Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	$=$ 2023 calendar year, or tax year beginning \qquad OCT \qquad 1, \qquad 2023 \qquad and ending	<u>SEP 30,</u>	2024						
B c	heck if	C Name of organization	D Employ	er identific	cation number					
a	plicable	GIRL SCOUTS OF SHAGBARK COUNCIL TRUST								
	Addres change									
	Name change	ge Doing business as 37-1069337								
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/	suite E Telepho	Telephone number						
X	Final return/	4 GINGER CREEK PARKWAY	(61	8) 242	2-5079					
	termin- ated		G Gross rece	G Gross receipts \$ 420,862.						
	Ameno return	GLEN CARBON, IL 02034	H(a) Is this	a group re	eturn					
	Application	F Name and address of principal officer: LOKETTA GRAHAM	for su	bordinates	? Yes X No					
	pendin	SAME AS C ABOVE	H(b) Are all s	ubordinates in	cluded? Yes No					
<u> </u>	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527 If "No.	," attach a	list. See instructions					
	/ebsit		H(c) Group							
			Year of formation:	1978∣ <u>№</u>	1 State of legal domicile: ${ t IL}$					
Pa	rt I	Summary								
ø		Briefly describe the organization's mission or most significant activities: $\ \ \underline{ ext{THE} \ \ } $								
ů		COUNCIL - TRUST FUND HAS BEEN ORGANIZED AND								
Governance	2	Check this box X if the organization discontinued its operations or disposed of r	nore than 25% of	its net ass						
O.		Number of voting members of the governing body (Part VI, line 1a)			13					
8		Number of independent voting members of the governing body (Part VI, line 1b)			13					
es		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0					
Activities &		Total number of volunteers (estimate if necessary)			0					
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
Revenue			Prior Ye		Current Year					
		Contributions and grants (Part VIII, line 1h)	34	,460.	57,569.					
		Program service revenue (Part VIII, line 2g)	1.0	0.	0.					
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		,128.	32,655.					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	F 2	0.	0.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,588. ,835.	90,224.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4	0.	0.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.					
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 0 •		- 0.	0.					
Εxp				0.	6,681.					
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2	,835.	6,681.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	49	753	83,543.					
- S	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Cui		End of Year					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,316		0.					
Asse Bali	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	1,310	0.	0.					
Vet,	22	Net assets or fund balances. Subtract line 21 from line 20	1,316		0.					
Pa	rt II	Signature Block		/ • = = • 						
Unde	r pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the	e best of my	knowledge and belief, it is					
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre		-	,					
Sigr	1	Signature of officer	Dat	.e						
Here		LORETTA GRAHAM, CEO								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature .	Date	Check	PTIN					
Paid		ROGER G. TOENNIES, CPA Roger Gloennies	06/03/2							
Prep	arer	Firm's name SCHMERSAHL TRELOAR & COMPANY PC	Firr	n's EIN 4	3-1540459					
Use	Only	Firm's address 10805 SUNSET OFFICE DRIVE, SUITE 400								
		SAINT LOUIS, MO 63127-1028	Pho	one no. (3	14)966-2727					
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No					

Form **8868** (Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Type or Name of exempt organization, employer, or other filer, see instructions. GIRL SCOUTS OF SHAGBARK COUNCIL TRUST **Print** 37-1069337 FUND File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 4 GINGER CREEK PARKWAY instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. GLEN CARBON, IL 62034 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of LORETTA GRAHAM 4 GINGER CREEK PARKWAY - GLEN CARBON, IL 62034 Telephone No. (618) 692-0692 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until AUGUST 15 , 20 25 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 OCT 1 X tax year beginning , 20 $\,$ $\,$ $\,$ $\,$ $\,$, and ending Initial return X Final return If the tax year entered in line 1 is for less than 12 months, check reason: 2 Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less За any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form	990 (2023) FUND	37-1069337	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
-	THE GIRL SCOUTS OF SHAGBARK COUNCIL - TRUST FUND HAS BEEN	N ORGANIZED	
	AND OPERATED EXCLUSIVELY FOR EDUCATIONAL ACTIVITIES TO I		
	BUILD GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER WHO MAI		Α
	BETTER PLACE		
	Did the organization undertake any significant program services during the year which were not listed on the		
2	, , , , , , , , , , , , , , , , , , , ,	Yes	V Na
	prior Form 990 or 990-EZ?	Yes	LA NO
	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?	X Yes	L 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 it	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, an	ıd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 6 , 681 • including grants of \$) (Revenue)	ue \$)
	ASSISTANCE FOR GIRL SCOUTS.		
4b	(Code:) (Expenses \$	ue \$)
	(code) (Expended) (notes in		
4c	(Code:) (Expenses \$) (Reven	ue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program sonitos expenses 6 681.		

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GIRL SCOUTS OF SHAGBARK COUNCIL TRUST
Form 990 (2023) FUND
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		165	INU
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	990 (X

FUND Form 990 (2023) FUND
Part IV | Checklist of Required Schedules (continued) 37-1069337 Page 4

	Continued)			
	Dill		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	· · ·	23		x
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
274	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
C		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32	Х	
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>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			v
27	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	27		x
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
30	N. 1. 11 5 100 51	38	х	
Par		_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

GIRL SCOUTS OF SHAGBARK COUNCIL TRUST

Form 990 (2023) FUND 37-1069337 Page 5
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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). 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 If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a 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? Х 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 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 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

332005 12-21-23 Form **990** (2023)

FUND 37-1069337 Page 6 Form 990 (2023)

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 13 **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. 13 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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 b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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 Х 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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 Section C. Disclosure ILList the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records LORETTA GRAHAM - (618) 692-0692

Form **990** (2023) 332006 12-21-23

62034

GLEN CARBON

GINGER CREEK PARKWAY,

FUND 37-1069337 Page 7 Form 990 (2023)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organizatio (A)	(B)			((C)			(D)	(E)	(F)	
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated	
rame and the	hours per	(do not check more than one box, unless person is both an						compensation	compensation	amount of	
	week	offi	cer an	d a d	irecto	or/trus	tee)	from	from related	other	
	(list any	ector						the	organizations	compensation	
	hours for	or dir	g.			ated		organization	(W-2/1099-MISC/	from the	
	related	ustee	truste		e e	bens		(W-2/1099-MISC/	1099-NEC)	organization and related	
	organizations below	ual tr	tional		ploye	t com	_	1099-NEC)		organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) JULIA DEIEN	1.00	_	-		×	1 0	ч				
DIRECTOR		Х						0.	0.	0.	
(2) LESLEY SANCHEZ	1.00									<u> </u>	
DIRECTOR		Х						0.	0.	0.	
(3) TRISH MANNING	1.00										
DIRECTOR		Х						0.	0.	0.	
(4) KATHRYN DIAK	1.00										
DIRECTOR		Х						0.	0.	0.	
(5) MICHELLE YATES	1.00										
DIRECTOR		Х						0.	0.	0.	
(6) KEVIN DOAK	1.00										
DIRECTOR		Х						0.	0.	0.	
(7) STEVEN BUSHONG	1.00										
DIRECTOR		Х						0.	0.	0.	
(8) D-LORI NEWSOME-PITTS	1.00										
DIRECTOR		Х						0.	0.	0.	
(9) MARIANNE DOLL	1.00										
1ST VICE CHAIR		Х		X		<u> </u>		0.	0.	0.	
(10) ELIZABETH SHORE	1.00			l							
2ND VICE CHAIR		Х		Х		_		0.	0.	0.	
(11) GLORIA SWEIDA	1.00										
TREASURER	1 00	Х		Х		_		0.	0.	0.	
(12) NORMA TRIMBLE	1.00	37		,,							
SECRETARY (13) LIND MANUEL	1 00	Х		Х		┝		0.	0.	0.	
(13) LINDA MANLEY	1.00	Х		₩.				0.	0.	_	
BOARD CHAIR (14) LORETTA GRAHAM	1.00	Λ		Х		┢		0.	0.	0.	
CEO	40.00			х				0.	139,004.	5,348.	
CEO	40.00		\vdash	^	\vdash	\vdash		"	133,004.	J,340.	
		-									
						\vdash					
		1									
						\vdash					
		1									

Form 990 (2023) 332007 12-21-23

· ui	Section A. Officers, Directors, Trus		ЛОУ	ees,			gnes	, C					/ E\	
	(A)	(B) Average			ر Posi	C) ition	1		(D)	(E)		_	(F)	
	Name and title	hours per		not c	heck i	more	than o		Reportable	Reportable		l	stimate	
		week					s both or/trus		compensation from	compensation from related		l ar	nount other	
		(list any	Tot						the	organization		Com	npensa	
		hours for	Individual trustee or director				l,		organization	(W-2/1099-MI		l	rom th	
		related	9e 0r	stee			sate		(W-2/1099-MISC/	1099-NEC		l .	anizat	
		organizations	truste	Institutional trustee		yee	m per		1099-NEC)		'	ı `	d relat	
		below	idual	ution	J.	Key employee	sst cc oyee	er	,			org	anizati	ions
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
			•											
			•											
		-												
										120 0	<u> </u>			40
1b	Subtotal								0.	139,0			5,3	48.
С	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)								0.	139,0	04.	5,348.		
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	е			_
	compensation from the organization													<u> 0</u>
													Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	кеу е	mpl	oye	e, or	higl	hest compensated empl	oyee 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													
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4		X
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes, " com	plete Schedule	e J f	or su	ıch r	oers	on .					5		X
Sect	tion B. Independent Contractors	•												
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	at received more than \$	100,000 of com	pensa	tion fr	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ıg w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)			(0	C)	
	Name and business	address	N	ONE	C				Description of s	ervices	C		nsatio	n
								\sqcap						
2	Total number of independent contractors (in \$100,000 of compensation from the organization)		ot lir	nited	to t	thos)		ted	above) who received mo	ore than				

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Form 990 (2023)

FUND 37-1069337 Page **9** Form 990 (2023) Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 57,569. similar amounts not included above ... 1f 1g \$ g Noncash contributions included in lines 1a-1f 57,569. h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 19,096. 19,096. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 7a 344,197. assets other than inventory b Less: cost or other basis 7ь 330,638. Other Revenue and sales expenses c Gain or (loss) 7c 13,559. 13,559. 13,559. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 90,224. 32,655. **12 Total revenue**. See instructions

FUND Form 990 (2023) Part IX | Statement of Functional Expenses

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 5,095. 5,095. PROGRAM ASSISTANCE 1,586. PROGRAM SUPPLIES 1,586. С d All other expenses 0. 0. 6,681. 6,681. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023) Part X Balance Sheet

FUND

Check if Schedule O contains a response or note to any line in this Part X **(B)** End of year (A) Beginning of year 556,057. 0. 1 Cash - non-interest-bearing 45,386. 0. Savings and temporary cash investments 2 3,747. Pledges and grants receivable, net 3 3 0. Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 0. controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 0. under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 0. Notes and loans receivable, net 7 0. Inventories for sale or use 8 290. Prepaid expenses and deferred charges 9 0. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a 0. b Less: accumulated depreciation 10b 10c 0. 711,144. 11 Investments - publicly traded securities 11 0. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 1,316,624. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. 0. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 608,586. Net assets without donor restrictions 0. 27 27 Net assets with donor restrictions 708,038. 0. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 1,316,624. 32 32 1,316,624. 33 Total liabilities and net assets/fund balances 33

Form **990** (2023)

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FUND

37-1069337 Page 12 Form 990 (2023) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 90,224. Total revenue (must equal Part VIII, column (A), line 12) 6,681. Total expenses (must equal Part IX, column (A), line 25) 2 2 83,543. Revenue less expenses. Subtract line 2 from line 1 3 3 1,316,624. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 123,097 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 -3,6427 7 Investment expenses 8 8 Prior period adjustments -1,519,622 9 9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Х **2**c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? Х За If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

GIRL SCOUTS OF SHAGBARK COUNCIL TRUST

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

	FUND							7-1069337				
Part I	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	3.					
The organ	nization is not a private found	dation because it is: (F	or lines 1 through 12, c	heck only	one box.)							
1	A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	1)(A)(i).						
2	A school described in sect	tion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)								
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).						
4	A medical research organiz	zation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,				
	city, and state:											
5	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).											
7	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). (C	Complete Part II.)										
8	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)								
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college				
	or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or				
	university:											
10	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from co	ontribution	ns, membershi	p fees, an	d gross receipts from				
	activities related to its exer	npt functions, subjec	t to certain exceptions;	and (2) no i	more than	33 1/3% of its	support f	rom gross investment				
	income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.				
	See section 509(a)(2). (Co	mplete Part III.)										
11 🖳	An organization organized	and operated exclusi	vely to test for public sa	fety.See	section 50	09(a)(4).						
12 X	An organization organized	and operated exclusi	vely for the benefit of, to	perform th	ne functio	ns of, or to car	ry out the	purposes of one or				
	more publicly supported or	ganizations describe	d in section 509(a)(1) c	r section (509(a)(2).	See section 5	09(a)(3). (Check the box on				
_	lines 12a through 12d that	describes the type of	f supporting organization	n and comp	olete lines	12e, 12f, and	12g.					
a		anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving				
	the supported organization			majority o	f the direc	ctors or trustee	s of the su	upporting				
	organization. You must o											
ь <u>Х</u>		•				-		•				
	control or management of			ame persoi	ns that co	ntrol or manag	e the sup	ported				
	organization(s). You mus	-										
c		-					y integrate	ed with,				
. —	its supported organizatio		·									
d							-					
	that is not functionally in	•	• ,	•		•	an attentiv	/eness				
	requirement (see instruct	·	-									
e	☐ Check this box if the org					Type I, Type I	i, Type III					
	functionally integrated, o				ation.			1				
	er the number of supported of vide the following information	•	d organization(s)									
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other				
	organization	(-7 =	(described on lines 1-10	in your governi		support (see in	,	support (see instructions)				
GTDT.	SCOUTS OF		above (see instructions))	res	No							
	ERN ILLINOIS	37-0811488	10		Х		0.					
500111	DIGITAL TENTHOLD	37 0011400	10		21		<u>.</u>					
-												
Total							0.	0.				

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

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

Sec	tion A. Public Support	·					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		I	T	T	T	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
11	assets (Explain in Part VI.) Total support. Add lines 7 through 10						
	Gross receipts from related activities,	oto (soo instructio	l			12	L
	First 5 years. If the Form 990 is for the	· ·		fourth or fifth tax			
.0	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	%
	Public support percentage from 2022					15	%
	33 1/3% support test - 2023. If the					nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	· !			
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	iblicly supported o	organization		
b	10% -facts-and-circumstances test	_	•	*	-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	ınd see instructions	s

Schedule A (Form 990) 2023

GIRL SCOUTS OF SHAGBARK COUNCIL TRUST

Schedule A (Form 990) 2023 FUND

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (e) 2023 (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6.) Section B. Total Support (a) 2019 (e) 2023 Calendar year (or fiscal year beginning in) (b) 2020 (c) 2021(d) 2022 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) % 15 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- 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.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

Yes	No
X	
	X
	Х
	Х
	Х
	X
	X
	Х
	Х
	Х
	21
	v
	Х
	Х
1	

FUND 37-1069337 Page 5 Schedule A (Form 990) 2023 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and X 11c below, the governing body of a supported organization? 11a X b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide Х <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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, upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No 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 X the supported organization(s) Section D. All Type III Supporting Organizations No Yes 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С Yes No 2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in 2b these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. За Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

37-1069337 Page 6 **FUND** Schedule A (Form 990) 2023 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2023

instructions)

37-1069337 Page 7 **FUND** Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 Line 8 amount divided by line 9 amount 10 10 (i) (ii) Distributable Underdistributions Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2023 Pre-2023 Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 **c** From 2020 **d** From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3i and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022

Schedule A (Form 990) 2023

e Excess from 2023

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

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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.

2023
Open to Public Inspection

Name of the organization

GIRL SCOUTS OF SHAGBARK COUNCIL TRUST FUND

Employer identification number 37-1069337

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Similar Funds	or Accour	its. Complete if the
	organization answered Tes Sitt Offi 550,1 art iv, iiii	(a) Donor advis	ed funds	(b) Fur	nds 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 v		eld in donor advis	ed funds	
	are the organization's property, subject to the organization's	-			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Y	es" on Form 990, I	Part IV, line 7.	·
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	<u>. </u>		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contri	oution in the form	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a	2c	
d	Number of conservation easements included on line 2c acqui				
	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the	organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per				
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing cons	servation ease	ements during the year
_					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and e	nforcing conserva	tion easemen	ts during the year
•	Dono and an impact of the color			\(4\(\)\(:\	
8	Does each conservation easement reported on line 2d above				□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	lote to the organization	s imanciai stateme	enis inai desi	indes trie
Par	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art. Historical Tro	easures, or Ot	her Simila	r Assets.
	Complete if the organization answered "Yes" on Form	-	,		
1a	If the organization elected, as permitted under FASB ASC 95		venue statement a	nd balance sl	neet works
	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan	•	•		
b	If the organization elected, as permitted under FASB ASC 95				works of
	art, historical treasures, or other similar assets held for public	· ·			
	provide the following amounts relating to these items.	,			,
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical treat			I gain, provide	<u></u>
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

	t III Organizations Maintaining C	ollections of Ar	t. Historical	Treasure	es. or Othe	er Sir		· Assets			<u>je ∠</u>
3	Using the organization's acquisition, accession								COITIIIC	ieu)	
Ū	collection items (check all that apply).	on, and other record	s, criccit arry or	tric followin	ig that make	3igi iiii	Jant C	130 01 113			
а	Public exhibition	d	I Loan o	exchange	program						
		e									
b	Scholarly research Preservation for future generations	е	other_								
C 1		llootions and avalair	how thou furth	or the oran	nization'a ava	omnt n	urnor	o in Dort	VIII		
4 5	Provide a description of the organization's co During the year, did the organization solicit or	· ·	-	_			-	se III Fait	AIII.		
3	to be sold to raise funds rather than to be ma		•						Yes		No
Par	t IV Escrow and Custodial Arrang										110
	reported an amount on Form 990, Par		to ii tiro organiz	anon anom	0100 100 01		000,	· are rv, m	10 0, 01		
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for contrib	utions or ot	her assets no	nt inclu	ded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a								,		
_	g		g			Γ			Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.					-					
Par	t V Endowment Funds Complete if	the organization ans	swered "Yes" or	n Form 990,	, Part IV, line	10.					
		(a) Current year	(b) Prior yea	ır (c) T\	wo years back	(d) T	hree y	ears back	(e) Four y	years b	ack
1a	Beginning of year balance										
	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, colum	nn (a)) held a	as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are he	ld and adm	inistered for t	the			_		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)	_	
b	If "Yes" on line 3a(ii), are the related organization			R?					3b		
4	Describe in Part XIII the intended uses of the		wment funds.								
Par	t VI Land, Buildings, and Equipm		Double Co.		000 D1 V						
	Complete if the organization answered										
	Description of property	(a) Cost or o		Cost or oth	1 ' '	Accum		d	(d) Book	value	
		basis (investr	nent) b	asis (other)	a d	epreci	ation				
	Land	I									
	Buildings										—
	Leasehold improvements										—
	Equipment	I									—
	Other		<u> </u>	(5)							0.
rotal	. Add lines 1a through 1e. (Column (d) must e	auai ⊦orm 990. Part	x. line 10c. coli	лтп (B))							U •

Schedule D (Form 990) 2023

FUND 37-1069337 Page 3 Schedule D (Form 990) 2023 Part VII Investments - Other Securities Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6)(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1)(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2)(3)(4)(5) (6)(7)(8)(9)Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 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

37-1069337 Page 4 FUND Schedule D (Form 990) 2023 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5,520,649. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 123,097. 2a Donated services and use of facilities Recoveries of prior year grants 2c 5,339,600. Other (Describe in Part XIII.) 5,462,697. Add lines 2a through 2d 2e 57,952. Subtract line **2e** from line **1** Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 32,272. Other (Describe in Part XIII.) 32,272. c Add lines 4a and 4b 4c 90,224. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 4,453,473. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c Other losses 4,446,792 d Other (Describe in Part XIII.) 4,446,792. Add lines 2a through 2d 2e 6,681. 3 Subtract line **2e** from line **1** 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII. line 7b 4a Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 6,681. Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part X, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART XI, LINE 2D - OTHER ADJUSTMENTS: COUNCIL'S 990 REVENUES 4,236,587. SPECIAL EVENTS EXPENSE 41,155. COUNCIL'S UNREALIZED GAIN 1,061,858. 5,339,600. TOTAL TO SCHEDULE D, PART XI, LINE 2D PART XII, LINE 2D - OTHER ADJUSTMENTS: COUNCIL EXPENSES (990 SCH D, XII, 5) 4,405,637. 41,155. SPECIAL EVENTS EXPENSE 4,446,792. TOTAL TO SCHEDULE D, PART XII, LINE 2D

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Schedule D (Form 990) 2023 FUND Part XIII Supplemental Information (continued)		·g
Continued)		

SCHEDULE N (Form 990)

Department of the Treasury

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.

Attach certified copies of any articles of dissolution, resolutions, or plans.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

internal Rev	eriue Service		Go to	www.irs.gov/Form990 fe	or the latest information				Inspec	tion
Name of	the organization	GIRL SCO FUND	UTS OF SHA	GBARK COUNCII	TRUST			Employer ide	entification i	number
Part I	Liquidation, T space is neede	•	ution. Complete this	s part if the organization a	answered "Yes" on Form 9	990, Part IV, line 31, o	r Form 990-EZ, line 36. Pai	t I can be dup	olicated if add	ditional
1	(a) Description of asset(s) distributed or transaction expenses paid		distributed or transaction distribution		(d) Method of determining FMV for asset(s) distributed or transaction expenses (e) EIN of recipient		(f) Name and address o	of recipient	(g) IRC se recipient tax-exempt; of ent	t(s) (if) or type
-			<u> </u>							es No

			162	INC
2	Did or will any officer, director, trustee, or key employee of the organization:			
а	Become a director or trustee of a successor or transferee organization?	2a		
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		
С	Become a direct or indirect owner of a successor or transferee organization?	2c		
Ь	Receive or become entitled to compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

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

Schedule N (Form 990) 2023

GIRL SCOUTS OF SHAGBARK COUNCIL TRUST

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

37-1069337 FUND Schedule N (Form 990) 2023 Page 2 Liquidation, Termination, or Dissolution (continued) Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities). should equal -0-. Yes No Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III 3 3 Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? 4a **b** If "Yes." did the organization provide such notice? 4b Did the organization discharge or pay all of its liabilities in accordance with state laws? 5 6a Did the organization have any tax-exempt bonds outstanding during the year? 6a b If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws? 6b c If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III. Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed. 1 (a) Description of asset(s) (b) Date of (c) Fair market value of (d) Method of (e) EIN of recipient (f) Name and address of recipient (g) IRC section of determining FMV for asset(s) distributed or recipient(s) (if distributed or transaction distribution amount of transaction asset(s) distributed or tax-exempt) or type expenses paid of entity expenses transaction expenses FMV ON BANK AND GIRL SCOUTS OF SOUTHERN ILLINO INVESTMENT 4 GINGER CREEK PARKWAY 09/01/24 1,519,622, STATEMENTS 37-0811488 GLEN CARBON, IL 62034 501 C (3) CASH AND INVESTMENTS Yes No Did or will any officer, director, trustee, or key employee of the organization: Х a Become a director or trustee of a successor or transferee organization? 2a **b** Become an employee of, or independent contractor for, a successor or transferee organization? 2b c Become a direct or indirect owner of a successor or transferee organization? 2c

2d

SEE PART III

FUND 37-1069337 Page 3 Schedule N (Form 990) 2023 Part III Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information. PART II, LINE 2E: THE ENTIRE BOARD OF DIRECTORS OF THE SHAGBARK TRUST IS ALSO THE BOARD OF DIRECTORS FOR THE GIRL SCOUTS OF SOUTHERN ILLINOIS (RECEIVING AGENCY). PART II, LINE 2E: THE ORGANIZATION TRANSFERRED THE SHAGBARK TRUST FUND DURING THE YEAR ENDED SEPTEMBER 30, 2024 AND TRANSFERRED THE ASSETS TO THE COUNCIL.

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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GIRL SCOUTS OF SHAGBARK COUNCIL TRUST FUND

Employer identification number 37-1069337

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATIONAL ACTIVITIES OF THE GIRL SCOUTS. GIRL SCOUTS IS THE PREEMINENT LEADERSHIP DEVELOPMENT ORGANIZATION FOR GIRLS. WITH PROGRAMS FROM COAST TO COAST AND ACROSS THE GLOBE, GIRL SCOUTS OFFERS EVERY GIRL A CHANCE TO PRACTICE A LIFETIME OF LEADERSHIP, ADVENTURE, AND SUCCESS. GIRL SCOUTS OF SOUTHERN ILLINOIS SERVES OVER 6,363 GIRLS AND 3,618 ADULT VOLUNTEERS IN 40 MOSTLY RURAL COUNTIES IN SOUTHERN ILLINOIS. FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: THE ORGANIZATION DISSOLVED THE SHAGBARK TRUST FUND DURING THE YEAR ENDED SEPTEMBER 30, 2024 AND TRANSFERRED THE ASSETS TO THE COUNCIL. FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION DISSOLVED THE SHAGBARK TRUST FUND DURING THE YEAR ENDED SEPTEMBER 30, 2024 AND TRANSFERRED THE ASSETS TO THE COUNCIL. FORM 990, PART VI, SECTION B, LINE 11B: LINE 11A EXPLANATION - THE FORM 990 IS DISTRIBUTED ELECTRONICALLY TO THE MEMBERS OF THE FINANCE COMMITTEE AND THE BOARD FOR THEIR REVIEW AND APPROVED AT THE SUBSEQUENT BOARD MEETING. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS ARE AVAILABLE IN EACH SERVICE CENTER, \mathtt{MT} . AND GLEN CARBON. UPON WRITTEN REQUEST TO THE BOARD, THE DOCUMENTS BECOME

AVAILABLE FOR PUBLIC INSPECTION.

Schedule O (Form 990) 2023		Page 2
Name of the organization GIRL SCOUTS OF SHAGBARE FUND	COUNCIL TRUST	Employer identification number $37-1069337$
FORM 990, PART XI, LINE 9, CHANGES IN	NET ASSETS:	
CLOSE OUT TRUST		-1,519,622.

332212 11-14-23 Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury

Open to Public

OMB No. 1545-0047

Internal Revenue Service	Go to www.irs.gov/Form990	<u>for instructions and the latest</u>	information.				Inspection	on	
Name of the organization GIRL SCOUTS OF FUND	SHAGBARK COUNCIL	TRUST			Employe 37-	r identific 10693		ımber	
Part I Identification of Disregarded Entities. Complet	te if the organization answered "Ye	es" on Form 990, Part IV, line 30	3.						
(a)	(b)	(c)	(d)	(e)		(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	I	I	· ·		Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiza organizations during the tax year.	tions. Complete if the organizatio	n answered "Yes" on Form 990), Part IV, line 34, t	ecause it had one o	r more related	d tax-exen	npt		
(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 cont entity	•	Section 5 contr enti	olled	
				501(c)(3))			Yes	No	
GIRL SCOUTS OF SOUTHERN ILLINOIS - 37-0811488, 4 GINGER CREEK PARKWAY, GLEN	GIRL SCOUT EVENTS AND								
CARBON, IL 62304	ACTIVITIES	ILLINOIS	501(C)(3)	LINE 10				X	

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

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	Legal domicile (state or foreign country)	(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	ent	ction b)(13) rolled tity?
		,						Yes	No

Schedule R (Form 990) 2023

FUND 37-1069337 Schedule R (Form 990) 2023

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

lot	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	b Gift, grant, or capital contribution to related organization(s)		Х	
	c Gift, grant, or capital contribution from related organization(s)			X
	d Loans or loan guarantees to or for related organization(s)			Х
	e Loans or loan guarantees by related organization(s)			X
f	f Dividends from related organization(s)	1f		X
g	g Sale of assets to related organization(s)	1g		X
h	h Purchase of assets from related organization(s)	1h		X
i	i Exchange of assets with related organization(s)	1i		X
	j Lease of facilities, equipment, or other assets to related organization(s)			X
k	k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
ı	I Performance of services or membership or fundraising solicitations for related organization(s)	1I		X
m	m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			Х
	o Sharing of paid employees with related organization(s)			X
р	p Reimbursement paid to related organization(s) for expenses	1p		X
	q Reimbursement paid by related organization(s) for expenses			X
r	r Other transfer of cash or property to related organization(s)	1r	X	
	s Other transfer of cash or property from related organization(s)			X
2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction the	hresholds.		
	(a) (b) (c) Name of related organization Transaction Amount involved Method of deter	(d) rmining amount involved		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GIRL SCOUTS OF SOUTHERN ILLINOIS	В	6,681.	FMV
(2) GIRL SCOUTS OF SOUTHERN ILLINOIS	R	1,519,622.	FMV
(3)			
<u>(4)</u>			
<u>(5)</u>			
(6)			

Page 3

GIRL SCOUTS OF SHAGBARK COUNCIL TRUST

Schedule R (Form 990) 2023 FUND 37-1069337 Page 4

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)	(e) Are all	(f)	(g)	(1	h)	(i)	(i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners se 501(c)(3) orgs.?		Share of end-of-year assets	Dispr tion alloca Yes	ropor- nate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part Yes	ral or Peaging oner?	ercentage wnership
	_											
	_											
	- -											
											+	



Schedule R	(Form 990) 2023 F'UND	37-1069337	Page 5
Part VII	(Form 990) 2023 FUND Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		

Schedule R (Form 990) 2023 332165 09-28-23