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| Expenses | <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;">16,697.</td> <td style="text-align: right;">92,448.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">1,400,102.</td> <td style="text-align: right;">1,548,278.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) 321,160.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">599,692.</td> <td style="text-align: right;">725,938.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">2,016,491.</td> <td style="text-align: right;">2,366,664.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">-127,618.</td> <td style="text-align: right;">-206,430.</td> </tr> </tbody> </table> | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 16,697. | 92,448. | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,400,102. | 1,548,278. | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. | b Total fundraising expenses (Part IX, column (D), line 25) 321,160. | | | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 599,692. | 725,938. | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,016,491. | 2,366,664. | 19 Revenue less expenses. Subtract line 18 from line 12 | -127,618. | -206,430. | |
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| Net Assets or Fund Balances | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">2,083,982.</td> <td style="text-align: right;">1,859,700.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">238,646.</td> <td style="text-align: right;">187,600.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">1,845,336.</td> <td style="text-align: right;">1,672,100.</td> </tr> </tbody> </table> | | Beginning of Current Year | End of Year | 20 Total assets (Part X, line 16) | 2,083,982. | 1,859,700. | 21 Total liabilities (Part X, line 26) | 238,646. | 187,600. | 22 Net assets or fund balances. Subtract line 21 from line 20 | 1,845,336. | 1,672,100. | | | | | | | | | | | | | |
| | Beginning of Current Year | End of Year | | | | | | | | | | | | | | | | | | | | | | | | |
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| 22 Net assets or fund balances. Subtract line 21 from line 20 | 1,845,336. | 1,672,100. | | | | | | | | | | | | | | | | | | | | | | | | |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | |
|-------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Sign Here | Signature of officer ANN NELSON, CHIEF EXECUTIVE OFFICER Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name TEELA MCCULLAR | Preparer's signature |
| | Firm's name BARNARD, VOGLER & CO., CPA'S | Date |
| | Firm's address 100 W LIBERTY STREET, SUITE 1100 RENO, NV 89501-1959 | Check if self-employed <input type="checkbox"/> PTIN P01282477 |
| | | Firm's EIN 88-0118801 |
| | | Phone no. (775) 786-6141 |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: ENCOURAGE GIRLS TO DEVELOP THEIR FULL POTENTIAL, RELATE TO OTHERS WITH INCREASING UNDERSTANDING, SKILL AND RESPECT, DEVELOP A MEANINGFUL SET OF VALUES TO GUIDE THEIR ACTIONS, AND TO PROVIDE FOR SOUND DECISION-MAKING AND CONTRIBUTE TO THE IMPROVEMENT OF SOCIETY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 898,200. including grants of \$ 82,709.) (Revenue \$ 1,515,296.) MEMBERSHIP DEVELOPMENT-REGISTERED GIRLS IN A PROGRAM THAT ENCOURAGES INCREASED SKILL-BUILDING AND RESPONSIBILITY AND ALSO PROMOTES THE DEVELOPMENT OF STRONG LEADERSHIP AND DECISION-MAKING SKILLS.

4b (Code:) (Expenses \$ 440,424. including grants of \$ 9,464.) (Revenue \$ 70,276.) SPECIAL PROGRAMS- TAUGHT MEMBERS NECESSARY LIFE SKILLS THROUGH A VARIETY OF EDUCATIONAL ACTIVITIES.

4c (Code:) (Expenses \$ 382,626. including grants of \$ 275.) (Revenue \$ 113,770.) CAMPING SERVICES- HELPED GIRLS BUILD NEW SKILLS, GET A SENSE OF COMMUNITY AND DEVELOP A DEEP APPRECIATION FOR NATURE BY ATTENDING CAMPS.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,721,250.

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee counts (2a), tax returns (2b), unrelated business income (3a), foreign accounts (4a), prohibited transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), donor advised funds (8-9), 501(c)(7) organizations (10), 501(c)(12) organizations (11), 4947(a)(1) trusts (12a-12b), 501(c)(29) health insurance issuers (13a-13c), tanning services (14a-14b), parachute payments (15), excise tax (16), and 501(c)(21) organizations (17).

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| | 1a 13 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 13 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | Yes | No |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | X | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | X | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization | X | |
| | 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 arrangement with a taxable entity during the year? | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - (775) 322-0642
605 WASHINGTON STREET, RENO, NV 89503

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-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.
 - 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.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|----------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ANN NELSON CHIEF EXECUTIVE OFFICER | 40.00 | | | X | | | 128,383. | 0. | 16,377. | |
| (2) THOMAS O'NEIL CHIEF FINANCIAL OFFICER | 40.00 | | | X | | | 88,763. | 0. | 11,323. | |
| (3) LYN BEGGS PRESIDENT | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (4) MELISSA FLATLEY TREASURER/CHAIR OF FINANCE | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (5) THERESA SCHETGEN SECRETARY | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (6) COLLEEN WORLTON MEMBER AT LARGE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (7) AMBER JOINER MEMBER AT LARGE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (8) ZEINA RANDALL MEMBER AT LARGE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (9) SHARI BAINTE MEMBER AT LARGE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (10) REBECCA CURTIS MEMBER AT LARGE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (11) LORI BROWN MEMBER AT LARGE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (12) KATY SIMON HOLLAND MEMBER AT LARGE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (13) JENNIFER ROGERS MARKWELL MEMBER AT LARGE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (14) JANICE ONO MEMBER AT LARGE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (15) ELLEN HONGO MEMBER AT LARGE | 1.00 | X | | | | | 0. | 0. | 0. | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------|----------------|------------------------------------|----------------------------|----------------------------------------------------|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 64,760. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 375,003. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 13,930. | | | | |
| | h Total. Add lines 1a-1f | | 439,763. | | | | |
| Program Service Revenue | 2 a PROGRAM SERVICE FEES | Business Code | | | | | |
| | | 611710 | 178,414. | 178,414. | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | 178,414. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 21,594. | | | 21,594. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | 5,632. | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses ... | 6b | 0. | | | | |
| | c Rental income or (loss) | 6c | 5,632. | | | | |
| | d Net rental income or (loss) | | 5,632. | 5,632. | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 247,042. | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 249,100. | | | | |
| | c Gain or (loss) | 7c | -2,058. | | | | |
| d Net gain or (loss) | | -2,058. | | | -2,058. | | |
| 8 a Gross income from fundraising events (not including \$ 64,760. of contributions reported on line 1c). See Part IV, line 18 | 8a | | 12,821. | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | 11,228. | | | | | |
| c Net income or (loss) from fundraising events | | 1,593. | | | 1,593. | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | 2,125,992. | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | 614,385. | | | | | |
| c Net income or (loss) from sales of inventory | | 1,511,607. | 1,511,607. | | | | |
| Miscellaneous Revenue | 11 a MISCELLANEOUS | Business Code | | | | | |
| | | 900099 | 3,689. | 3,689. | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | 3,689. | | | | | |
| 12 Total revenue. See instructions | | 2,160,234. | 1,699,342. | 0. | 21,129. | | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 92,448. | 92,448. | | |
| 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 | 244,846. | 41,731. | 146,908. | 56,207. |
| 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 | 1,058,866. | 835,597. | 71,335. | 151,934. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 54,734. | 39,808. | 7,499. | 7,427. |
| 9 Other employee benefits | 94,847. | 55,718. | 20,341. | 18,788. |
| 10 Payroll taxes | 94,985. | 66,697. | 12,604. | 15,684. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 38,073. | 27,688. | 5,322. | 5,063. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 289,415. | 265,289. | 7,333. | 16,793. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 66,187. | 54,963. | 5,753. | 5,471. |
| 17 Travel | 43,894. | 42,002. | 717. | 1,175. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 32,184. | 28,843. | 1,250. | 2,091. |
| 20 Interest | 206. | 138. | 35. | 33. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 67,164. | 48,720. | 9,453. | 8,991. |
| 23 Insurance | 56,420. | 36,656. | 14,738. | 5,026. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a REPAIRS AND MAINTENANCE | 110,361. | 72,340. | 17,412. | 20,609. |
| b MISCELLANEOUS | 17,712. | 11,232. | 3,245. | 3,235. |
| c FUND DEVELOPMENT | 2,386. | | | 2,386. |
| d ORGANIZATIONAL DUES | 1,936. | 1,380. | 309. | 247. |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 2,366,664. | 1,721,250. | 324,254. | 321,160. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) | | (B) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------|-------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash - non-interest-bearing | 953,213. | 1 | 445,469. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 2,229. | 4 | 3,319. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 98,467. | 8 | 86,726. |
| | 9 Prepaid expenses and deferred charges | 36,431. | 9 | 11,163. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 2,420,678. | | |
| | b Less: accumulated depreciation | 10b 2,030,716. | | |
| | 11 Investments - publicly traded securities | 392,454. | 10c | 389,962. |
| | 12 Investments - other securities. See Part IV, line 11 | 601,188. | 11 | 922,441. |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | 0. | 14 | 620. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 2,083,982. | 15 | 1,859,700. | |
| 17 Accounts payable and accrued expenses | 135,520. | 16 | 1,859,700. | |
| 18 Grants payable | | 17 | 100,174. | |
| 19 Deferred revenue | 45,028. | 18 | 29,275. | |
| 20 Tax-exempt bond liabilities | | 19 | | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 20 | | |
| 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 21 | | |
| 23 Secured mortgages and notes payable to unrelated third parties | | 22 | | |
| 24 Unsecured notes and loans payable to unrelated third parties | | 23 | | |
| 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 58,098. | 24 | 58,151. | |
| 26 Total liabilities. Add lines 17 through 25 | 238,646. | 25 | 187,600. | |
| 27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | 26 | | |
| 27 Net assets without donor restrictions | 1,649,682. | 27 | 1,487,756. | |
| 28 Net assets with donor restrictions | 195,654. | 28 | 184,344. | |
| 29 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| 29 Capital stock or trust principal, or current funds | | 29 | | |
| 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | | |
| 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | | |
| 32 Total net assets or fund balances | 1,845,336. | 32 | 1,672,100. | |
| 33 Total liabilities and net assets/fund balances | 2,083,982. | 33 | 1,859,700. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,160,234. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,366,664. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -206,430. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,845,336. |
| 5 | Net unrealized gains (losses) on investments | 5 | 33,194. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 1,672,100. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b | Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____ | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | | |

Form 990 (2022)

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge ... | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on ... | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------|
| 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 294,995. | 221,525. | 369,236. | 575,033. | 439,763. | 1,900,552. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 2,396,330. | 2,228,048. | 1,394,676. | 1,775,478. | 2,317,227. | 10,111,759. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | 2,691,325. | 2,449,573. | 1,763,912. | 2,350,511. | 2,756,990. | 12,012,311. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0. |
| c Add lines 7a and 7b | | | | | | 0. |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 12,012,311. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|
| 9 Amounts from line 6 | 2,691,325. | 2,449,573. | 1,763,912. | 2,350,511. | 2,756,990. | 12,012,311. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 69,023. | 29,446. | 48,817. | 27,966. | 27,226. | 202,478. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 69,023. | 29,446. | 48,817. | 27,966. | 27,226. | 202,478. |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 9,975. | 32,585. | 5,131. | 16,985. | 3,689. | 68,365. |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 2,770,323. | 2,511,604. | 1,817,860. | 2,395,462. | 2,787,905. | 12,283,154. |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---------------------------------------------------------------------------------------------------|-----------|---------|
| 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) | 15 | 97.80 % |
| 16 Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | 96.57 % |

Section D. Computation of Investment Income Percentage

| | | |
|--------------------------------------------------------------------------------------------------------|-----------|--------|
| 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) | 17 | 1.65 % |
| 18 Investment income percentage from 2021 Schedule A, Part III, line 17 | 18 | 1.85 % |

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | 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 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | | Current Year |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2022 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|----------------------------------------------------|
| 1 Distributable amount for 2022 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2022 | | | |
| a From 2017 | | | |
| b From 2018 | | | |
| c From 2019 | | | |
| d From 2020 | | | |
| e From 2021 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2022 distributable amount | | | |
| i Carryover from 2017 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2022 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2022 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2023. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2018 | | | |
| b Excess from 2019 | | | |
| c Excess from 2020 | | | |
| d Excess from 2021 | | | |
| e Excess from 2022 | | | |

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

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

2022

Open to Public
Inspection

Name of the organization **GIRL SCOUTS OF THE SIERRA NEVADA, INC.** Employer identification number **88-0060580**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 209,971. | 238,758. | 214,246. | 208,340. | 203,735. |
| b Contributions | | | | 300. | |
| c Net investment earnings, gains, and losses | 19,254. | -26,787. | 26,512. | 7,606. | 6,605. |
| d Grants or scholarships | 2,000. | 2,000. | 2,000. | 2,000. | 2,000. |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 227,225. | 209,971. | 238,758. | 214,246. | 208,340. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 68.5900 %
 - b Permanent endowment 31.4100 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI 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 | | 91,800. | | 91,800. |
| b Buildings | | 1,866,286. | 1,637,397. | 228,889. |
| c Leasehold improvements | | | | |
| d Equipment | | 462,592. | 393,319. | 69,273. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 389,962. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---------------------------------------------------------------------------|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---------------------------------------------------------------------------|----------------|
| (1) Federal income taxes | |
| (2) SERVICE UNIT TRUST AND CUSTODIAL | |
| (3) FUNDS | 56,601. |
| (4) COOKIE SALE RECOGNITION | |
| (5) OUTSTANDING | 1,550. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | |

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...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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 | 2,193,428. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | 33,194. | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 33,194. |
| 3 | Subtract line 2e from line 1 | | 3 | 2,160,234. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 2,160,234. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|----------|-------------------------------------------------------------------------------------------------|-----------|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 2,366,664. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 2,366,664. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 2,366,664. |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

ENDOWMENT FUNDS ARE HELD TO GENERATE INCOME TO SUPPORT SCHOLARSHIPS, LONG-TERM FACILITIES MAINTENANCE, AND VARIOUS OTHER PROGRAM ACTIVITIES.

PART X, LINE 2:

MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS. THE COUNCIL DOES NOT EXPECT ANY MATERIAL CHANGE IN UNCERTAIN TAX POSITIONS WITHIN THE NEXT TWELVE MONTHS.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|------------------------------------------------------------------------------|----------------------------------------|--------------|------------------------|--------------------------------------------------------|
| | | WOMEN IN LEADERSHIP (event type) | (event type) | NONE (total number) | |
| | 1 Gross receipts | 77,581. | | | 77,581. |
| | 2 Less: Contributions | 64,760. | | | 64,760. |
| | 3 Gross income (line 1 minus line 2) | 12,821. | | | 12,821. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 10,813. | | | 10,813. |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 415. | | | 415. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 11,228. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 1,593. |

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

| Revenue | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| | | | | | |
| | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|-----------------------------------------------------------|
| GIRL SCOUTS OF THE SIERRA NEVADA, INC. PROVIDES FINANCIAL ASSISTANCE FOR BOTH GIRL AND ADULT MEMBERS FOR MEMBERSHIP DUES, SHOP PURCHASES, CAMP, EVENTS AND TRAINING. | 1632 | 0. | 90,448. | FMV | DUES, SHOP PURCHASES, CAMP FEES, EVENT FEES AND TRAINING. |
| GIRL SCOUTS OF THE SIERRA NEVADA, INC. AWARDS AN ANNUAL SCHOLARSHIP TO A SELECTED MEMBER FOR HIGHER EDUCATION. | 1 | 2,000. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FINANCIAL ASSISTANCE PROVIDED TO GIRL AND ADULT MEMBERS IS MONITORED THROUGH RECIPIENT PARTICIPATION IN THE APPLICABLE ACTIVITY.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

GIRL SCOUTS OF THE SIERRA NEVADA, INC.

Employer identification number

88-0060580

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SKILL AND RESPECT, DEVELOP A MEANINGFUL SET OF VALUES TO GUIDE THEIR
ACTIONS AND TO PROVIDE FOR SOUND DECISION-MAKING AND CONTRIBUTE TO THE
IMPROVEMENT OF SOCIETY.

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

EACH YEAR, TWO GIRL REPRESENTATIVES ARE SELECTED TO SERVE ON THE BOARD
ALTHOUGH THEY ARE NOT GRANTED VOTING RIGHTS. IN ADDITION TO THE BOARD OF
DIRECTORS, THERE ARE SEPARATE FINANCE AND AUDIT COMMITTEES THAT SELECT THE
AUDITORS AND ARE RESPONSIBLE FOR REVIEWING AND APPROVING THE ANNUAL AUDIT,
TAX RETURNS, AND OTHER FINANCIAL MATTERS. THESE COMMITTEES SERVE TO ADVISE
THE BOARD MEMBERS AND ARE NOT VOTING MEMBERS OF THE GOVERNING BOARD.

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

THE FORM 990 IS REVIEWED IN DETAIL BY MANAGEMENT AND THE AUDIT COMMITTEE.
AN ELECTRONIC COPY OF THE FORM 990 IS PROVIDED TO THE BOARD MEMBERS PRIOR
TO IT BEING FILED WITH THE IRS.

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

THE CONFLICT OF INTEREST POLICY MUST BE SIGNED UPON HIRING OR APPOINTMENT
TO THE BOARD.

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

THE BOARD REVIEWS AND APPROVES THE COMPENSATION FOR THE CHIEF EXECUTIVE
OFFICER BASED UPON PERFORMANCE AND INFORMAL COMPARISON WITH LOCAL RATES FOR
SIMILAR ORGANIZATIONS.

| | |
|--------------------------------------------------------------------|----------------------------------------------|
| Name of the organization GIRL SCOUTS OF THE SIERRA NEVADA, INC. | Employer identification number 88-0060580 |
|--------------------------------------------------------------------|----------------------------------------------|

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE, WWW.GSSN.ORG, OR UPON REQUEST.

FORM 990 PAGE 12, PART XII LINE 2C

THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE SELECTION OF THE AUDITORS AND ACCEPTANCE OF THE AUDITOR'S REPORT.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|-------------------------------------------|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| | BUILDINGS | | | | | | | | | | | | | | |
| 2 | BUILDINGS | VARIOUS | SL | .000 | | 16 | 626,333. | | | | 626,333. | 600,773. | | 2,160. | 602,933. |
| 3 | BUILDINGS AND CAMP EQUIPMENT | VARIOUS | SL | .000 | | 16 | 1,220,353. | | | | 1,220,353. | 999,827. | | 34,639. | 1,034,466. |
| | * 990 PAGE 10 TOTAL BUILDINGS | | | | | | 1,846,686. | | | | 1,846,686. | 1,600,600. | | 36,799. | 1,637,399. |
| | MACHINERY & EQUIPMENT | | | | | | | | | | | | | | |
| 4 | OFFICE EQUIPMENT | VARIOUS | SL | .000 | | 16 | 194,506. | | | | 194,506. | 157,668. | | 18,244. | 175,912. |
| 5 | CAMP EQUIPMENT | VARIOUS | SL | .000 | | 16 | 194,306. | | | | 194,306. | 174,098. | | 9,075. | 183,173. |
| 6 | VEHICLES | VARIOUS | SL | .000 | | 16 | 73,780. | | | | 73,780. | 31,188. | | 3,046. | 34,234. |
| | * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT | | | | | | 462,592. | | | | 462,592. | 362,954. | | 30,365. | 393,319. |
| | OTHER | | | | | | | | | | | | | | |
| 1 | LAND | VARIOUS | L | | | | 91,800. | | | | 91,800. | | | 0. | |
| | * 990 PAGE 10 TOTAL OTHER | | | | | | 91,800. | | | | 91,800. | 0. | | 0. | 0. |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | | | 2,401,078. | | | | 2,401,078. | 1,963,554. | | 67,164. | 2,030,718. |

California Exempt Organization Annual Information Return

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) 10/01/2022, and ending (mm/dd/yyyy) 09/30/2023

Corporation/Organization name GIRL SCOUTS OF THE SIERRA NEVADA, INC. California corporation number 0541323

Additional information. See instructions. FEIN 88-0060580

Street address (suite or room) 605 WASHINGTON STREET PMB no.

City RENO State NV ZIP code 89503

Foreign country name Foreign province/state/county Foreign postal code

A First return B Amended return C IRC Section 4947(a)(1) trust D Final information return E Check accounting method F Federal return filed G Is this a group filing H Is this organization in a group exemption I Did the organization have any changes to its guidelines J If exempt under R&TC Section 23701d, has the organization engaged in political activities? K Is the organization exempt under R&TC Section 23701g? L Is the organization a limited liability company? M Did the organization file Form 100 or Form 109 to report taxable income? N Is the organization under audit by the IRS or has the IRS audited in a prior year? O Is federal Form 1023/1024 pending?

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 16 rows for Receipts and Revenues, Expenses, and Filing Fee. Includes columns for line number, description, and amount.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer CHIEF EXECUTIV Date Telephone 775-322-0642

Paid Preparer's Use Only Preparer's signature Date Check if self-employed P01282477

Firm's name BARNARD, VOGLER & CO., CPA'S Firm's FEIN 88-0118801 100 W LIBERTY STREET, SUITE 1100 RENO, NV 89501-1959 Telephone (775) 786-6141

May the FTB discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

| | | | | | | |
|------------------------------------|----|------------------------------------------------------------------------------------------------------------------------------|---|----|-----------|----|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | • | 1 | 2,138,813 | 00 |
| | 2 | Interest | • | 2 | 21,594 | 00 |
| | 3 | Dividends | • | 3 | | 00 |
| | 4 | Gross rents | • | 4 | 5,632 | 00 |
| | 5 | Gross royalties | • | 5 | | 00 |
| | 6 | Gross amount received from sale of assets (See instructions) STATEMENT 4 | • | 6 | 247,042 | 00 |
| | 7 | Other income SEE STATEMENT 5 | • | 7 | 182,103 | 00 |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | • | 8 | 2,595,184 | 00 |
| | 9 | Contributions, gifts, grants, and similar amounts paid STATEMENT 12 | • | 9 | 92,448 | 00 |
| | 10 | Disbursements to or for members | • | 10 | | 00 |
| | 11 | Compensation of officers, directors, and trustees SEE STATEMENT 6 | • | 11 | 244,846 | 00 |
| | 12 | Other salaries and wages | • | 12 | 1,058,866 | 00 |
| | 13 | Interest | • | 13 | 206 | 00 |
| | 14 | Taxes | • | 14 | 94,985 | 00 |
| | 15 | Rents | • | 15 | 66,187 | 00 |
| | 16 | Depreciation and depletion (See instructions) | • | 16 | 67,164 | 00 |
| | 17 | Other expenses and disbursements SEE STATEMENT 7 | • | 17 | 753,190 | 00 |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | • | 18 | 2,377,892 | 00 |

| Schedule L Balance Sheet | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---------------------------------------------------|---------------------------|-----------|---------------------|-----------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | 953,213 | • | 445,469 |
| 2 | Net accounts receivable | | 2,229 | • | 3,319 |
| 3 | Net notes receivable | | | • | |
| 4 | Inventories | | 98,467 | • | 86,726 |
| 5 | Federal and state government obligations | | | • | |
| 6 | Investments in other bonds | | | • | |
| 7 | Investments in stock | | | • | |
| 8 | Mortgage loans | | | • | |
| 9 | Other investments STMT 8 | | 601,188 | • | 922,441 |
| 10 a | Depreciable assets | 2,289,178 | | 2,328,878 | |
| b | Less accumulated depreciation | (1,988,524) | 300,654 | (2,030,716) | 298,162 |
| 11 | Land | | 91,800 | • | 91,800 |
| 12 | Other assets STMT 9 | | 36,431 | • | 11,783 |
| 13 | Total assets | | 2,083,982 | | 1,859,700 |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | 135,520 | • | 100,174 |
| 15 | Contributions, gifts, or grants payable | | | • | |
| 16 | Bonds and notes payable | | | • | |
| 17 | Mortgages payable | | | • | |
| 18 | Other liabilities STMT 10 | | 103,126 | | 87,426 |
| 19 | Capital stock or principal fund | | | • | |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | • | |
| 21 | Retained earnings or income fund | | 1,845,336 | • | 1,672,100 |
| 22 | Total liabilities and net worth | | 2,083,982 | | 1,859,700 |

| Schedule M-1 Reconciliation of income per books with income per return | | | | | | | |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---|----------|----|--------------------------------------------------------------------------------------|---|----------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. | | | | | | | |
| 1 | Net income per books | • | -239,624 | 7 | Income recorded on books this year not included in this return. Attach schedule * | • | -33,194 |
| 2 | Federal income tax | • | | 8 | Deductions in this return not charged against book income this year. Attach schedule | • | |
| 3 | Excess of capital losses over capital gains | • | | 9 | Total. Add line 7 and line 8 | | -33,194 |
| 4 | Income not recorded on books this year. Attach schedule | • | | 10 | Net income per return. Subtract line 9 from line 6 | | -206,430 |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | • | | | | | |
| 6 | Total. Add line 1 through line 5 | | -239,624 | | | | |

* SEE STATEMENT

CA 199 CASH CONTRIBUTIONS STATEMENT 1
 INCLUDED ON PART I, LINE 3

| CONTRIBUTOR'S NAME | CONTRIBUTOR'S ADDRESS | DATE OF GIFT | AMOUNT |
|-----------------------------------|-----------------------------------------------------------|--------------|----------|
| INTUIT | 7535 TORREY SANTE FE RD SAN DIEGO, CA 92119 | | 5,000. |
| JACK VAN SICKLE FOUNDATION | 646 HUMBOLDT STREET RENO, NV 89509 | | 10,000. |
| NV ENERGY | PO BOX 10100 RENO, NV 89520 | | 10,000. |
| UNION PACIFIC FOUNDATION | 1400 DOUGLAS STREET OMAHA, NE 68179 | | 5,000. |
| US BANK FOUNDATION GRANTS PROGRAM | 800 NICOLLET MALL MINNEAPOLIS, MN 55402 | | 7,500. |
| LORI BROWN | 517 PINOT GRIGIO RENO, NV 89509 | | 12,819. |
| WALTER FAWCETT | C/O WELLS FARGO 100 NORTH MAIN ST WINSTON-SALEM, NC 27101 | | 9,711. |
| UNITED FEDERAL CREDIT UNION | 1170 BIBLE WAY RENO, NV 89502 | | 10,000. |
| WASTE MANAGEMENT | 100 VASSAR ST RENO, NV 89502 | | 5,000. |
| BILL PEARCE MOTORS | 11555 S VIRGINIA ST RENO, NV 89511 | | 5,000. |
| GENE HAAS FOUNDATION | 2800 STURGIS RD OXNARD, CA 93030 | | 20,000. |
| GREATER NEVADA CREDIT UNION | 1385 N VIRGINIA ST SUITE 105 RENO, NV 89503 | | 7,000. |
| I80 GOLD | 5190 NEIL RD STE 460 RENO, NV 89502 | | 12,500. |
| PLUMAS BANK | 5050 MEADOWOOD MALL CIR RENO, NV 89502 | | 5,000. |
| RENOWN | 1155 MILL ST RENO, NV 89502 | | 16,520. |
| STATE OF NEVADA | 209 E MUSSER ST, ROOM 200 CARSON CITY, NV 89701 | | 192,061. |
| TOTAL INCLUDED ON LINE 3 | | | 333,111. |

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

| | | |
|------------------------------------------------|---------|---------|
| 1. INVENTORY AT BEGINNING OF YEAR | | |
| 2. MERCHANDISE PURCHASED. | | |
| 3. COST OF LABOR. | | |
| 4. MATERIALS AND SUPPLIES | 614,385 | |
| 5. OTHER COSTS. | | |
| 6. ADD LINES 1 THROUGH 5 | | 614,385 |
| 7. INVENTORY AT END OF YEAR | | |
| 8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . . | | 614,385 |

| | | | |
|--------|-----------------------------------------------------|-----------|---|
| CA 199 | NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3 | STATEMENT | 3 |
|--------|-----------------------------------------------------|-----------|---|

| <u>CONTRIBUTOR'S NAME</u> | <u>CONTRIBUTOR'S ADDRESS</u> | | |
|-----------------------------|-----------------------------------|--------------------|---------------------|
| ROY LANCASTER | 6748 KISKADEE DR SPARKS, NV 89436 | | |
| <u>PROPERTY DESCRIPTION</u> | <u>DATE OF GIFT</u> | <u>FMV OF GIFT</u> | <u>TOTAL AMOUNT</u> |
| CLEAN-UP AND TREE REMOVAL | | 10,010. | 10,010. |
| TOTAL INCLUDED ON LINE 3 | | <u>10,010.</u> | <u>10,010.</u> |

CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 4

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED | |
|-------------|---------------------|-----------|-----------------|-------------------|
| | | | PURCHASED | |
| | COST OR OTHER BASIS | DEPREC. | EXPENSE OF SALE | GROSS SALES PRICE |
| | 0. | 0. | 0. | 1,350. |

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED | |
|---------------------------------|---------------------|-----------|-----------------|-------------------|
| | | | PURCHASED | |
| | COST OR OTHER BASIS | DEPREC. | EXPENSE OF SALE | GROSS SALES PRICE |
| | 249,100. | 0. | 0. | 245,692. |
| TOTAL TO FORM 199, PAGE 2, LN 6 | 249,100. | 0. | 0. | 247,042. |

CA 199 OTHER INCOME STATEMENT 5

| DESCRIPTION | AMOUNT |
|------------------------------------|----------|
| MISCELLANEOUS | 3,689. |
| PROGRAM SERVICE FEES | 178,414. |
| TOTAL TO FORM 199, PART II, LINE 7 | 182,103. |

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 6

| NAME AND ADDRESS | TITLE AND AVERAGE HRS WORKED/WK | COMPENSATION |
|-------------------------------------------------------------|------------------------------------|--------------|
| ANN NELSON 605 WASHINGTON STREET RENO, NV 89503 | CHIEF EXECUTIVE OFFICER 40.00 | 0. |
| THOMAS O'NEIL 605 WASHINGTON STREET RENO, NV 89503 | CHIEF FINANCIAL OFFICER 40.00 | 0. |
| LYN BEGGS 605 WASHINGTON STREET RENO, NV 89503 | PRESIDENT 2.00 | 0. |
| MELISSA FLATLEY 605 WASHINGTON STREET RENO, NV 89503 | TREASURER/CHAIR OF FINANCE 2.00 | 0. |
| THERESA SCHETGEN 605 WASHINGTON STREET RENO, NV 89503 | SECRETARY 2.00 | 0. |
| COLLEEN WORLTON 605 WASHINGTON STREET RENO, NV 89503 | MEMBER AT LARGE 1.00 | 0. |
| AMBER JOINER 605 WASHINGTON STREET RENO, NV 89503 | MEMBER AT LARGE 1.00 | 0. |
| ZEINA RANDALL 605 WASHINGTON STREET RENO, NV 89503 | MEMBER AT LARGE 1.00 | 0. |
| SHARI BAINTE 605 WASHINGTON STREET RENO, NV 89503 | MEMBER AT LARGE 1.00 | 0. |
| REBECCA CURTIS 605 WASHINGTON STREET RENO, NV 89503 | MEMBER AT LARGE 1.00 | 0. |
| LORI BROWN 605 WASHINGTON STREET RENO, NV 89503 | MEMBER AT LARGE 1.00 | 0. |

| | | |
|---------------------------------------------------------------------|-------------------------|----|
| KATY SIMON HOLLAND 605 WASHINGTON STREET RENO, NV 89503 | MEMBER AT LARGE 1.00 | 0. |
| JENNIFER ROGERS MARKWELL 605 WASHINGTON STREET RENO, NV 89503 | MEMBER AT LARGE 1.00 | 0. |
| JANICE ONO 605 WASHINGTON STREET RENO, NV 89503 | MEMBER AT LARGE 1.00 | 0. |
| ELLEN HONGO 605 WASHINGTON STREET RENO, NV 89503 | MEMBER AT LARGE 1.00 | 0. |
| TOTAL TO FORM 199, PART II, LINE 11 | | 0. |

| | | | |
|--------|----------------|-----------|---|
| CA 199 | OTHER EXPENSES | STATEMENT | 7 |
|--------|----------------|-----------|---|

| DESCRIPTION | AMOUNT |
|---------------------------------------|----------|
| REPAIRS AND MAINTENANCE | 110,361. |
| MISCELLANEOUS | 17,712. |
| FUND DEVELOPMENT | 2,386. |
| ORGANIZATIONAL DUES | 1,936. |
| DIRECT EXPENSES OF FUNDRAISING EVENTS | 11,228. |
| PENSION PLAN CONTRIBUTIONS | 54,734. |
| OTHER EMPLOYEE BENEFITS | 94,847. |
| OTHER PROFESSIONAL FEES | 38,073. |
| OFFICE EXPENSES | 289,415. |
| TRAVEL | 43,894. |
| CONFERENCES AND CONVENTIONS | 32,184. |
| INSURANCE | 56,420. |
| TOTAL TO FORM 199, PART II, LINE 17 | 753,190. |

| | | | |
|--------|-------------------|-----------|---|
| CA 199 | OTHER INVESTMENTS | STATEMENT | 8 |
|--------|-------------------|-----------|---|

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---------------------------------------|--------------|-------------|
| INVESTMENTS | 601,188. | 922,441. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 9 | 601,188. | 922,441. |

| CA 199 | OTHER ASSETS | STATEMENT | 9 |
|----------------------------------------|--------------|--------------|-------------|
| DESCRIPTION | | BEG. OF YEAR | END OF YEAR |
| PREPAID EXPENSES AND DEFERRED CHARGES | | 36,431. | 11,163. |
| FINANCE LEASE RIGHT-OF-USE-ASSET, NET | | 0. | 620. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | | 36,431. | 11,783. |

| CA 199 | OTHER LIABILITIES | STATEMENT | 10 |
|----------------------------------------|-------------------|--------------|-------------|
| DESCRIPTION | | BEG. OF YEAR | END OF YEAR |
| SERVICE UNIT TRUST AND CUSTODIAL FUNDS | | 55,158. | 56,601. |
| COOKIE SALE RECOGNITION OUTSTANDING | | 1,263. | 1,550. |
| LONG-TERM PORTION OF LEASE | | 1,677. | 0. |
| DEFERRED REVENUE | | 45,028. | 29,275. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | | 103,126. | 87,426. |

| CA 199 | INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN | STATEMENT | 11 |
|-----------------------------------------|-------------------------------------------------------------------|-----------|----|
| DESCRIPTION | | AMOUNT | |
| UNREALIZED GAINS/LOSSES ON INVESTMENTS | | -33,194. | |
| TOTAL TO FORM 199, SCHEDULE M-1, LINE 7 | | -33,194. | |

Attach to Form 100 or Form 100W.

FORM 199

FEIN 88-0060580

Corporation name

California corporation number

GIRL SCOUTS OF THE SIERRA NEVADA, INC.

0541323

Part I Election To Expense Certain Property Under IRC Section 179

| | | |
|----------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------|
| 1 Maximum deduction under IRC Section 179 for California | 1 | \$25,000 |
| 2 Total cost of IRC Section 179 property placed in service | 2 | |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation | 3 | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- | 5 | |
| (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 6 | | |
| 7 Listed property (elected IRC Section 179 cost) | 7 | |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from prior taxable years | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12 | 13 | |

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

| (a) Description of property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------|--------------------------------------------------------|-------------------------|------------------|--------------------------------|----------------------------------------|
| 14 | | | | | | | |
| SEE STATEMENT | 13 | 2,401,078. | 1,963,554. | | | | |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) | | | | | | 15 | 67,164 |

Part III Summary

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) | 16 | 67,164 |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 | 17 | 67,164 |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) | 18 | 0 |

Part IV Amortization

| (a) Description of property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instructions) | (f) Period or percentage | (g) Amortization for this year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------|--------------------------------------------------------|-------------------------------------|--------------------------|--------------------------------|
| 19 | | | | | | |
| 20 Total. Add the amounts in column (g) | | | | | | 20 |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 | | | | | | 21 |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12 | | | | | | 22 |

| CA 3885 | | DEPRECIATION | | | | STATEMENT 13 | |
|--------------------------------|--------------------|-------------------|-------------------|--------|------|-------------------|-------|
| ASSET NO./ DESCRIPTION | DATE IN SERVICE | COST OR BASIS | PRIOR DEPR | METHOD | LIFE | DEPRE- CIATION | BONUS |
| 1 LAND | VARIOUS | 91,800. | | L | | 0. | |
| 2 BUILDINGS | VARIOUS | 626,333. | 600,773. | SL | .000 | 2,160. | |
| 3 BUILDINGS AND CAMP EQUIPMENT | VARIOUS | 1,220,353. | 999,827. | SL | .000 | 34,639. | |
| 4 OFFICE EQUIPMENT | VARIOUS | 194,506. | 157,668. | SL | .000 | 18,244. | |
| 5 CAMP EQUIPMENT | VARIOUS | 194,306. | 174,098. | SL | .000 | 9,075. | |
| 6 VEHICLES | VARIOUS | 73,780. | 31,188. | SL | .000 | 3,046. | |
| TOTAL TO FORM 3885 | | <u>2,401,078.</u> | <u>1,963,554.</u> | | | <u>67,164.</u> | |