

BORLAND BENEFIELD, P.C.
800 SHADES CREEK PKWY, STE 875
BIRMINGHAM, AL 35209

GIRL SCOUTS OF NORTH CENTRAL
ALABAMA 105 HEATHERBROOKE PARK
DRIVE BIRMINGHAM, AL 35242

!352424!

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CLIENT'S COPY

CLIENT: 17054
JANUARY 22, 2021

GIRL SCOUTS OF NORTH CENTRAL ALABAMA
105 HEATHERBROOKE PARK DRIVE
BIRMINGHAM, AL 35242

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2019 EXEMPT
ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
SCHEDULE A, PUBLIC CHARITY STATUS AND PUBLIC SUPPORT
SCHEDULE B, SCHEDULE OF CONTRIBUTORS
SCHEDULE D, SUPPLEMENTAL FINANCIAL STATEMENT
SCHEDULE G, SUPPL INFO FUNDRAISING/GAMING ACT
SCHEDULE I, GRANTS AND ASSIST ORG, GOV, AND IND
SCHEDULE M, NONCASH CONTRIBUTIONS
SCHEDULE O, SUPPLEMENTAL INFORMATION
FORM 8879-EO, E-FILE SIGNATURE AUTHORIZATION

TAX PREPARATION FEE

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
SEPTEMBER 30, 2020

Prepared for	GIRL SCOUTS OF NORTH CENTRAL ALABAMA 105 HEATHERBROOKE PARK DRIVE BIRMINGHAM, AL 35242
Prepared by	BORLAND BENEFIELD, P.C. 800 SHADES CREEK PKWY, STE 875 BIRMINGHAM, AL 35209
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

IRS e-file Signature Authorization for an Exempt Organization

Form 8879-EO

For calendar year 2019, or fiscal year beginning OCT 1, 2019, and ending SEP 30, 2020

2019

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

GIRL SCOUTS OF NORTH CENTRAL ALABAMA

--*8834

Name and title of officer

KAREN PETERLIN CHIEF EXECUTIVE OFFICER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

- 1a Form 990 check here | X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ~~~~~ 1b 5,080,670.
2a Form 990-EZ check here | b Total revenue, if any (Form 990-EZ, line 9) ~~~~~ 2b
3a Form 1120-POL check here | b Total tax (Form 1120-POL, line 22) ~~~~~ 3b
4a Form 990-PF check here | b Tax based on investment income (Form 990-PF, Part VI, line 5) ~~~~~ 4b
5a Form 8868 check here | b Balance Due (Form 8868, line 3c) ~~~~~ 5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X I authorize BORLAND BENEFIELD, P.C. to enter my PIN 11111. ERO firm name. Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature | ***** THIS IS NOT A FILEABLE COPY *** Date |

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

63047711111

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature | Date | 01/22/21

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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

A For the 2019 calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization GIRL SCOUTS OF NORTH CENTRAL ALABAMA		D Employer identification number **-***8834	
	Doing business as		Telephone number 205-980-4750	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	Telephone number 205-980-4750	
	105 HEATHERBROOKE PARK DRIVE			
City or town, state or province, country, and ZIP or foreign postal code BIRMINGHAM, AL 35242		G Gross receipts \$ 7,679,295.		
F Name and address of principal officer: KAREN PETERLIN SAME AS C ABOVE		H(a) Is this a group return for subordinates? ~ Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) H(c)		H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/>		
J Website: WWW.GIRLSCOUTSNCA.ORG		L Year of formation: 1974 M State of legal domicile: AL		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		N Group exemption number		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: GIRL SCOUTING BUILDS GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER, WHO MAKE THE WORLD A BETTER		
	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	23
	4 Number of independent voting members of the governing body (Part VI, line 1b) ~~~~~	4	23
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) ~~~~~	5	94
	6 Total number of volunteers (estimate if necessary) ~~~~~ 3600	6	
	7 a Total unrelated business revenue from Part VIII, column (C), ~~~~~	7a	0.
b Total unrelated business taxable income from Form 990-T, line 39 ~~~~~	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 8) ~~~~~	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 9) ~~~~~	886,381.	1,445,586.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 5) ~~~~~	269,251.	56,499.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11) ~~~~~	190,190.	107,780.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ~~~~~	3,272,033.	3,470,805.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 13-14) ~~~~~	4,617,855.	5,080,670.
	14 Benefits paid to or for members (Part IX, column (A), line 14) ~~~~~	0.	88,516.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ~~~~~	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 16) ~~~~~	2,365,283.	2,417,907.
	b Total fundraising expenses (Part IX, column (D), line 16) ~~~~~ 183,341.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ~~~~~	1,599,398.	1,422,641.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ~~~~~	3,964,681.	3,929,064.
19 Revenue less expenses. Subtract line 18 from line 12 ~~~~~	653,174.	1,151,606.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) ~~~~~	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 17) ~~~~~	12,647,844.	14,556,017.
	22 Net assets or fund balances. Subtract line 21 from line 20 ~~~~~	376,286.	1,002,675.
		12,271,558.	13,553,342.

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 KAREN PETERLIN, CHIEF EXECUTIVE OFFICER	Date			
	Type or print name and title				
Paid Preparer	Print/Type preparer's name JEFFREY D. CHANDLER, CPA Firm's name	Preparer's signature JEFFREY D. CHANDLER, CPA	Date 01/22/21	Check if self-employed <input type="checkbox"/>	PTIN P00764759
	BORLAND BENEFIELD, P.C. preparer 800 SHADES CREEK PKWY, STE 875 BIRMINGHAM, AL 35209	Firm's EIN **-***1243	Firm's address	Phone no. 205-802-7212	

May the IRS discuss this return with the preparer shown above? (see instructions) ~~~~~ **X** Yes No

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

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, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, W-2G forms, and gaming winnings.

(2019) Part 9 Statements Regarding Other IRS Filings and Tax Compliance

(continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ~~~~~ 2a	94	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ~~~~~ Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) ~~~~~	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? ~~~~~		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O ~~~~~		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ~~~~~		X
b	If "Yes," enter the name of the foreign country ~~~~~ COBETV Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ~~~~~		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ~~~~~		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ~~~~~		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ~~~~~		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ~~~~~		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? ~~~~~		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ~~~~~		
d	If "Yes," indicate the number of Forms 8282 filed during the year ~~~~~ 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ~~~~~		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ~~~~~		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ~~~~~		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? ~~~~~		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ~~~~~		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4968? ~~~~~		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ~~~~~		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 ~~~~~ 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ~~~~~ 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders ~~~~~ 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ~~~~~ 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? ~~~~~		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ~~~~~ 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? ~~~~~ 13a Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ~~~~~ 13b		
c	Enter the amount of reserves on hand ~~~~~ 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? ~~~~~		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O ~~~~~		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ~~~~~ If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. ~~~~~		

(2019) Part I Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

X

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8a The governing body... 8b Each committee... 9 Is there any officer, director, trustee...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Was the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required... 18 Section 6104 requires an organization to make its Forms... 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents... 20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

¥ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

¥ List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

¥ List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

¥ List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

¥ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional director	Trustee/officer	Key employee	Highest compensated employee	Former			
(1) SALLY SMITH PRESIDENT	1.00	X		X				0.	0.	0.
(2) CLAUDETTE SMITH VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(3) CYNTHIA SMOTHERS VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(4) MEREDITH SMITH TREASURER	1.00	X		X				0.	0.	0.
(5) JACQUELINE GARDNER SECRETARY	1.00	X		X				0.	0.	0.
(6) CAROL COVELL DELEGATE COORDINATOR	1.00	X		X				0.	0.	0.
(7) DANIELLE OLIVER DIRECTOR	1.00	X						0.	0.	0.
(8) SHERI CAIN DIRECTOR	1.00	X						0.	0.	0.
(9) CAMILLA KING STANLEY DIRECTOR	1.00	X						0.	0.	0.
(10) PAM FLEMING DIRECTOR	1.00	X						0.	0.	0.
(11) KEVIN MCNAMEE DIRECTOR	1.00	X						0.	0.	0.
(12) MICHAEL BUTTS DIRECTOR	1.00	X						0.	0.	0.
(13) LINDA ALBRITTON DIRECTOR	1.00	X						0.	0.	0.
(14) TAMERIA DRISKILL DIRECTOR	1.00	X						0.	0.	0.
(15) ONNA CUNNINGHAM DIRECTOR	1.00	X						0.	0.	0.
(16) ELIZABETH DEASON DIRECTOR	1.00	X						0.	0.	0.
(17) KEITH MILLER DIRECTOR	1.00	X						0.	0.	0.

(2019) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	None			
(18) ELLIE STERNBERG DIRECTOR	1.00	X						0.	0.	0.
(19) JESSICA PAYNE DIRECTOR	1.00	X						0.	0.	0.
(20) KRISTI SMITH DIRECTOR	1.00	X						0.	0.	0.
(21) NANCY COLIN DIRECTOR	1.00	X						0.	0.	0.
(22) ADRIAN MARSALIS-SOLOMON DIRECTOR	1.00	X						0.	0.	0.
(23) RAMONA GRAFFEO DIRECTOR	1.00	X						0.	0.	0.
(24) KAREN PETERLIN EXECUTIVE OFFICER	40.00			X				109,284.	0.	0.
(25) GINA WALLEY CHIEF FINANCIAL OFFICER	40.00			X				69,162.	0.	0.
1b Subtotal ~~~~~								178,446.	0.	0.
c Total from continuation sheets to Part VII, Section A ~~~~~								0.	0.	0.
d Total (add lines 1b and 1c) ~~~~~								178,446.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization | 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual ~~~~~		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual ~~~~~		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person ~~~~~		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization |

Revenue

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

(A) (B) (C) (D) 1 a b c d e f 1				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
g Contributions Gifts Grants and Other Similar Amounts	Considered campaigns	a	700,443.				
	Membership dues ~~~~~	1b					
	Fundraising events	1c					
	Related organizations (contributions)	1d					
		1e					
	All other contributions, gifts, grants, and similar amounts not included above ~	1f	745,143.				
	Noncash contributions included in lines 1a-1f	1g	45,586.				
Total. Add lines 1a-1f				1,445,586.			
Service Revenue	2a CAMPING/PROGRAM FEES		611710	55,349.	55,349.		
	b c RENTALS		532000	1,150.	1,150.		
	d e						
	f						
	All other program service revenue ~~~~~						
	g Total. Add lines 2a-2f				56,499.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ~~~~~			107,559.			107,559.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross rents ~~~~~	6a					
	b Less: rental expenses ~ 6b						
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	(i) Securities (ii) Other 7 a Gross amount from sales of 693,086 . assets other than inventory	7a					
	b Less: cost or other basis and sales expenses ~ 7b 692,865 .						
	c Net gain or (loss)				221.		221.
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 ~~~~~	8a		108,330.			
b Less: direct expenses ~~~~~	8b		9,786.				
c Net income or (loss) from fundraising events				98,544.		98,544.	
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 5,257,960 . and allowances ~~~~~	10a						
b Less: cost of goods sold ~~~~~	10b		1,895,974.				
c Net other revenue (less) from sales of inventory				3,361,986.	3,361,986.		
Revenue	11 a OTHER INCOME		900099	10,275.			10,275.
	b						
	c						
	d						
	e Total. Add lines 11a-11d				10,275.		
12 Total revenue. See instructions				5,080,670.	3,418,485.	0.	216,599.

Statement of Functional Expenses Part IX

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 ~~~~~	88,516.	88,516.		
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 ~~~~~	189,000.	163,485.	16,065.	9,450.
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 ~~~~~	1,590,579.	1,375,851.	135,199.	79,529.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	243,105.	209,070.	20,664.	13,371.
9 Other employee benefits ~~~~~	269,383.	234,230.	22,901.	12,252.
10 Payroll taxes ~~~~~	125,840.	108,852.	10,696.	6,292.
11 Fees for services (nonemployees):				
a Management ~~~~~	16,084.	13,913.	2,171.	
b Legal ~~~~~	3,300.	2,855.	445.	
c Accounting ~~~~~	14,800.	12,802.	1,998.	
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.)	54,583.	46,677.	6,049.	1,857.
12 Advertising and promotion ~~~~~	82.	82.		
13 Office expenses ~~~~~				
14 Information technology ~~~~~	124,500.	107,693.	16,807.	
15 Royalties ~~~~~				
16 Occupancy ~~~~~	299,084.	258,708.	25,422.	14,954.
17 Travel ~~~~~	52,751.	45,893.	4,220.	2,638.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials~				
19 Conferences, conventions, and meetings ~~	20,222.	17,492.	1,719.	1,011.
20 Interest ~~~~~				
21 Payments to affiliates ~~~~~				
22 Depreciation, depletion, and amortization ~~	336,381.	290,970.	28,592.	16,819.
23 Insurance ~~~~~	139,158.	120,372.	11,828.	6,958.
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 SUPPLIES	170,912.	148,693.	13,673.	8,546.
b TELEPHONES AND CONNECTI	73,638.	63,697.	6,259.	3,682.
c EQUIPMENT RENTAL	43,025.	37,217.	3,657.	2,151.
d PRINTING	40,468.	35,005.	3,440.	2,023.
e All other expenses _____	33,653.	29,805.	2,040.	1,808.
25 Total functional expenses. Add lines 1 through 24e	3,929,064.	3,411,878.	333,845.	183,341.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

Table with columns (A) Beginning of year and (B) End of year. Rows include assets (33-16), liabilities (17-26), and net assets (27-32). Total assets: 14,556,017. Total liabilities: 1,002,675. Total net assets: 13,553,342.

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	5,080,670.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,929,064.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,151,606.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,271,558.
5	Net unrealized gains (losses) on investments	5	141,650.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-11,472.
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 (A))		13,553,342.

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: Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other <input type="checkbox"/> If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? <input type="checkbox"/> 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:		X
2b	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/> If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	X	
	<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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? <input type="checkbox"/> 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 Single Audit Act and OMB Circular A-133? <input type="checkbox"/>		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 <input type="checkbox"/>		

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Grants, contributions, and membership fees received. (Do not include any "unusual grants.") -- Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~~~~ The value of services or facilities furnished by a governmental unit to the organization without charge ~						
2 Add lines 1 through 3 ~~~						
3 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 3 from line 2.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 ~ 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 five 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

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) ~~~~~	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14 ~~~~~	15	%

16a 33 1/3% support test - 2019. 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 ~~~~~ |

b 33 1/3% support test - 2018. 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 ~~~~~ |

17a 10% -facts-and-circumstances test - 2019. 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 ~~~~~ |

b 10% -facts-and-circumstances test - 2018. 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 ~~~~~ |

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 |

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~~~	928,058.	1,017,434.	959,563.	886,381.	1,445,586.	5,237,022.
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	4,123,055.	4,655,597.	5,013,530.	5,347,448.	5,257,960.	24,397,590.
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 ~~~ 7a	5,051,113.	5,673,031.	5,973,093.	6,233,829.	6,703,546.	29,634,612.
Amounts included on lines 1, 2, and 3 received from disqualified persons b						0. 0. 0.
Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year ~~~~~ c Add lines 7a and 7b ~~~~~						29,634,612.
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6 ~~~~~ 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~	5,051,113.	5,673,031.	5,973,093.	223,992.	107,559.	841,022.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ~~~~~	281,495.	71,370.	156,606.			
c Add lines 10a and 10b ~~~~~ 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ~~~~~	281,495.	71,370.	156,606.	223,992.	107,559.	841,022.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ~~~~		216,443.	222,098.	229,483.	55,349.	723,373.
13 Total support. (Add lines 9, 10c, 11, and 12.)	5,332,608.	5,960,844.	6,351,797.	6,687,304.	6,866,454.	31,199,007.

14 First five 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 2019 (line 8, column (f), divided by line 13, column (f)) ~~~~~	15	94.99
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	95.05

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) ~~~~~	17	2.66	X	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17 ~~~~~	18			%

19a 33 1/3% support tests - 2019. 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 - 2018. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*

4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*

5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*

b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c Substitutions only. Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*

b Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

ALABAMA Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
2		
a The organization satisfied the Activities Test. Complete line 2 below.		
b The organization is the parent of each of its supported organizations. Complete line 3 below.		
c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	Check here if the current year is the organization's first as a non-functionally 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

PROGRAM FEES

Multiple horizontal lines for providing supplemental information.

Name of the organization GIRL SCOUTS OF NORTH CENTRAL ALABAMA	Employer identification number **-***8834
--	--

Organization type(check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

|                                                                  |                                                  |
|------------------------------------------------------------------|--------------------------------------------------|
| Name of organization<br><br>GIRL SCOUTS OF NORTH CENTRAL ALABAMA | Employer identification number<br><br>**-***8834 |
|------------------------------------------------------------------|--------------------------------------------------|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b) Name, address, and ZIP +<br>4                                | (c) Total<br>contributions | (d) Type of<br>contribution                                                                                         |
|------------|------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------|
| 1          | N/A 105 HEATHERBROOKE<br><br>PARK DR BIRMINGHAM, AL<br><br>35242 | \$ 532,696.                | Person <input checked="" type="checkbox"/> X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| 2          | N/A<br><br>105 HEATHERBROOKE PARK DR<br><br>BIRMINGHAM, AL 35242 | \$ 478,789.                | Person <input checked="" type="checkbox"/> X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| 3          | N/A<br><br>105 HEATHERBROOKE PARK DR<br><br>BIRMINGHAM, AL 35242 | \$ 70,388.                 | Person <input checked="" type="checkbox"/> X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| 4          | N/A 105 HEATHERBROOKE<br><br>PARK DR BIRMINGHAM, AL<br><br>35242 | \$ 37,500.                 | Person <input checked="" type="checkbox"/> X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| 5          | N/A<br><br>105 HEATHERBROOKE PARK DR<br><br>BIRMINGHAM, AL 35242 | \$ 31,425.                 | Person <input checked="" type="checkbox"/> X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
|            |                                                                  | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                                       |

|                                                                  |                                                  |
|------------------------------------------------------------------|--------------------------------------------------|
| Name of organization<br><br>GIRL SCOUTS OF NORTH CENTRAL ALABAMA | Employer identification number<br><br>**-***8834 |
|------------------------------------------------------------------|--------------------------------------------------|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property<br>given | (c) FMV (or<br>estimate) (See<br>instructions.) | (d) Date<br>received |
|------------------------------|----------------------------------------------|-------------------------------------------------|----------------------|
|                              | _____                                        | \$ _____                                        | _____                |
|                              | _____                                        | \$ _____                                        | _____                |
|                              | _____                                        | \$ _____                                        | _____                |
|                              | _____                                        | \$ _____                                        | _____                |
|                              | _____                                        | \$ _____                                        | _____                |
|                              | _____                                        | \$ _____                                        | _____                |
|                              | _____                                        | \$ _____                                        | _____                |
|                              | _____                                        | \$ _____                                        | _____                |
|                              | _____                                        | \$ _____                                        | _____                |

|                                                                  |                                                  |
|------------------------------------------------------------------|--------------------------------------------------|
| Name of organization<br><br>GIRL SCOUTS OF NORTH CENTRAL ALABAMA | Employer identification number<br><br>**-***8834 |
|------------------------------------------------------------------|--------------------------------------------------|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift     | (c) Use of gift                          | (d) Description of how gift is held |
|-----------------------------------------|-------------------------|------------------------------------------|-------------------------------------|
|                                         | _____<br>_____<br>_____ | _____<br>_____<br>_____                  | _____<br>_____<br>_____             |
| (e) Transfer of gift                    |                         |                                          |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| _____<br>_____<br>_____                 |                         | _____<br>_____<br>_____                  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift     | (c) Use of gift                          | (d) Description of how gift is held |
|                                         | _____<br>_____<br>_____ | _____<br>_____<br>_____                  | _____<br>_____<br>_____             |
| (e) Transfer of gift                    |                         |                                          |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| _____<br>_____<br>_____                 |                         | _____<br>_____<br>_____                  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift     | (c) Use of gift                          | (d) Description of how gift is held |
|                                         | _____<br>_____<br>_____ | _____<br>_____<br>_____                  | _____<br>_____<br>_____             |
| (e) Transfer of gift                    |                         |                                          |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| _____<br>_____<br>_____                 |                         | _____<br>_____<br>_____                  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift     | (c) Use of gift                          | (d) Description of how gift is held |
|                                         | _____<br>_____<br>_____ | _____<br>_____<br>_____                  | _____<br>_____<br>_____             |
| (e) Transfer of gift                    |                         |                                          |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| _____<br>_____<br>_____                 |                         | _____<br>_____<br>_____                  |                                     |

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

2019

Open to Public Inspection

Name of the organization: GIRL SCOUTS OF NORTH CENTRAL ALABAMA; Employer identification number: \*\*-\*\*\*8834

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Includes questions 1-9 regarding 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.

Table with 2 columns: Question, Amount. Includes questions 1a-1b regarding collections of art and historical treasures.

**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 X on Form 990, Part X? ~~~~~ **Yes** **No** 1c 1d 1e 1f

b If "Yes," explain the arrangement in Part XIII and complete the following table:

|                                       | Amount |
|---------------------------------------|--------|
| c Beginning balance ~~~~~             |        |
| d Additions during the year ~~~~~     |        |
| e Distributions during the year ~~~~~ |        |
| f Ending balance ~~~~~                |        |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ~~~~~ **X** **Yes**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ++++++ **X**

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

|                                                        | Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------------|--------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance ~~~~~                     |              |                |                    |                      |                     |
| b Contributions ~~~~~                                  |              |                |                    |                      |                     |
| c Net investment earnings, gains, and losses           |              |                |                    |                      |                     |
| d Grants or scholarships ~~~~~                         |              |                |                    |                      |                     |
| e Other expenditures for facilities and programs ~~~~~ |              |                |                    |                      |                     |
| f Administrative expenses ~~~~~                        |              |                |                    |                      |                     |
| g End of year balance ~~~~~                            |              |                |                    |                      |                     |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment | % \_\_\_\_\_
- b Permanent endowment | % \_\_\_\_\_
- c Term endowment | % 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:

- (i) Unrelated organizations ~~~~~
- (ii) Related organizations ~~~~~

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

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 ~~~~~                                                                                                 |                                      | 1,866,155.                      |                              | 1,866,155.     |
| b Buildings ~~~~~                                                                                             |                                      | 8,982,912.                      | 6,629,337.                   | 2,353,575.     |
| c Leasehold improvements ~~~~~                                                                                |                                      |                                 |                              |                |
| d Equipment ~~~~~                                                                                             |                                      | 684,276.                        | 581,917.                     | 102,359.       |
| e Other ++++++                                                                                                |                                      | 675,316.                        | 462,227.                     | 213,089.       |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ++++++ |                                      |                                 |                              | 4,535,178.     |

**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 ~~~~~                                           |                |                                                           |
| (3) <del>Other</del>                                                    |                |                                                           |
| (A)                                                                     |                |                                                           |
| (B)                                                                     |                |                                                           |
| (C)                                                                     |                |                                                           |
| (D)                                                                     |                |                                                           |
| (E)                                                                     |                |                                                           |
| (F)                                                                     |                |                                                           |
| (G)                                                                     |                |                                                           |
| (H)                                                                     |                |                                                           |
| <b>Total.</b> (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)                                                                     |                |                                                           |
| <b>Total.</b> (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)                                                                       |                |
| <b>Total.</b> (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.

| (a) Description of liability                                              | (b) Book value |
|---------------------------------------------------------------------------|----------------|
| 1. (1) Federal income taxes                                               |                |
| (2) ACCRUED VACATION                                                      | 118,220.       |
| (3) PAYROLL TAXES WITHHELD                                                | 4,119.         |
| (4) GRANT ADVANCE                                                         | 150,000.       |
| (5)                                                                       |                |
| (6)                                                                       |                |
| (7)                                                                       |                |
| (8)                                                                       |                |
| (9)                                                                       |                |
| <b>Total.</b> (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.

**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           |          | <b>1</b>  | 5,210,848. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:                |          |           |            |
| a Net unrealized gains (losses) on investments                                       | 141,650. | <b>2a</b> |            |
| b Donated services and use of facilities                                             |          | <b>2b</b> |            |
| c Recoveries of prior year grants                                                    |          | <b>2c</b> |            |
| d Other (Describe in Part XIII.)                                                     |          | <b>2d</b> |            |
| e Add lines 2a through 2d                                                            |          | <b>2e</b> | 141,650.   |
| 3 Subtract line 2e from line 1                                                       |          | <b>3</b>  | 5,069,198. |
| 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                   | 11,472.  | <b>4a</b> |            |
| b Other (Describe in Part XIII.)                                                     |          | <b>4b</b> |            |
| c Add lines 4a and 4b                                                                |          | <b>4c</b> | 11,472.    |
| 4c. (This must equal Form 990, Part I, line 12.) 5 Total revenue. Add lines 3 and 4c |          | <b>5</b>  | 5,080,670. |

**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                          |  | <b>1</b>  | 3,929,064. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:                   |  |           |            |
| a Donated services and use of facilities                                              |  | <b>2a</b> |            |
| b Prior year adjustments                                                              |  | <b>2b</b> |            |
| c Other losses                                                                        |  | <b>2c</b> |            |
| d Other (Describe in Part XIII.)                                                      |  | <b>2d</b> |            |
| e Add lines 2a through 2d                                                             |  | <b>2e</b> | 0.         |
| 3 Subtract line 2e from line 1                                                        |  | <b>3</b>  | 3,929,064. |
| 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                    |  | <b>4a</b> |            |
| b Other (Describe in Part XIII.)                                                      |  | <b>4b</b> |            |
| c Add lines 4a and 4b                                                                 |  | <b>4c</b> | 0.         |
| 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c |  | <b>5</b>  | 3,929,064. |

**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 IV, LINE 2B:

THE COUNCIL HOLDS FUNDS FOR MEMBERSHIP FEES, ON BEHALF OF TROOP MEMBERS,  
 PAYABLE TO GIRL SCOUTS USA AND AMOUNTS THAT ARE TO BE USED TO PROVIDE  
 FINANCIAL AID TO ATTEND CAMPS FOR TROOP MEMBERS. ALSO, THE COUNCIL WILL  
 OBTAIN ANY REMAINING FUNDS FROM TROOPS THAT ARE DISCONTINUED DURING THE  
 YEAR. THESE SPECIFIC FUNDS ARE SET ASIDE FOR 12 MONTHS IN CASE OF A NEW  
 TROOP ORGANIZING WITHIN THAT AREA. IF THIS DOES NOT OCCUR WITHIN THE  
 STATED 12 MONTHS, THE COUNCIL WILL THEN RECORD THE AMOUNT AS UNRESTRICTED  
 CONTRIBUTION REVENUE.

PART X, LINE 2:

AS OF SEPTMEBER 30, 2020, THE COUNCIL HAD NO UNCERTAIN TAX POSITIONS THAT

**Part XIII Supplemental Information** (continued)

QUALIFY FOR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE COUNCIL FILES AN ANNUAL FORM 990 WITH THE INTERNAL REVENUE SERVICE AND ITS TAX RETURNS FOR THE YEAR 2017 AND SUBSEQUENT YEARS REMAIN SUBJECT TO EXAMINATION BY TAX AUTHORITIES.



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.

|                                                                                                                          | (a) Event #1                             | (b) Event #2                                   | (c) Other events         | (d) Total events |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------|--------------------------|------------------|
|                                                                                                                          | (event type) (event type) (total number) | NONELEADERSHIP CONFERENCE WOMEN OF DISTINCTION | 77,850. 30,480. 108,330. | 0. 9,786. 9,786. |
| 1 2                                                                                                                      |                                          |                                                |                          |                  |
| 3 4                                                                                                                      |                                          |                                                |                          |                  |
| 5 6                                                                                                                      |                                          |                                                |                          |                  |
| 7 8 Less Contributions (line 1 minus line 2)                                                                             |                                          |                                                |                          |                  |
| 9 Direct Expenses Cash prizes Noncash prizes                                                                             |                                          |                                                |                          |                  |
| 10 Rent/facility costs                                                                                                   |                                          |                                                |                          |                  |
| 11 Food and beverages                                                                                                    |                                          |                                                |                          |                  |
| 12 Entertainment                                                                                                         |                                          |                                                |                          |                  |
| Other direct expenses                                                                                                    |                                          |                                                |                          |                  |
| Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) |                                          |                                                |                          |                  |

**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.

|                                                                                                                                | (a) Bingo                            | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col.(c)) |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|------------------|-------------------------------------------------|
|                                                                                                                                | 1 2 3 4 5 6 7 8 Yes Yes Yes No No No |                                               |                  |                                                 |
| 9 Direct expenses                                                                                                              |                                      |                                               |                  |                                                 |
| 10 Rent/facility costs                                                                                                         |                                      |                                               |                  |                                                 |
| 11 Other direct expenses                                                                                                       |                                      |                                               |                  |                                                 |
| Direct expense summary. Add lines 2 through 5 in column (d) 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:

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

- 13 Indicate the percentage of gaming activity conducted in:
 

|            |  |   |
|------------|--|---|
| <b>13a</b> |  | % |
| <b>13b</b> |  | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name | \_\_\_\_\_

Address | \_\_\_\_\_

- 1 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the \_\_\_\_\_ and the amount of gaming revenue retained by the third party | \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name | \_\_\_\_\_

Address | \_\_\_\_\_

16 Gaming manager information:

|                                                    |  |  |
|----------------------------------------------------|--|--|
| Name   Gaming manager                              |  |  |
| compensation   \$ Description of services provided |  |  |

\_\_\_\_\_

\_\_\_\_\_

Director/officer                      Employee                      Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year | \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|
| FINANCIAL AID TO ATTEND CAMPS   | 2930                     | 88,516.                  | 0.                                |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |

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

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

**Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public  
Inspection**

Name of the organization **GIRL SCOUTS OF NORTH CENTRAL ALABAMA** Employer identification number **\*\*-\*\*\*8834**

| <b>Part I Types of Property</b>                                       | <b>(a) Check if applicable</b> | <b>(b) Number of contributions or items contributed</b> | <b>(c) Noncash contribution amount reported on Form 990, Part III, line 1g</b> | <b>(d) Method of determining noncash contribution amounts</b> |
|-----------------------------------------------------------------------|--------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------|
| 1 Art - Works of art ~~~~~                                            |                                |                                                         |                                                                                |                                                               |
| 2 Art - Historical treasures ~~~~~                                    |                                |                                                         |                                                                                |                                                               |
| 3 Art - Fractional interests ~~~~~                                    |                                |                                                         |                                                                                |                                                               |
| 4 Books and publications ~~~~~                                        |                                |                                                         |                                                                                |                                                               |
| 5 Clothing and household goods ~~~~~                                  | X                              |                                                         | 26.                                                                            |                                                               |
| 6 Cars and other vehicles ~~~~~                                       |                                |                                                         |                                                                                |                                                               |
| 7 Boats and planes ~~~~~                                              |                                |                                                         |                                                                                |                                                               |
| 8 Intellectual property ~~~~~                                         |                                |                                                         |                                                                                |                                                               |
| 9 Securities - Publicly traded ~~~~~                                  |                                |                                                         |                                                                                |                                                               |
| 10 Securities - Closely held stock ~~~~~                              |                                |                                                         |                                                                                |                                                               |
| 11 Securities - Partnership, LLC, or trust interests ~~~~~            |                                |                                                         |                                                                                |                                                               |
| 12 Securities - Miscellaneous ~~~~~                                   |                                |                                                         |                                                                                |                                                               |
| 13 Qualified conservation contribution - Historic structures ~~~~~    |                                |                                                         |                                                                                |                                                               |
| 14 Qualified conservation contribution - Other ~~~~~                  |                                |                                                         |                                                                                |                                                               |
| 15 Real estate - Residential ~~~~~                                    |                                |                                                         |                                                                                |                                                               |
| 16 Real estate - Commercial ~~~~~                                     |                                |                                                         |                                                                                |                                                               |
| 17 Real estate - Other ~~~~~                                          |                                |                                                         |                                                                                |                                                               |
| 18 Collectibles ~~~~~                                                 |                                |                                                         |                                                                                |                                                               |
| 19 Food inventory ~~~~~                                               | X                              |                                                         | 515.                                                                           |                                                               |
| 20 Drugs and medical supplies ~~~~~                                   |                                |                                                         |                                                                                |                                                               |
| 21 Taxidermy ~~~~~                                                    |                                |                                                         |                                                                                |                                                               |
| 22 Historical artifacts ~~~~~                                         |                                |                                                         |                                                                                |                                                               |
| 23 Scientific specimens ~~~~~                                         |                                |                                                         |                                                                                |                                                               |
| 24 25-26 Archeological ( artifacts ( ADVERTISING ( GRAFFITI ( ARTS )) | X                              | 0                                                       | 37,500.                                                                        |                                                               |
| Other 28 _____                                                        | X                              | 0                                                       | 4,500.                                                                         |                                                               |
| Other ( CANOE _____                                                   | X                              | 0                                                       | 1,500.                                                                         |                                                               |
| ( MISCELLANEOUS _____                                                 | X                              | 0                                                       | 1,490.                                                                         |                                                               |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

|                                                                                                                                                                                                                                                                                                               | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? ~~~~~ 30a |     | X  |
| b If "Yes," describe the arrangement in Part II.                                                                                                                                                                                                                                                              |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? ~~~~~ 31                                                                                                                                                                                    |     | X  |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? ~~~~~ 32a                                                                                                                                                                    |     | X  |
| b If "Yes," describe in Part II.                                                                                                                                                                                                                                                                              |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.                                                                                                                                                                     |     |    |

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

PRINTER

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 0
- (C) REVENUE REPORTED ON FORM 990, PART VIII  
\$ 55.
- (D) METHOD OF DETERMINING REVENUE:

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2019 Open  
to Public  
Inspection

Name of the organization  
GIRL SCOUTS OF NORTH CENTRAL  
ALABAMA

Employer identification number  
\*\*-\*\*\*8834

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

FORM 990, PART VI, SECTION B, LINE 11B:  
THE GOVERNING BODY IS PROVIDED A COPY OF THE 990 BEFORE IT IS FILED. A  
VISUAL PRESENTATION OF THE 990 IS PRESENTED TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:  
A CONFLICT OF INTEREST POLICY STATEMENT MUST BE SIGNED BY ALL REGULAR  
EMPLOYEES ON THE DATE OF EMPLOYMENT TO VERIFY THEIR ACKNOWLEDGEMENT AND  
ACCEPTANCE OF ITS PROVISIONS AND UPDATED ANNUALLY THEREAFTER.

FORM 990, PART VI, SECTION B, LINE 15:  
THE COMPENSATION IS DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:  
THE COUNCIL MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS  
AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C.  
THE COUNCIL HAS AN AUDIT COMMITTEE THAT IS IN CHARGE OF SELECTING THE  
INDEPENDENT AUDITOR AND OVERSEEING THE AUDIT. THE PROCESS HAS NOT  
CHANGED DURING THE YEAR.