EXTENSION GRANTED TO AUGUST 16, 2021

(Rev. January 2020) Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

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

Open to Public

OMB No. 1545-0047

Inspection

OCT 1, 2019 and ending SEP 30, A For the 2019 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization GIRL SCOUTS OF CALIFORNIA'S Address change CENTRAL COAST Name change 94-1567162 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 1500 PALMA DRIVE 1110 831-633-4877 termin-ated 8,500,641. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended VENTURA, CA 93003 H(a) Is this a group return Applica-F Name and address of principal officer: TAMMIE HELMUTH Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: WWW.GIRLSCOUTSCCC.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 1963 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: GIRL SCOUTING BUILDS GIRLS OF Activities & Governance COURAGE, CONFIDENCE & CHARACTER, WHO MAKE THE WORLD A BETTER PLACE. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5400 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 39 7b **Prior Year Current Year** 579,267. 416,364. Contributions and grants (Part VIII, line 1h) Revenue 226,158. 45,705. Program service revenue (Part VIII, line 2g) 5,502. 88,682. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 4,090,928. 4,447,750. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,985,035. 4,915,321. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 97,470. 21,633. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 2,924,796. 2,965,042. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 72,210. 1,616. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,594,744. 1,423,124. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,411,415. 4,689,220. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 503,906. 295,815 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 7,985,962. 6,822,812. 20 Total assets (Part X, line 16) 284,545. 803,310. 21 Total liabilities (Part X, line 26) 6,538,267. 7,182,652. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign TAMMIE HELMUTH, CEO Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature STEPHEN SMITH, CPA P01243599 Paid Firm's name MCGOWAN GUNTERMANN Firm's EIN ▶ 95-3680171 Preparer Firm's address 111 E. VICTORIA ST., Use Only 2ND FLOOR Phone no. (805) 962-9175 SANTA BARBARA, CA 93101-2018 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Paı	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: GIRL SCOUTING BUILDS GIRLS OF COURAGE, CONFIDENCE & CHARACTER, WHO
	MAKE THE WORLD A BETTER PLACE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 3,451,412. including grants of \$ 21,633.) (Revenue \$ 4,322,564.) PROGRAMS: UNDER THE GIRL SCOUT LEADERSHIP EXPERIENCE, GIRL SCOUTS
	DISCOVER, CONNECT AND TAKE ACTION THROUGH GIRL-LED, COOPERATIVE, LEARN
	BY DOING EXPERIENCES. PROGRAMS INCLUDE ARTS AND CULTURE; BUSINESS AND
	FINANCIAL LITERACY; ENVIRONMENT AND OUTDOOR ADVENTURE; SCIENCE,
	TECHNOLOGY, ENGINEERING AND MATHEMATICS (STEM); AND WELLNESS AND
	HEALTHY LIVING. GIRLS DEVELOP LEADERSHIP SKILLS AS THEY DISCOVER
	THEMSELVES WHILE EXPLORING THEIR INTERESTS, AND CONNECT WITH OTHERS TO
	TAKE POSITIVE ACTION IN THEIR COMMUNITIES. LEADERSHIP EXCELLENCE IS
	REFLECTED IN THE PRESTIGIOUS GIRL SCOUT GOLD, SILVER AND BRONZE AWARDS
	ACHIEVED, AS WELL AS THE SIGNIFICANT WAY THEY GIVE BACK TO THEIR
	COMMUNITY THROUGH SERVICE PROJECTS. GIRLS DEVELOP IMPORTANT BUSINESS
	AND FINANCIAL LITERACY SKILLS THROUGH THE GIRLS SCOUT COOKIE AND FALL
4b	(Code:) (Expenses \$
	MEMBERSHIP: INCREASING GIRL AND VOLUNTEER MEMBERSHIP IS A TOP PRIORITY
	OF OUR ORGANIZATION. GSCCC CURRENTLY SERVES OVER 10,000 GIRLS AND
	4,280 ADULT MEMBERS IN SIX COUNTIES - VENTURA, SANTA BARBARA, SAN LUIS
	OBISPO, SAN BENITO, MONTEREY, AND SANTA CRUZ - GIRL MEMBERSHIP REMAINS
	ESSENTIALLY UNCHANGED. THE COUNCIL IS FOCUSED ON ENSURING THE
	MEMBERSHIP WE SERVE IS REFLECTIVE OF THE DEMOGRAPHICS IN OUR COUNCIL REGION. BECAUSE OF THE LARGE PERCENTAGE OF LATINAS IN OUR ELIGIBLE
	MEMBERSHIP POPULATION, OUR STRATEGY TO REACH THIS UNDERSERVED
	DEMOGRAPHIC IS BY OFFERING PROGRAMS IN PUBLIC HOUSING AREAS, THROUGH
	AFTER-SCHOOL PROGRAMS, THROUGH SOCCER LEAGUES, AND AT OUR ALISAL
	PROGRAM CENTER IN SALINAS, CA. WE REACHED OVER 1,600 UNDERSERVED GIRLS
	THROUGH THESE PROGRAMS. IN ADDITION, WE PROVIDE FINANCIAL ASSISTANCE
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	VOLUNTEER DEVELOPMENT: WITH 4,280 ADULT VOLUNTEERS TO DELIVER GIRL
	SCOUT PROGRAMS TO OUR GIRL MEMBERSHIP, VOLUNTEER DEVELOPMENT IS
	CRITICAL TO OUR SUCCESS IN MEETING OUR MISSION. OUR VOLUNTEER GROUP
	INCLUDES COLLEGE STUDENTS, RETIREES, PROFESSIONAL MEN AND WOMEN,
	PARENTS, AND GIRL SCOUT ALUMNAE. THESE VOLUNTEERS GO THROUGH TRAINING
	IN ORDER TO COACH AND TEACH GIRLS AND OTHER VOLUNTEERS AT THE TROOP,
	SERVICE UNIT, OR COUNCIL LEVEL. TRAINING IS OFFERED IN PERSON OR VIA
	WEBINAR, ON TOPICS INCLUDING AN INTRODUCTION TO GIRL SCOUTING, TROOP
	LEADER INSTRUCTION, OUTDOOR TROOP CAMPING, OUTDOOR SKILLS, AND COOKIE
	PROGRAM. ADDITIONALLY, TRAINING IS AVAILABLE FOR SERVICE UNIT
	MANAGERS, LEARNING FACILITATORS, AND PROGRAM AIDES. IN ADDITION TO
	TRAINING, VOLUNTEER DEVELOPMENT INCLUDES RECRUITING, INTERVIEWING, AND
4d	Other program services (Describe on Schedule O.)
<u> </u>	(Expenses \$\frac{\text{including grants of \$}}{\text{10tal program service expenses}} \rightarrow \frac{3,451,412.}{\text{412.}}
40	Total program service expenses ► 3,451,412.

GIRL SCOUTS OF CALIFORNIA'S CENTRAL COAST

Form 990 (2019) CENTRAL COAS

Part IV Checklist of Required Schedules Page **3**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441.		X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44.		X
٨	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			l
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		.,	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_~
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		 ^
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۱ ۲	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21		x

GIRL SCOUTS OF CALIFORNIA'S

Form 990 (2019)

CENTRAL COAST

Part IV	Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		X
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		X
07	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
•	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	<u></u>
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D -	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	1 1	,	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	

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

			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 76								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х					
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	a 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)?								
b	b If "Yes," enter the name of the foreign country ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
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?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
	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		X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			,,					
	to file Form 8282?	7с		X					
	If "Yes," indicate the number of Forms 8282 filed during the year			37					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
	3 , 3 , 1 , 1 ,	7 f 7g		Х					
	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	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
^	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.	9a							
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:	ЭIJ							
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources against								
-	amounts due or received from them.)								
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	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								
С	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		Х					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								

Form 990 (2019)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
e =	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	TAMMIE HELMUTH, CEO - 800-822-2427			

CENTRAL COAST

94-1567162

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

Form 990 (2019)

Check this box if neither the organization	on nor any related	orga	aniza	ation	COI	npei	nsat	ted any current officer, of	director, or trustee.	
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average	(do) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	-	CCI all	lu a u	II ecit)/ ii us	100)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		ee/	mpen		(***2/1033***********************************		and related
	below	dualt	utiona	_	oldm	st co	-			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			J
(1) RYAN VAN OMMEREN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(2) CRYSTAL EVANS	2.00									
SECRETARY		Х		Х				0.	0.	0.
(3) KEISHA FROST	2.00									
BOARD MEMBER		Х						0.	0.	0.
(4) DWAYNE CAREY	2.00									
BOARD MEMBER		Х						0.	0.	0.
(5) LUPITA RENTERIA-GALVAN	2.00									
CHAIR		Х		Х				0.	0.	0.
(6) SUSAN MURATA	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) SUE ROTH	2.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(8) DANIELLE MCCAFFERY	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) NATALIE MUSSI-KELLER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) DONNA MCNEELY	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(11) BETTE GRACE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) RAINIA KNAPP	2.00									
TREASURER		Х		Х				0.	0.	0.
(13) AMY FLEISCHER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) COLIN DOYLE	2.00									
BOARD MEMBER		Х			<u> </u>			0.	0.	0.
(15) MARIA VENTURA	2.00								_	_
BOARD MEMBER	40.00	Х						0.	0.	0.
(16) TAMMIE HELMUTH	40.00			,,				100 105	_	6 050
CEO				Х				180,185.	0.	6,058.
		ļ								
		l		ı	l	l	1	1		

Form 990 (2019)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)	(F)			
	Name and title	Average Position (do not check more than						one	Reportable	Reportable	le Estin			ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation				of
		week (list any		Ler an	lu a u	liecic)/ ii us	iee)	from	from related			other	
		hours for	lirecto				L		the organization	organization (W-2/1099-MIS			pensa om th	
		related	3e or c	stee			ısatec		(W-2/1099-MISC)	(***-2/1099-14110	30)		anizat	
		organizations	trust	al tru		yee	educ		,			_	d relat	
		below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner				orga	anizati	ons
		line)	ınd	Insti	Officer	Key	High	Former						
-														
1b	Subtotal			1					180,185.		0.		6,0	58.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)							•	180,185.		0.		6,0	58.
2	Total number of individuals (including but n							no re	eceived more than \$100	,000 of reportab	le	•		
	compensation from the organization									•				1
													Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	кеу е	emp	loye	e, o	r hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization				
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	Х	
5	Did any person listed on line 1a receive or a	-				-			ed organization or indivi	dual for services	,			
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or st	uch	pers	son .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	•								•	npens	ation 1	from	
	the organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	<u>rithir</u>		/ear.				
	(A) Name and business	addrass							(B) Description of s	onioos	C)) ompe	C) poetie	n
7 110			. ,	אזער	.T3.7				Description of s	ervices		ompe	risatio)T 1
	SONIO INC., 11420 A CON	MERCIAI	. I	2KV	VY,	,		l	CONCUDITONI			22	1 1	27
	STROVILLE, CA 95012							_	CONSTRUCTION			33	4,1	3/.
	RALUX, LLC	MV 1170	5 <i>C</i>].	тm			1 <i>C</i>	1 0	30
0 2	ALDIN LANE, LEVITTOWN,	MI TT/	טע					\dashv	IT			ΤΩ	1,8	20,
								_						

Form **990** (2019)

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 465 1 a Federated campaigns 1a **b** Membership dues 1b 4,542. c Fundraising events 1c d Related organizations 1d 29,404. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 381,953 1f 275 g Noncash contributions included in lines 1a-1f 1g |\$ 416,364. h Total. Add lines 1a-1f **Business Code** 45,705. 2 a PROGRAM ACTIVITIES 45,705. Program Service Revenue 900099 С f All other program service revenue g Total. Add lines 2a-2f. 45,705. Investment income (including dividends, interest, and 44,761. 44,761. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 130,902, 6 a Gross rents 6a **b** Less: rental expenses ... 6b 130,902. c Rental income or (loss) 130,902 130,902. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 50,000. 7a **b** Less: cost or other basis Other Revenue 89,259. and sales expenses 7b -39,259. c Gain or (loss) ______7c -39,259. -39,259 d Net gain or (loss) 8 a Gross income from fundraising events (not 4,542. of including \$ contributions reported on line 1c). See Part IV, line 18 1,102. **b** Less: direct expenses _____ 372. 730 730. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities \triangleright **10 a** Gross sales of inventory, less returns and allowances 7,811,807. 3,495,689 10b **b** Less: cost of goods sold 4,316,118. 4,316,118 c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a b d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 4,915,321. 4,322,564. 176,393. 12

Form 990 (2019) CENTRAL COAST
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	
_	Check if Schedule O contains a respon	se or note to any line in	this Part IX(B)	(C) 1	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	01 622	01 600		
	individuals. See Part IV, line 22	21,633.	21,633.		
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,	217,337.	54 335	30 120	122 882
_	trustees, and key employees	411,331.	54,335.	39,120.	123,882.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	1,947,392.	1,630,775.	264,197.	52,420.
7 8	Other salaries and wages Pension plan accruals and contributions (include	1,721,3340	1,000,110.	20±,131•	J4,440 •
Ø	section 401(k) and 403(b) employer contributions)	219,927.	171,543.	30,790.	17 594
0		407,718.	321,398.	56,826.	17,594. 29,494.
9 10	Other employee benefits	172,668.	134,681.	24,174.	13,813.
11	Payroll taxes Fees for services (nonemployees):	±12,000•	131,001	44,114	10,010
''	Management				
	Legal				
	Accounting	20,388.	15,903.	2,854.	1,631.
	Lobbying				
e	Professional fundraising services. See Part IV, line 17	1,616.			1,616.
f	Investment management fees	7,800.		7,800.	
	Other. (If line 11g amount exceeds 10% of line 25,	,		,	
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	57,677.	44,988.	8,075.	4,614.
13	Office expenses	49,591.	39,750.	6,263.	3,578.
14	Information technology	276,510.	215,678.	38,711.	22,121.
15	Royalties				
16	Occupancy	431,879.	336,866.	60,463.	34,550.
17	Travel	65,255.	50,899.	9,136.	5,220.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	161,483.	125,957.	22,607.	12,919.
23	Insurance	86,140.	67,189.	12,060.	6,891.
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 0.)				
а	GIRLS SCOUT PROGRAM EXP	90,583.	90,583.		
a b	PRINTING AND PUBLICATIO	68,873.	53,720.	9,643.	5,510.
C	REPAIRS AND MAINTENANCE	60,268.	47,009.	8,438.	4,821.
d	VOLUNTEER & STAFF DEVEL	36,545.	28,505.	5,116.	2,924.
	All other expenses	10,132.	20,000.	3,110.	10,132.
25	Total functional expenses. Add lines 1 through 24e	4,411,415.	3,451,412.	606,273.	353,730.
26	Joint costs. Complete this line only if the organization	_,,	-,,	,	220,.000
_5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019) Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			11,197.	1	10,538
	2	Savings and temporary cash investments			3,205,886.	2	4,276,599
	3	Pledges and grants receivable, net	16,382.	3			
	4	Accounts receivable, net		12,888.	4	10,720	
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these			5		
	6	Loans and other receivables from other disqualifie	ed pei				
		under section 4958(f)(1)), and persons described				6	
ts	7	Notes and loans receivable, net				7	
sse	8	Inventories for sale or use			53,169.	8	97,801
Assets	9	5			70,003.	9	65,367
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,674,072.			
	b	Less: accumulated depreciation	10b	2,719,618.	1,979,262.	10c	1,954,454
	11	Investments - publicly traded securities			1,343,541.	11	1,461,132
	12	Investments - other securities. See Part IV, line 11			84,919.	12	87,136
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			45,565.	15	22,215
	16	Total assets. Add lines 1 through 15 (must equal			6,822,812.	16	7,985,962
	17	Accounts payable and accrued expenses		250,325.	17	262,515	
	18	Grants payable				18	
	19	Deferred revenue			21,027.	19	102,297
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
Š	22	Loans and other payables to any current or former					
Ĕ		trustee, key employee, creator or founder, substa	ntial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of these	pers	ons		22	
3	23	Secured mortgages and notes payable to unrelat	ed thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	third	parties		24	430,850
	25	Other liabilities (including federal income tax, paya	ables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			13,193.	25	7,648
	26	Total liabilities. Add lines 17 through 25			284,545.	26	803,310
' ^		Organizations that follow FASB ASC 958, chec	k her	e ▶ X			
ĕ		and complete lines 27, 28, 32, and 33.					
<u> </u>	27	Net assets without donor restrictions			6,207,693.	27	6,731,868 450,784
ם ב	28	Net assets with donor restrictions			330,574.	28	450,784
		Organizations that do not follow FASB ASC 95	8, che	eck here 🕨 🔲			
Ĺ		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or equ	iipmer	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc	ome,	or other funds		31	
Š	32	Total net assets or fund balances			6,538,267.	32	7,182,652
	33	Total liabilities and net assets/fund balances			6,822,812.	33	7,985,962

Ра	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,91		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,41		
3	Revenue less expenses. Subtract line 2 from line 1	3			3,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	,53		
5	Net unrealized gains (losses) on investments	5		13	8,2	61.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			2,2	18.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	7	,18	2,6	52.
Pa	rt XII Financial Statements and Reporting	<u> </u>				
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:		,			
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	the second of th	e audit.				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
	Act and OMB Circular A-133?	-		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

GIRL SCOUTS OF CALIFORNIA'S Employer identification number Name of the organization CENTRAL COAST 94-1567162 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 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 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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

Schedule A (Form 990 or 990-EZ) 2019

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.)

Se	ction A. Public Support	elow, please comp	nete Fart II.)				
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(-, : :	(-)	(-/	(-) =	(-/	(-)
-	membership fees received. (Do not						
	include any "unusual grants.")	594,086.	765,841.	513,043.	579,267.	416,089.	2868326.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	,	,	,	,		
_	organization's tax-exempt purpose	6003676.	5738455.	5717871.	7282628.	7811807.	32554437.
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	6597762.	6504296.	6230914.	7861895.	8227896.	35422763.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
k	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	44,784.	65,300.	84,793.		65.455.	260,332.
,	Add lines 7a and 7b	44,784.	65,300.	84,793.		65,455.	
	Public support. (Subtract line 7c from line 6.)		00,000	01//001		00,100	35162431.
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	6597762.	6504296.	6230914.	7861895.	8227896.	(f) Total 35422763.
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	260,330.	230,665.	283,710.	256,959.	226 607.	1258271.
	Unrelated business taxable income	200,3301	230,0031	20377201	230 / 333 (220,007.	12302711
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	260 220	220 665	202 710	256 252	226 607	1050071
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	260,330.	230,665.	283,710.	256,959.	226,607.	1258271.
12	Other income. Do not include gain or loss from the sale of capital	152,752.		6,050.			158,802.
40	assets (Explain in Part VI.)	7010844.	6734961.	6520674.	8118854.	0151503	36839836.
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organi	zation,
50	check this box and stop here ction C. Computation of Publi	io Support Do	roontogo				P
	•					l ae l	95 45 %
	15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 95.45 % 16 Public support percentage from 2018 Schedule A. Part III. line 15						
16	Public support percentage from 2018 ction D. Computation of Inves					16	92.90 %
	•			40 1 (6)		47	3.42 %
17	Investment income percentage for 20					17	
	Investment income percentage from 2					18	
198	33 1/3% support tests - 2019. If the						1 / is not ► X
k	more than 33 1/3%, check this box at 33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che	· ·			•	•	
20	Private foundation. If the organizatio						

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.)

1			Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		4		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		ı		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		2		
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		3a		
3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		3b		
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		3с		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		49		
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		4 a		
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5a 5b 5c 6 7 8 9a 9b 9c 10a		4b		
5a 5b 5c 6 7 8 9a 9b 9c 10a				
5a 5b 5c 6 7 8 9a 9b 9c 10a				
5a 5b 5c 6 7 8 9a 9b 9c 10a		4c		
5b 5c 6 7 8 9a 9b 9c 10a 10b				
5b 5c 6 7 8 9a 9b 9c 10a 10b				
5b 5c 6 7 8 9a 9b 9c 10a				
5b 5c 6 7 8 9a 9b 9c 10a		50		
5c 6 7 8 9a 9b 9c 10a 10b		Ja		
6 7 8 9a 9b 9c 10a 10b		5b		
7 8 9a 9b 9c 10a		5c		
7 8 9a 9b 9c 10a				
7 8 9a 9b 9c 10a				
7 8 9a 9b 9c 10a				
9a 9b 9c 10a		6		
9a 9b 9c 10a				
9a 9b 9c 10a		_		
9a 9b 9c 10a		/		
9a 9b 9c 10a		8		
9b 9c 10a				
9b 9c 10a				
9c 10a		9a		
9c 10a		9h		
10a		35		
10b		9с		
10b				
10b		40-		
		TUa		
		10b		
	m 9		90-EZ)	2019

Pa	rt IV Supporting Organizations (continued)			
	, o (continuos)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ction 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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
<u>Sec</u>	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	ction 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 yea(see instruct	ions).		
a				
b			- 1	
C		e instructions		NI.
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	20		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019 CENTRAL COAST

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 CENTRAL COAST

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti		Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe			
2	Amou				
organizations, in excess of income from activity					
3	Admir	nistrative expenses paid to accomplish exempt purpose	IS		
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied 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	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	e	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	ion E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2019 (reason-			
		ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
	From				
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i		over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	·			
а	Applie	ed to underdistributions of prior years			
		ed to 2019 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
	-	Subtract lines 3g and 4a from line 2. For result greater			
		tero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3j			
	and 4				
8		down of line 7:			
		s from 2015			
		s from 2016			
		s from 2017			
		s from 2018			
е	Exces	s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

GIRL SCOUTS OF CALIFORNIA'S

94-1567162 Page 8 Schedule A (Form 990 or 990-EZ) 2019 CENTRAL COAST 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 B, 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 D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GIRL SCOUTS OF CALIFORNIA'S CENTRAL COAST

Employer identification number 94-1567162

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the			
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in		sed funds			
	are the organization's property, subject to the organization's	_				
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor					
Pai		ganization answered "Yes" on Form 990,				
1	Purpose(s) of conservation easements held by the organizat					
	Preservation of land for public use (for example, recrea		f a historically important land area			
	Protection of natural habitat		f a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements					
	Number of conservation easements on a certified historic str					
	Number of conservation easements included in (c) acquired					
	listed in the National Register		l l			
3	Number of conservation easements modified, transferred, re					
	year >		-			
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe					
	violations, and enforcement of the conservation easements					
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	nservation easements during the year			
	>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year			
	▶ \$					
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 17	O(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservat					
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial staten	nents that describes the			
	organization's accounting for conservation easements.					
Pai	t III Organizations Maintaining Collections of		Other Similar Assets.			
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works			
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in t	furtherance of public			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fur	therance of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		> \$			
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	al gain, provide			
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		> \$			
h	Assets included in Form 990 Part Y		• •			

Pai	t III Organizations Maintaining Co	llections of Ar	t, Historical Tr	easures, o	r Othe	r Similar A	ssets(continued)
3	Using the organization's acquisition, accession	n, and other records	s, check any of the	following that	make si	gnificant use o	of its
	collection items (check all that apply):						
а	Public exhibition	d	Loan or exc	hange prograi	m		
b	Scholarly research	е					
С	Preservation for future generations						
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						
_	to be sold to raise funds rather than to be main						Yes No
Pai	t IV Escrow and Custodial Arrang						
	reported an amount on Form 990, Part						, 5, 5.
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for contribution	s or other ass	sets not i	included	
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fol	lowing table:				
	•	·	· ·				Amount
С	Beginning balance					1c	
	Additions during the year						
	Distributions during the year						
f	Ending balance						
	Did the organization include an amount on For						Yes No
	If "Yes," explain the arrangement in Part XIII. C					-9	
	t V Endowment Funds. Complete if t					0.	
		(a) Current year	(b) Prior year	(c) Two years		d) Three years b	pack (e) Four years back
1a	Beginning of year balance	84,919.	89,504.		,783.	83,5	
b	Contributions	,			,,,,,,	, ,	
	Net investment earnings, gains, and losses	6,116.	-741.	4	,485.	7,7	772. 6,266.
	Grants or scholarships	5,225.	,	_	, 2001	.,.	72. 0,200.
е	Other expenditures for facilities	3,899.	3,844.	3	,764.	2,4	.95. 3,823.
	and programs	3,099.	3,044.		, /04.	2,4	3,023.
	Administrative expenses	87,136.	94 010	9.0	E04	00.5	83, 506.
_	End of year balance		84,919.		,504.	88,7	63,306.
2	Provide the estimated percentage of the curre			a)) neid as:			
	Board designated or quasi-endowment	.00	_%				
	Permanent endowment ► 100.00	%					
С	Term endowment ▶ .00 %						
	The percentages on lines 2a, 2b, and 2c should	· · · · · · · · · · · · · · · · · · ·					
3a	Are there endowment funds not in the possess	sion of the organiza	ition that are held a	nd administer	ed for th	e organization	
	by:						Yes No
	(i) Unrelated organizations						
	(ii) Related organizations						3a(ii) X
b	If "Yes" on line 3a(ii), are the related organizati						3b
4	Describe in Part XIII the intended uses of the o		wment funds.				
Pai	t VI Land, Buildings, and Equipme		5 . 5 . 5		5		
	Complete if the organization answered						
	Description of property	(a) Cost or ot		or other		cumulated	(d) Book value
		basis (investm	,	` ,	аері	reciation	F 2 F 2 O 1
	Land			5,291.	2 2	23,329.	525,291.
	Buildings			8,968.			1,285,639.
	Leasehold improvements			7,126.		37,126. 32,783.	64 911
d	Equipment			5,093.		-	64,811.
	Other					26,380.	1,954,454.
ıota	. Aud iines Ta trirough Te. (Column (a) must eq	uai ruim 990, Part)	∧, coluitin (B), line 1	UC.)			1 1,004,404.

Schedule D (Form 990) 2019

OTITE	RAL COAST	FORNIA 5	94-1567162 Page
Part VII Investments - Other Se			94-130/102 Page
			10
		rt IV, line 11b. See Form 990, Part X, lin	
(a) Description of security or category (including i	name of security) (b) Book va	liue (c) Method of Valuation:	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col.	(B) line 12.) ▶		
Part VIII Investments - Program		•	
		rt IV, line 11c. See Form 990, Part X, lir	ne 13.
(a) Description of investment			Cost or end-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(D) line 10) •		
Total. (Col. (b) must equal Form 990, Part X, col. Part IX Other Assets.	(B) IIIIe 13.)		
		at IV Bas 44 d. Oss Farms 000 Bast V. B	45
Complete if the organization an	(a) Description	rt IV, line 11d. See Form 990, Part X, lin	(b) Book value
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Par	<u>t X, col. (B) line 15.)</u>		
Part X Other Liabilities.			
		rt IV, line 11e or 11f. See Form 990, Pa	
1. (a) Description of	liability		(b) Book value
(1) Federal income taxes			
(2) RENT DEPOSIT			7,648
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

7,648.

(9)

Schedule D (Form 990) 2019 CENTRAL COAST
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Par	Reconciliation of Revenue per Audited Financial Staten		Revenue per F	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				5,048,000
1	Total revenue, gains, and other support per audited financial statements			1	3,040,000
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما	138,261.		
	Net unrealized gains (losses) on investments		130,201.	- 1	
	Donated services and use of facilities			-	
	Recoveries of prior year grants		0 010	-	
	Other (Describe in Part XIII.)	2d	2,218.	1 1	140 470
е	Add lines 2a through 2d			2e	140,479
3	Subtract line 2e from line 1			3	4,907,521
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	7 000		
	Investment expenses not included on Form 990, Part VIII, line 7b		7,800.	_	
	Other (Describe in Part XIII.)	4b			п 000
	Add lines 4a and 4b			4c	7,800
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,915,321
Par	t XII Reconciliation of Expenses per Audited Financial State		h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				1 100 615
1	Total expenses and losses per audited financial statements			1	4,403,615
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities				
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	4,403,615
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,800.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	7,800
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,411,415
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			4; Part	X, line 2; Part XI,
PAR	T X, LINE 2:				
THE	COUNCIL IS EXEMPT FROM FEDERAL AND STAT	E TAXES	ON INCOME	UN	DER
INI	ERNAL REVENUE CODE SECTION 501(C)(3) AND	SIMILA	R PROVISIO)NS	OF THE
CAL	IFORNIA REVENUE AND TAXATION ACT.				
THE	COUNCIL HAS ADOPTED THE PROVISIONS RELA	TED TO	ACCOUNTING	FO	R
UNC	ERTAINTY IN INCOME TAXES, WHICH DEFINES	A RECOG	NITION THR	RESH	OLD AND
MEA	SUREMENT ATTRIBUTE FOR THE FINANCIAL STA	темеит	RECOGNITIO	N A	ND

MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE COUNCIL'S MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE COUNCIL IN ITS FEDERAL AND STATE TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON

Part XIII Supplemental Information (continued)	
EXAMINATION. THE COUNCIL FILES TAX RETURNS IN THE U.S. FEDERAL AND	
CALIFORNIA JURISDICTIONS. WITH FEW EXCEPTIONS, THE COUNCIL IS NO LONGE	≅R
SUBJECT TO FEDERAL AND STATE TAX EXAMINATIONS BY TAX AUTHORITIES FOR Y	/EARS
ENDED BEFORE SEPTEMBER 30, 2016 AND 2015, RESPECTIVELY.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN ASSET	2,218.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization GIRL SCOUTS O

GIRL SCOUTS OF CALIFORNIA'S CENTRAL COAST

Employer identification number 94-1567162

	S. Complete if the organization answers	ered "Y	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	dilers are not
required to complete this p		na ooti	uitioo	Chaple all that apple		
Indicate whether the organization isa X Mail solicitations				oneck all that apply overnment grants		
b X Internet and email solicitation						
c X Phone solicitations	g X Special					
d X In-person solicitations	g == oponia	ranare	iioii ig	overno		
2 a Did the organization have a writte	n or oral agreement with any individua	l (inclu	dina o	fficers directors true	stees or	
	, Part VII) or entity in connection with p					☐ No
	idividuals or entities (fundraisers) pursi					
compensated at least \$5,000 by t			J			
		(iii)	Did		(v) Amount paid	
(i) Name and address of individual	(ii) Activity	(iii) fundr have c	aiser ustody	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(,,)	or con	trol of utions?	from activity	fundraiser listed in col. (i)	organization
TURTLE TYPE - 521 VILLAGE		Yes	No			
COMMONS BLVD., CAMARILLO, CA	FUNDRAISING		Х	102,771.	1,616.	101,155.
				,	,	,
		•				
Гotal			<u> </u>	102,771.		101,155.
3 List all states in which the organiza or licensing.	ation is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration
CA						
						_

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	oss income on Form 990			ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Ф			(event type)	(event type)	(total number)	col. (c))
Revenue						
Rev	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
es	5	Noncasti prizes				
Direct Expenses	6	Rent/facility costs				
: Exp						
irect	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through			>	
_		Net income summary. Subtract line 10 from line				
Pa	rt I		answered "Yes" on Forn	n 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
ш	1	Gross revenue				
ses	2	Cash prizes				
pen	3	Noncash prizes				
Direct Expenses						
Jirec	4	Rent/facility costs				
	_	011 11 1				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
		Net coming in come common Culative at line 7	fuere line 4 celumen (al)		_	
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)		······	
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming ac	_	states?		Yes No
b	If "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked suspended ort	erminated during the tax	vear?	Yes No
		Yes," explain:	•	-	, sai i	
		· • —				
			<u> </u>			

GIRL SCOUTS OF CALIFORNIA'S

Sch	nedule G (Form 990 or 990-EZ) 2019 CENTRAL COAST 94-	1567	162	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	└── No
	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility			<u>%</u>
	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
45	Address		Yes	
	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	—	res	∟ NO
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ 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
k	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 ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, li	ines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SC	CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:		
(]) NAME OF FUNDRAISER: TURTLE TYPE			
, -	TARRED STATES CONTOUR DIES CONTOUR DE LA CON	~-	^	2012
<u>(I</u>) ADDRESS OF FUNDRAISER: 521 VILLAGE COMMONS BLVD., CAMARILLO	, CA	<u> </u>	3012

GIRL SCOUTS OF CALIFORNIA'S CENTRAL COAST

Schedule G (Form 990 or 990-EZ) CENTRAL COAST	94-1567162 Page 4
Schedule G (Form 990 or 990-EZ) CENTRAL COAST Part IV Supplemental Information (continued)	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization GIRL SCOU CENTRAL C		IFORNIA'S					Employer identification number $94-1567162$
Part I General Information on Grants a	ınd Assistance						
Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's process.	stance? ocedures for moni	toring the use of gran	t funds in the Unite	ed States.			Yes X No
Part II Grants and Other Assistance to recipient that received more than	_				anization answered "`	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a			he line 1 table				>

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(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
REGISTRATION & MEMBERSHIP AID.	600	21,633.	0.		
Part IV Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

GIRL SCOUTS OF CALIFORNIA'S CENTRAL COAST

Questions Regarding Compensation

Employer identification number 94-1567162

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Decidations section 52 4059 6(a)2	١٠	1	l

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title (i) Base (ii) Bonus & (iii) Other compensation reported as def		(B) Bre	akdown of	W-2 and/or 1099-M	ISC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
CEO (II) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(A) Name and Title		Base Insation	incentive	reportable		Derients	(6)(()-(U)	reported as deferred on prior Form 990
CEO (8) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(1) TAMMIE HELMUTH	180	,185.	0.			6,058.	186,243.	0.
(i) (ii) (ii) (iii)			0.	0.	0.	0.	0.	0.	0.
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(i) (ii) (ii) (iii)									
(i) (ii) (iii) (ii									
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(i) (ii) (ii) (iii) (iii									
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(ii) (ii) (iii) (i									
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(i) (ii) (iii) (ii									
(ii) (ii) (iii) (i									
(i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiiii) (iiiiiii) (iiiiiiii									
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(i) (i) (i) (ii) (ii) (iii)									
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(ii) (ii) (ii) (iii) (iii) (iiii) (iiiii) (iiiii) (iiiiii) (iiiiiii) (iiiiiiii									
(i)									
(i)									
(ii)									

PART I, LINE 3:	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	
PART I, LINE 3:	
THE ORGANIZATION REVIEWS MANAGEMENTS COMPENSATION ANNUALLY.	

SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

GIRL SCOUTS OF CALIFORNIA'S CENTRAL COAST

Employer identification number 94-1567162

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PRODUCT SALES, BUILDING SELF-CONFIDENCE WHILE LEARNING BUSINESS AND MARKETING SKILLS, GOAL-SETTING, DECISION-MAKING, MONEY MANAGEMENT, CUSTOMER SERVICE AND BUSINESS ETHICS. THESE, AND OTHER FINANCIAL EDUCATION PROGRAMS, HELP GIRLS GAIN THE SELF-CONFIDENCE TO ULTIMATELY TAKE CONTROL OF THEIR OWN FINANCIAL FUTURE. GIRL SCOUTS DEVELOP SKILLS IN STEM, THROUGH PROGRAMS SUCH AS FOREVER GREEN - A WILDLIFE AND CONSERVATION PROGRAM. GIRL SCOUTS OFFERS INNOVATIVE PROGRAMS TO IMPROVE A GIRL'S SELF-ESTEEM AND PERSONAL SELF-IMAGE, SUCH AS BE A FRIEND FIRST BULLYING PREVENTION PROGRAM, AND PHYSICAL FITNESS ACTIVITIES SUCH AS BROWNILYMPICS AND GIRL SCOUT SOCCER. THESE AND OTHER PROGRAMS DEVELOP OUR FEMALE LEADERS OF TOMORROW. DUE TO COVID 19, MANY PROGRAMS WERE OFFERED AND TAUGHT ONLINE VIA ZOOM. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: TO 2,100 LOW-INCOME GIRLS TO HELP OFFSET COSTS FOR PROGRAM ACTIVITIES, UNIFORMS, MEMBERSHIP OR CAMPING FEES ALLOWING THESE GIRLS TO PARTICIPATE IN AGE-APPROPRIATE, ENRICHING EXPERIENCES FOR THEM TO DEVELOP LIFE-SKILLS, SELF-ESTEEM AND CONFIDENCE. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: PERFORMING AND MONITORING BACKGROUND CHECKS, AND RECOGNIZING

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

ACHIEVEMENT OF VOLUNTEERS.

THE ORGANIZATION HAS MEMBERS AS IT IS A MEMBERSHIP ORGANIZATION.

Employer identification number 94-1567162

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

THE ORGANIZATION REQUIRES BOARD APPROVAL BEFORE FILING THE FORM 990 AND RELATED SCHEDULES.

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

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. THE CEO IS RESPONSIBLE

FOR THE COLLECTION AND REVIEW OF ANNUAL CONFLICT OF INTEREST STATEMENTS

SUBMITTED BY BOARD MEMBERS AND KEY STAFF, WITH OVERSIGHT BY THE BOARD OF

DIRECTORS.

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

IN DETERMINING COMPENSATION OF THE CEO, THE BOARD OF DIRECTORS SERVES AS

THE COMPENSATION COMMITTEE WHO SETS AMOUNT OF COMPENSATION WITH ASSISTANCE

OF LOCAL SALARY SURVEYS, AND COMPENSATION SURVEYS PROVIDED BY THE NATIONAL

ORGANIZATION, GSUSA.

IN DETERMINING COMPENSATION FOR TOP MANAGEMENT OFFICIALS, GSUA PROVIDES

CONSULTANTS AND HUMAN RESOURCE SUPPORT, AND ALSO PREPARES AN ANALYSIS FOR

OUR LOCATION TO DETERMINE PAY GRADES AND SALARIES. THE CEO MAKES FINAL

SALARY DETERMINATIONS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST AND ON ITS OWN WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

SCHEDULE R (Form 990)

Part I

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

GIRL SCOUTS OF CALIFORNIA'S

Employer identification number 94-1567162

OMB No. 1545-0047

Open to Public Inspection

Name of the organization GIRL SCOUTS OF CALIFOR CENTRAL COAST

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
GIRL SCOUTS OF THE USA							
420 FIFTH AVENUE							
NEW YORK, NY 10018-2798	SCOUTING	NEW YORK	501C3	LINE 10			X

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

Schedule R (Form 990) 2019

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

organization a season as a parameter of a season parameter of a se												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportionate Co		Code V-UBI	Gene	ral or F	Percentage
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	alloca	tions?	amount in box 20 of Schedule K-1 (Form 1065)	partr	ner?	ownersnip
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
	1											
	1											
	1											
	1											
	1											
	1											
	1											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	tion b)(13) rolled tity?
		country)		S. 1. 25.y		400010		Yes	No
									<u> </u>
									<u></u>
		15							

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

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions with one or r	e related organizations listed in Parts II-IV?									
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1	la		X					
	b Gift, grant, or capital contribution to related organization(s)										
	c Gift, grant, or capital contribution from related organization(s)										
	d Loans or loan guarantees to or for related organization(s)										
	Loans or loan guarantees by related organization(s)			le		Х					
f	Dividends from related organization(s)			1f		X					
g	Sale of assets to related organization(s)		<u>1</u>	lg		X					
h	Purchase of assets from related organization(s)		<u>1</u>	lh		Х					
i	Exchange of assets with related organization(s)		<u> </u>	1i		Х					
j	Lease of facilities, equipment, or other assets to related organization(s)		<u> </u>	1j	\perp	X					
				.		v					
k	Lease of facilities, equipment, or other assets from related organization(s)			lk 11	_	$\frac{x}{x}$					
Performance of services or membership or fundraising solicitations for related organization(s)											
m Performance of services or membership or fundraising solicitations by related organization(s)											
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
o Sharing of paid employees with related organization(s)											
_	Reimbursement paid to related organization(s) for expenses		١.	lp		Х					
				_	х						
q Reimbursement paid by related organization(s) for expenses											
r Other transfer of cash or property to related organization(s)											
S	Other transfer of cash or property from related organization(s)			1r Is		X					
	If the answer to any of the above is "Yes," see the instructions for information on who must comp		nolds.								
	(a) Name of related organization Transaction type (a-s	(c) (d) Amount involved Method of determining	amount involve	ed							
1) (GIRL SCOUTS OF THE USA R	37,920.CASH									
2)											
-											
3)											
4)											
E)											
5)											
6)											
3216	33 09-10-19 46		Schedule R (F	orm	990)	2019					

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

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

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners s	Share of	Share of	Dispro	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	l or Percent
of entity		(state or foreign country)	excluded from tax under	orgs.?	total	end-of-year	allocat	ions?	of Schedule K-1	partn	owners
		country)	sections 512-514)	Yes N	income	assets	Yes	No	(Form 1065)	Yes I	10
										\sqcup	
										Ш	
	l .						_		Cala a di ila		

Part VII	∣ Supplemental Information
	Provide additional information for responses to questions on Schedule R. See instructions.

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND	06/30/12	NC	.000	нч	525,291.				525,291.			0.	
2	BUILDINGS	06/30/12	NC	.000	НУ	3,508,968.				3,508,968.	2,223,329.		0.	2,223,329.
3	EQUIPMENT	06/30/12	NC	.000	НУ	397,594.				397,594.	332,783.		0.	332,783.
4	VEHICLES	06/30/12	NC	.000	НУ	174,593.				174,593.	127,641.		0.	127,641.
5	LEASEHOLD IMPROVEMENTS	10/01/13	NC	.000	НУ	37,126.				37,126.	37,126.		0.	37,126.
	* TOTAL 990 PAGE 10 DEPR					4,643,572.				4,643,572.	2,720,879.		0.	2,720,879.