Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	ror the	ϵ 2023 calendar year, or tax year beginning $000000000000000000000000000000000000$	enaing S	EP 30, 2024			
В	Check if applicable	GIRL SCOUTS - DIAMONDS OF ARRANSAS,		D Employer identific	cation number		
	Addre: chang	e OKLAHOMA, & TEXAS					
	Name chang	Doing business as		71-03093	73		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r		
	Final return/	1719 MERRILL DRIVE		(800) 632-6894			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	7,823,123.			
	Ameno return	LITTLE ROCK, AR 72212		H(a) Is this a group re	eturn		
	Applic tion	F Name and address of principal officer: MAKI GRACE HERKINGIV	ON	for subordinates	? Yes X No		
_	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No		
<u></u>	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. See instructions		
_	Websit			H(c) Group exemptio			
		organization: X Corporation Trust Association Other	L Year	of formation: 2008	M State of legal domicile; AR		
P	art I	Summary					
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PREDUCATION TO GIRLS.					
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more				
o ve	3			3	16		
9	4	Number of independent voting members of the governing body (Part VI, line 1b)			16		
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			113		
Ξ	6	Total number of volunteers (estimate if necessary)			3300		
Act	7 a	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	<u></u>		0.		
e				Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		735,221.	678,087.		
Revenue	9	Program service revenue (Part VIII, line 2g)		142,061.	214,068.		
Se.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		458,353.	177,999.		
	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,366,985.	3,695,591.		
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,702,620.	4,765,745.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		51,331.	55,598. 0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		3,490,635.	3,799,312.		
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	·····	0.	0.		
ËX	1 D	Total fundraising expenses (Part IX, column (D), line 25) 394,72		1,784,375.	1,853,418.		
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,326,341.	5,708,328.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-623,721.	-942,583.		
	19 /	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year		
Net Assets or	20	Total assets (Part X, line 16)		7,060,254.	6,381,629.		
4SSE	21	Total liabilities (Part X, line 10)		390,708.	362,800.		
let/	22	Net assets or fund balances. Subtract line 21 from line 20		6,669,546.	6,018,829.		
	art II	Signature Block		0,003,310.	0,010,019		
Und	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my	knowledge and belief, it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of which			,		
Sig	n	Signature of officer		Date			
He	re	MARY GRACE HERRINGTON, CEO					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check if	PTIN		
Pai	d	RANDY L. MILLIGAN, CPA		self-employ			
Pre	parer	Firm's name LANDMARK PLC, CPAS		Firm's EIN 7	1-0355269		
Use	Use Only Firm's address 200 W. CAPITOL AVE., SUITE 1700						
_		LITTLE ROCK, AR 72201		Phone no. 50	<u>1-375-2025</u>		
Ма	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		
	A Fa	December 19 decemb			Farm 990 (2022)		

	GIRL SCOUTS - DIAMONDS OF ARKANSAS,
	990 (2023) OKLAHOMA, & TEXAS 71-0309373 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO BUILD GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER WHO MAKE THE
	WORLD A BETTER PLACE. THE COUNCIL STRIVES TO PROVIDE A VARIETY OF
	GIRL SCOUT PROGRAMS AND EXCITING OPPORTUNITIES THROUGHOUT THE AREA IT
	SERVES IN ORDER TO ACCOMPLISH THIS MISSION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$4, 274, 554. including grants of \$55, 598.) (Revenue \$3, 883, 684.
	CONDUCTED MEMBERSHIP PROGRAM ACTIVITIES FOCUSED ON CHARACTER,
	PATRIOTISM, CONDUCT, SKILLS FOR PERSONAL LIVING, HEALTH AND FITNESS,
	AND POSITIVE SELF-ESTEEM. DEVELOPED CAREER INTERESTS AND WORK HABITS
	THROUGH ACTIVITIES SUCH AS COOKIE SALES, SCIENCE MUSEUM TRIPS,
	OVERNIGHTS, AND CAREER WORKSHOPS. HOSTED RESIDENT CAMPS AND YEAR-ROUND
	WEEKEND OUTDOORS ACTIVITIES FOCUSED ON SPORTS, ECOLOGY, CONSERVATION,
	AND SKILL DEVELOPMENT. OVER 4,200 GIRLS PARTICIPATED IN THESE
	PROGRAMS.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$

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

Total program service expenses

including grants of \$ 4 , 274 , 554 .

) (Revenue \$

Form 990 (2023) OKLAHOMA , & TEXAS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? 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, VIII, 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		Х
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			<u>-</u> -
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_
	complete Schedule G, Part III	19		X
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		X

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Pa	rt IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individual	s on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes				
	Schedule J	•	23	Х	l
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d				1
	Schedule K. If "No," go to line 25a	and complete	24a		X
h	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				
·		•	24c		
a	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
			24u		\vdash
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess		05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		_^
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a				1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? $\c \emph{If}$, ,			3,7
	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 of	current			1
	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, truste	e, key employee,			1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or	r to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete So	chedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Sche	dule 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	or? If			
	"Yes," complete Schedule L, Part IV		28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?				
_	"Yes," complete Schedule L, Part IV		28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule		29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
30			30		x
24	contributions? If "Yes," complete Schedule M	1. N. D I	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedu</i>		31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," o	omplete			x
	Schedule N, Part II		32		_^
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regul				v
	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 I				
	Part V, line 1		34		X
	• • • • • • • • • • • • • • • • • • • •		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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	related organization?			
	If "Yes," complete Schedule R, Part V, line 2		36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organ				1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, P	art VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11				
	Note: All Form 990 filers are required to complete Schedule O		38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schoolule O centains a response or note to any line in this Bort V				
				Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 47		. 55	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and rep				
C	(nambling) winnings to prize winners?	or able garring	10	x	

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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 113 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? Х 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 9 Sponsoring organizations maintaining donor advised funds. 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. X 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.

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

					X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	6		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b 1	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		_		
_	officer, director, trustee, or key employee?		2		х
3	Did the organization delegate control over management duties customarily performed by or under the				
Ū		an out super vision	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99				X
5	Did the organization become aware during the year of a significant diversion of the organization's asset				X
6			6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or app		-		22
7a			70		x
	more members of the governing body?		7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	•			x
•	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	,		Х	
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach the control of the				.
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
360	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>renue Code.)</u>			T
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, affiliates,		37	
				X	37
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ_6 "	*		37	
	on Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	•			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			77	
	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a			37
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of				
800	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed AR	1000 T / == : / ::	· · ·		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	a 990-1 (section 501(c)(s)s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.				
	· ,	on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor-	nflict of interest policy, a	nd finan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's book	ks and records			
	THE ORGANIZATION - (800) 632-6894				
	1719 MERRILL DRIVE, LITTLE ROCK, AR 72212				

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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 organization nor any related organization compensated any current officer, director, or trustee.										
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	ordi	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		99/	npen	'	1099-NEC)	1099-1120)	and related
	below	ndividual trustee or director	Institutional trustee	_	Key employee	st col	<u>~</u>	1000 1120)		organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(1) DAWN PRASIFKA	40.00									
CHIEF EXECUTIVE OFFICER				X				170,560.	0.	13,380.
(2) MARIE GIERINGER	40.00									
CHIEF FINANCIAL OFFICER				X				132,353.	0.	14,923.
(3) ADRA WINDSOR	40.00									
CHIEF FINANCIAL OFFICER				X				85,115.	0.	6,907.
(4) KIMBERLY SNIPES	5.00									
BOARD CHAIR		X		X				0.	0.	0.
(5) SANDY RISI	2.00				ľ					
1ST VICE CHAIR		X		Х				0.	0.	0.
(6) DONNA CARTER	2.00			l						•
SECRETARY	5 00	X		Х				0.	0.	0.
(7) ROBERT CLAYTON	5.00			l						
TREASURER	F 00	Х		Х				0.	0.	0.
(8) JULI DORROUGH	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
(9) ANGELA SHIREY	5.00									•
MEMBER AT LARGE		Х						0.	0.	0.
(10) ANGELA TILLEY	2.00								_	•
MEMBER AT LARGE	0.00	Х						0.	0.	0.
(11) CATHERINE GARNER	2.00								0	0
MEMBER AT LARGE	2 00	X						0.	0.	0.
(12) CHANNING BARKER MEMBER AT LARGE	2.00	Х						0.	0.	0.
(14) DALE MURPHY	2.00	Λ						0.	0.	<u> </u>
MEMBER AT LARGE	2.00	Х						0.	0.	0.
(15) DEANNA RAY	2.00	Λ						0.	0.	0.
MEMBER AT LARGE	2.00	Х						0.	0.	0.
(16) MARGARET HUGHES	2.00	Λ						0.	0.	0.
MEMBER AT LARGE	2.00	Х						0.	0.	0.
(17) NANCY EBERLEIN	2.00	21							0.	
MEMBER AT LARGE	2.00	Х						0.	0.	0.
(18) TRACY LONG	2.00									•
MEMBER AT LARGE		Х						0.	0.	0.
	1							<u> </u>	<u> </u>	5 000 (2222)

Name and title Average hours per week (list any hours for related organization plants and related organization and related organizations and related organization is any former officer, trustes key employee, or highest compensation from the organization and related organizations greater than \$150,000? if 'res,' complete Schedule J for such individual listed on line 1a; is the sum or reportation compensation from the organization and related organizations greater than \$150,000? if 'res,' complete Schedule J for such individual listed on line 1a; is the sum or reportation compensation from the organization and related organizations greater than \$150,000? if 'res,' complete Schedule J for such individual listed on line 1a; is the sum or reportation compensation from the organization and related organizations greater than \$150,000? if 'res,' complete Schedule J for such individual listed on line 1a; is the sum or reportation compensation from the organization and related organizations greater than \$150,000? if 'res,' complete Schedule J for such individual for services and the organization organization and related organization reports the programation of services. Ves No Ves No Ves Ve	Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
The Subtotal It is Subtotal Control Total from Continuation sheets to Part VII, Section A It is Subtotal Control Total from Continuation sheets to Part VII, Section A It is Subtotal Control Total from Control Interest in	(A)	(B)							(D)	(E)			(F)	
Nour per	Name and title	1	(do					one	Reportable	Reportable		E	stimat	ed
District any hours for related organizations District any hours for related organizations District any formation			box	, unles	ss per	son i	s both	n an	· '		ו	ar		
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the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Description of services Compensation DOUBLE N CONTRACTORS, 1440 TYREE MNT ROAD, NOARK ROAD PRAIRIE GROVE, AR 72753 CONSTRUCTION 140,139. EDAFIO TECHNOLOGIES, 5400 NORTHSHORE DRIVE, NORTH LITTLE ROCK, AR 72118 IT SUPPORT 135,919.	Section B. Independent Contractors													
(A) Name and business address DOUBLE N CONTRACTORS, 1440 TYREE MNT ROAD, NOARK ROAD PRAIRIE GROVE, AR 72753 EDAFIO TECHNOLOGIES, 5400 NORTHSHORE DRIVE, NORTH LITTLE ROCK, AR 72118 Total number of independent contractors (including but not limited to those listed above) who received more than	1 Complete this table for your five highest con	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	tion fr	om	
Name and business address Description of services Compensation DOUBLE N CONTRACTORS, 1440 TYREE MNT ROAD, NOARK ROAD PRAIRIE GROVE, AR 72753 EDAFIO TECHNOLOGIES, 5400 NORTHSHORE DRIVE, NORTH LITTLE ROCK, AR 72118 Total number of independent contractors (including but not limited to those listed above) who received more than	the organization. Report compensation for t	the calendar ye	ear e	ndir	ng wi	ith c	or wi	thin	the organization's tax ye	ear.				
DOUBLE N CONTRACTORS, 1440 TYREE MNT ROAD, NOARK ROAD PRAIRIE GROVE, AR 72753 CONSTRUCTION 140,139. EDAFIO TECHNOLOGIES, 5400 NORTHSHORE DRIVE, NORTH LITTLE ROCK, AR 72118 IT SUPPORT 135,919. 2 Total number of independent contractors (including but not limited to those listed above) who received more than												(0	C)	
PRAIRIE GROVE, AR 72753 CONSTRUCTION 140,139. EDAFIO TECHNOLOGIES, 5400 NORTHSHORE DRIVE, NORTH LITTLE ROCK, AR 72118 IT SUPPORT 135,919. 2 Total number of independent contractors (including but not limited to those listed above) who received more than									<u>-</u>	ervices	C	ompe	ensatio	n
EDAFIO TECHNOLOGIES, 5400 NORTHSHORE DRIVE, NORTH LITTLE ROCK, AR 72118 IT SUPPORT 135,919. 2 Total number of independent contractors (including but not limited to those listed above) who received more than		0 TYREE	M	NT	R	OA.	D,							
DRIVE, NORTH LITTLE ROCK, AR 72118 IT SUPPORT 135,919. 2 Total number of independent contractors (including but not limited to those listed above) who received more than								(CONSTRUCTION			14	0,1	<u> 39.</u>
Total number of independent contractors (including but not limited to those listed above) who received more than				RE										
•	DRIVE, NORTH LITTLE ROCK,	AR 721	18						IT SUPPORT			13	5,9	<u> 19.</u>
•														
•								_						
•														
•														
•														
•														
\$100,000 of compensation from the organization			ot lin	nited	to t	thos	e lis	ted	above) who received mo	ore than				

GIRL SCOUTS - DIAMONDS OF ARKANSAS, OKLAHOMA, & TEXAS 71-0309373 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 39,506. Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 150,097. 1c d Related organizations 1d 829. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 487,655. 1f 21,790. g Noncash contributions included in lines 1a-1f 678,087. h Total. Add lines 1a-1f **Business Code** 2 a CAMP FEES 130,647 900099 130,647. Program Service b PROGRAM SERVICE FEES 900099 83,421. 83,421. Revenue С f All other program service revenue 214,068. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 53,003. 53,003. other similar amounts) Income from investment of tax-exempt bond proceeds 1,620. 1,620. 5 Royalties (i) Real (ii) Personal 10,356. 6 a Gross rents 6b **b** Less: rental expenses ... 10,356. c Rental income or (loss) 6c 10,356. 10,356. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 2,711. 700,743 assets other than inventory 7a b Less: cost or other basis 578,458 Other Revenue and sales expenses 7b 2,711. 122,285 c Gain or (loss) ______7c 124,996. 124,996. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 150,096. of contributions reported on line 1c). See Part IV, line 18 28,320. 63,749. **b** Less: direct expenses -35,429 -35,429. 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 6,084,787. and allowances 10a 2,415,171 **b** Less: cost of goods sold 3,669,616. 3,669,616. c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS 900099 49,428. 49,428. b

49,428.

3,883,684.

4,765,745.

203,974.

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions

Form 990 (2023) OKLAHOMA , & TEXAS Part IX Statement of Functional Expenses

Sect	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						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21						
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22	55,598.	55,598.				
3	Grants and other assistance to foreign	•					
	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors,						
	trustees, and key employees	371,886.	185,943.	138,602.	47,341.		
6	Compensation not included above to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)						
7	Other salaries and wages	2,673,143.	2,184,490.	307,970.	180,683.		
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)	360,337.	286,171.	48,018.	26,148.		
9	Other employee benefits	174,735.	126,810.	31,209.	16,716.		
10	Payroll taxes	219,211.	166,162.	35,074.	17,975.		
11	Fees for services (nonemployees):						
а	Management						
b	Legal	9,348.	378.	8,970.			
С	Accounting	28,850.		28,850.			
d	Lobbying						
е	Professional fundraising services. See Part IV, line 17						
f	Investment management fees	13,878.		13,878.			
g	Other. (If line 11g amount exceeds 10% of line 25,						
	column (A), amount, list line 11g expenses on Sch 0.)	177,817.	75,743.	84,042.	18,032.		
12	Advertising and promotion	65,806.	51,077.	3,306.	11,423.		
13	Office expenses	164,331.	72,931.	88,328.	3,072.		
14	Information technology						
15	Royalties	100 100	0.4 650	00 740	1.4		
16	Occupancy	187,427.	94,670.	92,743.	14.		
17	Travel	123,830.	103,672.	9,809.	10,349.		
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials	21 201	24 555	0 E 2 1	1 200		
19	Conferences, conventions, and meetings	34,384. 11,435.	24,555.	8,521. 11,435.	1,308.		
20	Interest Payments to efficience	11,433.		11,433.			
21	Payments to affiliates	340,931.	272,746.	68,185.			
22		123,201.	91,740.	31,461.			
23 24	Insurance Other expenses. Itemize expenses not covered	145,401.	JI, 140 •	JI, 40I.			
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 0.) SUPPLIES	298,664.	243,409.	14,687.	40,568.		
a	SALES INCENTIVES	105,085.	105,085.	14,00/•	40,300.		
b	LICENSES & FEES	78,248.	54,587.	2,571.	21,090.		
c d	EQUIPMENT RENTAL & MAIN	57,056.	47,861.	9,195.	41,090.		
		33,127.	30,926.	2,200.	1		
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	5,708,328.	4,274,554.	1,039,054.	394,720.		
26	Joint costs. Complete this line only if the organization	3,,00,320.	-, -, -, -, -, -, -, -, -, -, -, -, -, -	±,000,00±•	JJ = 1 1 1 U •		
20	reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation.						
	Check here if following SOP 98-2 (ASC 958-720)						
	ionowning cor 35°2 (A00 300-120)				Form 990 (2022)		

OKLAHOMA, & TEXAS

Га	I L A	Balance Sneet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X I	/A\		(B)
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			425,491.	1	231,024.
	2	Savings and temporary cash investments			758,934.	2	336,985.
	3	Pledges and grants receivable, net	74,881.	3	182,740.		
	4	Accounts receivable, net	172,135.	4	26,878.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described		6			
छ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			117,614.	8	107,559.
ğ	9	Prepaid expenses and deferred charges			52,771.	9	84,445.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	7,163,673.			
	b		3,615,135.	10c	3,484,981.		
	11	Investments - publicly traded securities	1,700,034.	11	1,834,998.		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		1.42 0.50	14	20 212	
	15	Other assets. See Part IV, line 11		143,259.	15	92,019.	
	16	Total assets. Add lines 1 through 15 (must equa			7,060,254.	16	6,381,629.
	17	Accounts payable and accrued expenses			243,342.	17	246,487.
	18	Grants payable	20,363.	18	42,057.		
	19	Deferred revenue	20,303.	19	42,037.		
	20	Tax-exempt bond liabilities				20	
	21 22	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Loans and other payables to any current or form trustee, key employee, creator or founder, subst					
≣		controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrela		., Г		23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa				2-7	
		parties, and other liabilities not included on lines					
		of Schedule D	,		127,003.	25	74,256.
	26	Total liabilities. Add lines 17 through 25			390,708.	26	362,800.
		Organizations that follow FASB ASC 958, che			·		
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			5,571,834.	27	4,792,529.
Bal	28	Net assets with donor restrictions			1,097,712.	28	1,226,300.
<u>u</u>		Organizations that do not follow FASB ASC 9					
Ę		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed	Juipmer	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Se	32	Total net assets or fund balances			6,669,546.	32	6,018,829.
	33	Total liabilities and net assets/fund balances			7,060,254.	33	6,381,629.

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 4,765,745. Total revenue (must equal Part VIII, column (A), line 12) 1 5,708,328. Total expenses (must equal Part IX, column (A), line 25) 2 2 -942,583. Revenue less expenses. Subtract line 2 from line 1 3 3 6,669,546. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 291,866. 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 6,018,829. 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 **b** Were the organization's financial statements audited by an independent accountant? Х 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, Х review, or compilation of its financial statements and selection of an independent accountant? **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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

GIRL SCOUTS - DIAMONDS OF ARKANSAS, **Employer identification number** Name of the organization OKLAHOMA 71-0309373 TEXAS Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	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)							
6	Public support. Subtract line 5 from line 4.							
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business)				
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,	etc. (see instructio	ns)			12		
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)		
	organization, check this box and stop							
	tion C. Computation of Publi					T I		
	Public support percentage for 2023 (li					14	%	
	Public support percentage from 2022					15	<u>%</u>	
16a	33 1/3% support test - 2023. If the c	-						
	stop here. The organization qualifies		~					
D	33 1/3% support test - 2022. If the constant is a small star from The average star and the star from the small star from the s							
17-	and stop here. The organization qualifies as a publicly supported organization							
ı/a								
	and if the organization meets the facts		•	-	•	vi now the organiz	alion	
L	meets the facts-and-circumstances te	_		• • •	-		L	
a	10% -facts-and-circumstances test	-					1U% UI	
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
10	•				• • •		H	
10	Private foundation. If the organizatio	n did not check a t	JUX UITIIITIE 13, 16	a, 100, 17a, 0r 17b	, crieck this box a	nu see mstructions		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	ciow, picase comp	ioto i uit ii.j					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Gifts, grants, contributions, and	,	` ,	,	,	. ,		
	membership fees received. (Do not							
	include any "unusual grants.")	1134187.	1819111.	2166002.	735,221.	663,801.	6518322.	
2	Gross receipts from admissions,				-	-		
	merchandise sold or services per-							
	formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose	6811545.	4635811.	4881516.	5406917.	6298855.	28034644.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to			_				
	the organization without charge							
6	Total. Add lines 1 through 5	7945732.	6454922.	7047518.	6142138.	6962656.	34552966.	
78	Amounts included on lines 1, 2, and	14 200	E2 0E4	11.050		0 600	104 000	
	3 received from disqualified persons	14,390.	53,951.	14,050.	32,899.	9,600.	124,890.	
K	Amounts included on lines 2 and 3 received from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the	346,517.					346,517.	
	amount on line 13 for the year	360,907.	53,951.	14,050.	32,899.	9,600.		
	Add lines 7a and 7b	300,307.	33,931.	14,030.	32,099.		34081559.	
Sec	Public support. (Subtract line 7c from line 6.)						D4001339•	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 6	7945732.	6454922.	7047518.	6142138.	6962656	(f) Total 34552966.	
	Gross income from interest,	13431321	0434322.	7047510.	0142130.	0302030:	343323001	
100	dividends, payments received on							
	securities loans, rents, royalties, and income from similar sources	74,623.	72,156.	82,283.	70,016.	64 979.	364,057.	
ŀ	Unrelated business taxable income	7 1 7 0 1 3 1	,2,1301	02/2031	7070101	01/3/30	301/03/1	
•	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
,	Add lines 10a and 10b	74,623.	72,156.	82,283.	70,016.	64,979.	364,057.	
	Net income from unrelated business	, 1, 0100	, _ , _ 5 6 6	02,2000	, 0 , 0 2 0 0	01/5/50	301/03/1	
	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.)	31,939.	66,666.	105,352.	271,425.	49,428.	524,810.	
13	Total support. (Add lines 9, 10c, 11, and 12.)	8052294.	6593744.	7235153.	6483579.		35441833.	
	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, 1	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,	
				•			· —	
Se	ction C. Computation of Publi	c Support Per	centage					
15	Public support percentage for 2023 (li	ine 8, column (f), di	vided by line 13, o	olumn (f))		15	96.16 %	
	16 Public support percentage from 2022 Schedule A, Part III, line 15							
Se	ection D. Computation of Investment Income Percentage							
	7 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))							
	Investment income percentage from 2					18	1.12 %	
198	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 X							
k	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							
20	i ilvate loulluationi il the organizatio	n ala noi bileck a l	JOA OIT III IC 14, 196	a, or rob, crieck lit	וט טטא מווט שכב ווואו			

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

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

	Yes	No
1		
2		
3a		
3b		
3c		
4-		
4a		
4b		
- 1-2		
4c		
F .		
5a		
5b		
5c		
6		
-		
7		
8		
J		
9a		
9b		
9c		
100		
10a		
10b		
lule A (Forn	n 000)	2022

	edule A (Form 990) 2025 OKLIATIONA, & TEXAS	030331	J P	age 5
Pa	rt IV Supporting Organizations (continued)		T	
	Here the consideration are controlled in the first form and the following account of		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	110		
h	11c below, the governing body of a supported organization?	11a 11b		
	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
C	detail in Part VI.	11c		
Sec	etion B. Type I Supporting Organizations			
	<u> </u>		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of	r		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	3,		
	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	ן נ		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). etion D. All Type III Supporting Organizations	1		
360	tion b. All Type III Supporting Organizations		T.,	г
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ee instruction	ı <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	, , ,			
	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	21		
^	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а		20		
h	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	II red. describe iii the role played by the organization in this readiu.			

GIRL SCOUTS - DIAMONDS OF ARKANSAS,

Schedule A (Form 990) 2023 OKLAHOMA, & TEXAS

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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	inizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must of		·					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting orga	nization (see				

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ed)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	,	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
<u>b</u>	From 2019				
c	From 2020				
d	From 2021				
е	From 2022				
f_	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u>i</u>	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: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
<u> </u>	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.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

GIRL SCOUTS - DIAMONDS OF ARKANSAS,

71-030<u>9373 Page 8</u> OKLAHOMA, & TEXAS Schedule A (Form 990) 2023 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. Part VI (See instructions.)

332028 12-21-23 Schedule A (Form 990) 2023

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2023

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2019 Amount	2020 Amount	2021 Amount	2022 Amount	2023 Amount
ANDREA ALBRIGHT	7,500.	14,500.	7,000.	0.	0.
DAWN PRASIFKA	6,890.	6,240.	7,050.	5,600.	9,600.
KEN HARRISON	0.	33,211.	0.	27,299.	0.
		4			
)		
Total to Schedule A, Part III, Line 7a	14,390.	53,951.	14,050.	32,899.	9,600.

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2023

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2019 Amount	2020 Amount	2021 Amount	2022 Amount	2023 Amount
WINDGATE CHARITABLE					
FOUNDATION	346,517.	0.	0.	0.	0.
			_		
		4			
			•		
Total to Schedule A, Part III, Line 7b	346,517.				

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/Form90 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

GIRL SCOUTS - DIAMONDS OF ARKANSAS, OKLAHOMA, & TEXAS

Employer identification number 71-0309373

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nilar Funds or A	ccounts. Complete if the
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	in donor advised fur	nds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that gran	t funds can be used	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose confe	ring
Da	impermissible private benefit?			
Pai			on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organizatio			
	Preservation of land for public use (for example, recreat			torically important land area
	Protection of natural habitat		Preservation of a cer	tified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribut	ion in the form of a c	Held at the End of the Tax Year
	day of the tax year.			
_	Total number of conservation easements			2a
b				2b
	Number of conservation easements on a certified historic stru			2c
a	Number of conservation easements included on line 2c acquir			
2	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or ter	minated by the organ	iization during the tax
4	Number of states where property subject to conservation ease	oment is located		
5	Does the organization have a written policy regarding the period		n handling of	
3	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		enforcing conservati	
•	g, nopeomig,	Januaring or morations, arra	omeremy concentum	on cacomomo admig uno year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enfo	rcing conservation ea	asements during the year
	3, 1 3,	3	3	3 ,
8	Does each conservation easement reported on line 2d above	satisfy the requirements of	f section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?		. , , , ,	Yes No
9	In Part XIII, describe how the organization reports conservatio			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's fi	nancial statements th	nat describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rever	ue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, o	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that descr	ibes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue s	statement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public $% \left(1\right) =\left(1\right) \left(1\right) $	exhibition, education, or r	esearch in furtherand	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea	sures, or other similar ass	ets for financial gain,	provide
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

L –	0	3	0	9	3	7	3	Page 2	
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Par	rt III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, o	Other	' Simila	Assets	(continu	ed)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	make si	gnificant ι	use of its		
	collection items (check all that apply).								
а	Public exhibition	d	Loan or excl	hange progra	ım				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	e organizatio	n's exem	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or othe	r similar	assets			
	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arran		te if the organization	answered "	Yes" on F	Form 990,	Part IV, li	ne 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an, or other intermed	liary for contribution	s or other as	sets not	included		_	
	on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
								Amount	
С	Beginning balance					. 1c			
d	Additions during the year					. 1d			
е	Distributions during the year					. 1e			
f	Ending balance					1f			
	Did the organization include an amount on Fo		A .			ty?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.							<u></u>	
Par	T V Endowment Funds Complete if		_						
		(a) Current year		(c) Two year		· · · · ·	rears back	. , ,	
1a	Beginning of year balance	148,303.	125,504.	158	3,582.	1	45,531.	1	43,905.
b	Contributions	6,868.	5,000.						1,626.
С	Net investment earnings, gains, and losses	36,507.	17,799.		791.		34,105.		8,259.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs			38	3,869.		21,054.		8,259.
f	Administrative expenses	104 550	1.10.000	4.0.					45 504
g	End of year balance	191,678.	148,303.		5,504.	1	58,582.	1	45,531.
2	Provide the estimated percentage of the curr		e (line 1g, column (a)) held as:					
a	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С		%							
_	The percentages on lines 2a, 2b, and 2c show								
за	Are there endowment funds not in the posse	ssion of the organiza	tion that are held an	id administer	ed for the	е		Г	res No
	organization by:								X
	(i) Unrelated organizations?							3a(i)	X
								3a(ii)	$\frac{\Lambda}{\Lambda}$
	If "Yes" on line 3a(ii), are the related organiza							3b	
4 Par	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment tunas.						
. u.	Complete if the organization answere		Part IV line 11a S	ee Form 990	Part X	line 10			
	Description of property	(a) Cost or o				ccumulate	<u>.</u>	(d) Book	
	Description of property	basis (investn				oreciation	iu	(u) BOOK	value
12	Land	,	,	4,723.	401			154	,723.
	Land Buildings			7,958.	2. 0	973,83	10.	$\frac{134}{2,864}$	
	Leasehold improvements		3,33	. , , , , , , ,	د , د	,		_, 504	<u>, </u>
	Equipment		2.2	7,586.	1	L86,0	7.	41	,579.
	Other			3,406.		518,8			,531.
	I. Add lines 1a through 1e. (Column (d) must e							3,484	
		auari onn 330. Edil	A. HITE TOO. COMMITTE						<u>, </u>

Schedule D (Form 990) 2023 OKLAHOMA , &	TEXAS		71-0309373 Page 3
Part VII Investments - Other Securities Complete if the organization answered "Yes" of	n 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	T	t or end-of-year market value
(1) Financial derivatives	(-,	(0,	
(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" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13	3.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	t 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" of	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15	5.
(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. Part X Other Liabilities	(B))		
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X,	line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CUSTODIAL FUNDS			4,258.
(3) LEASE LIABILITY			69,998.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

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

74,256.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements			1	5,157,744.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a	291,866.				
b	Donated services and use of facilities	2b	50,263.				
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d	63,748.				
е	Add lines 2a through 2d			2e	405,877. 4,751,867.		
3	Subtract line 2e from line 1			3	4,751,867.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,878.				
b	Other (Describe in Part XIII.)	4b			10.050		
С	Add lines 4a and 4b			4c	13,878.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	ato Mit	h Evnonces per B	5	4,765,745.		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer	its wit	n Expenses per H	eturi	1		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			. 1	E 000 161		
1	Total expenses and losses per audited financial statements			1	5,808,461.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ۔ما	50 263				
a	Donated services and use of facilities	2a	50,263.				
b		2b					
C		2c 2d	63,748.				
	Other (Describe in Part XIII.) Add lines 2a through 2d			2e	114,011.		
3				3	5,694,450.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	3,034,4300		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,878.				
	Other (Describe in Part XIII.)	4b					
	Add lines 4a and 4b			4c	13,878.		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,708,328.		
Pa	rt XIII Supplemental Information				-		
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b	and 2b; Part V, line 4;	; Part)	K, line 2; Part XI,		
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and additional additional and additional	onal infor	mation.				
PAI	RT V, LINE 4:						
REI	PRESENTS CONTRIBUTIONS RECEIVED FROM VARIOUS	S DON	ORS, THE CO	RPU	S OF WHICH		
T 6	MO DE MATAMATARE IN DEPORTURAN MUE INCOME		ED EUEDEON	τα ,	TO DE		
<u>IS</u>	TO BE MAINTAINED IN PERPETUITY. THE INCOME	EARN	ED THEREON	IS '	LO BE		
TTM:	TITTED BY MUE COUNCIL MO DEOUTE WARTOUG FOR	owe o	E ACCTOMANO	г п/	O CIDIC		
01	ILIZED BY THE COUNCIL TO PROVIDE VARIOUS FOR	KMS U	F ASSISTANC.	E 10) GIKTP		
DAI	RTICIPATING IN GIRL SCOUT PROGRAMS OR FOR PU	TRRAC	FS OF CONDIN	СФТІ	NG WARTOIIS		
IAI	THE TO THE CHANGON I TOOSE UNIE MI EMILIATION IC	JKI OB	ED OF COMPO	<u> </u>	NG VARIOUD		
GTE	RL SCOUT PROGRAMS.						
<u> </u>	th bedon intention						
PAI	RT X, LINE 2:						
	·						
<u>TH</u> I	E COUNCIL IS A TAXEXEMPT ORGANIZATION UNDER	SECT	ION 501(C)	3) (OF THE		
IN	PERNAL REVENUE CODE OF 1986, AS AMENDED, ANI) IS	NOT A PRIVA	TE			
FOU	JNDATION.						

Schedule D (Form 990) 2023 OKLAHOMA ,

Part XIII Supplemental Information (continued)

ACCOUNTING STANDARDS REQUIRE THE COUNCIL TO EVALUATE TAX POSITIONS AND
RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE COUNCIL HAS TAKEN AN UNCERTAIN
POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION
BY THE INTERNAL REVENUE SERVICE (IRS). THE COUNCIL HAS ANALYZED THE TAX
POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF SEPTEMBER 30, 2024 AND 2023,
THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD
REQUIRE THE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE
FINANCIAL STATEMENTS. THE COUNCIL MAY BE SUBJECT TO AUDIT BY THE IRS;
HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES 63,748.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES 63,748.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

GIRL SCOUTS - DIAMONDS OF ARKANSAS,

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

OKLAHOM	A, & TEXAS				71-0309	373
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	'es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includerofessi	non-g gover aising ding of lonal fo	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration

GIRL SCOUTS - DIAMONDS OF ARKANSAS,

Schedule G (Form 990) 2023

OKLAHOMA, & TEXAS

71-0309373 Page 2

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions and ground fundraising event contributions.				
		J J	(a) Event #1	(b) Event #2 CAMP 501	(c) Other events NONE	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	- col. (c))
Revenue	1	Gross receipts	116,891.	61,525.		178,416.
	2	Less: Contributions	101,571.	48,525.		150,096.
	3	Gross income (line 1 minus line 2)	15,320.	13,000.		28,320.
		Cash prizes				
တ္သ	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	7,709.	7,000.		14,709.
irect E	7	Food and beverages	12,646.	6,155.		18,801.
	8	Entertainment				
	9			11,899.		30,239.
	10	,				63,749.
Pa		Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		000 Port IV line 10, or		-35,429.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rollin	1990, Fait IV, line 19, or 1	reported more than	
		· · · · · · · · · · · · · · · · · · ·	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
anue			(a) bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
•	En:	tow the etate(a) in which the evention condu	esta gamina activitica.			
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac		states?		Yes No
		No," explain:				
	_					
		ere any of the organization's gaming licenses re			/ear?	Yes No
a	11 "	Yes," explain:				

GIRL SCOUTS - DIAMONDS OF ARKANSAS, OKLAHOMA, & TEXAS

Sch	ledule G (Form 990) 2023 OKLAHOMA, & TEXAS /1-	03093/3	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	102	70
17	Effect the hame and address of the person who prepares the organization's gaining/special events books and records.		
	Name		
	Name		
	Address		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
Ŀ	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
,	If "Yes," enter name and address of the third party:		
•	on 165, onto hame and address of the time party.		
	Name		
	Name		
	Address		
	Address		
40			
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II.	art III. lines 9. !	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	, , ,
	ios, ros, ro, and ros, do appropriate from the annual members of members.		

332083 09-13-23 Schedule G (Form 990) 2023

GIRL SCOUTS - DIAMONDS OF ARKANSAS,

Schedule (G (Form 990)	OKLAHOMA, 8	TEXAS		71-0309373	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continued)				
	•	(/				
				· ·		
				Y		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

GIRL SCOUTS - DIAMONDS OF ARKANSAS,

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

OKLAHOMA	, & TEXAS		-				71-0309373
Part I General Information on Grants	and Assistance					_	
1 Does the organization maintain records							
	criteria used to award the grants or assistance? No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.						
2 Describe in Part IV the organization's part II Grants and Other Assistance to						/aall am Farma 000 David	V line Of far any
recipient that received more than					anization answered "	res" on Form 990, Part I	v, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
		C					
2 Enter total number of section 501(c)(3)	-						·
3 Enter total number of other organization	ns listed in the line	1 table					

Page 2

Schedule I (Form 990) 2023

OKLAHOMA, & TEXAS

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TRL MEMBERSHIP ASSISTANCE	400	10,920.	0.		
		,			
CHOLARSHIPS	7	8,250.	0.		
ROOP SUPPORT	13	13,228.	0.		
Part IV Supplemental Information. Provide the information r	equired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
ART I, LINE 2:					
UNDS AWARDED ARE PAID DIRECTLY O	N BEHALF C	F THE RECI	PIENTS. TH	E RECIPIENTS	
EVER HAVE CONTROL OVER THE FUNDS	, SO MONIT	ORING PROC	CEDURES ARE	NOT	
EQUIRED.					

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

GIRL SCOUTS - DIAMONDS OF ARKANSAS, OKLAHOMA, & TEXAS Employer identification number 71-0309373

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

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MISo	C and/or 1099-NEC	(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation (ii) Bonus & incentive compensation		(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) DAWN PRASIFKA	(i)	170,560.	0.	0.	11,939.	1,441.	183,940.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.		0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
_	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(II)								

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

GIRL SCOUTS - DIAMONDS OF ARKANSAS, OKLAHOMA, & TEXAS

Employer identification number 71-0309373

Par	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut	•	nts
4	Aut Morto of out		items continuated	Tomin 990, Fait viii, line 1g			
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -		4				
	Historic structures						
14	Qualified conservation contribution - Other			· ·			
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts		11	0.054			
25	Other (PROGRAM SUPPLIE)	X	11		FAIR MARKET		
26	Other (LIVESTOCK)	X	5		FAIR MARKET		
27	Other (EQUIPMENT)	X	1	5,000.	FAIR MARKET	VALUE	i
28	Other ()						
29	Number of Forms 8283 received by the organization which the provided in the second state of the second sta	-	•				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29			T
20-	During the year, did the organization receive by	oontributio		arted in Dort Llines 1 through	h 00 that it	Yes	No No
30a							
	must hold for at least 3 years from the date of the exempt purposes for the entire holding period?					30a	х
h	If "Yes," describe the arrangement in Part II.					30a	+*
31	Does the organization have a gift acceptance po	olicy that re	auires the review (of any nonstandard contribut	ions?	31	х
	Does the organization have a gift acceptance po						+**
uza	contributions?					32a	x
h	If "Yes," describe in Part II.					OZA	+
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is ched	:ked		
-	describe in Part II.	(0) 101	,pc or property	Millori Solamir (a) is office			

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

Schedule M (Form 990) 2023

GIRL SCOUTS - DIAMONDS OF ARKANSAS,

Schedule M	(Form 990) 2023 Supplementa	OKLAHOMA,	& TEXAS				71-03093	73	Page 2
Part II	is reporting in Par	I Information. Pr t I, column (b), the nu dditional information.	ovide the informa imber of contribu	ation required by tions, the numbe	Part I, lines 30b, 32b r of items received,	o, and 33, an or a combina	d whether the o	rganizatior o complet	n :e

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

GIRL SCOUTS - DIAMONDS OF ARKANSAS, OKTAHOMA & TEXAS

Employer identification number 71-0309373

OKLIANOMA, & TEXAD
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS REVIEWED BY THE CEO, CFO, AND AUDIT COMMITTEE PRIOR TO FILING
AND BOARD OF DIRECTORS AFTER SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF
INTEREST POLICY BY REQUIRING THAT ANY POSSIBLE CONFLICTS BE BROUGHT TO THE
ATTENTION OF MANAGEMENT AND THE BOARD.
FORM 990, PART VI, SECTION B, LINE 15A;
THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL IS
DETERMINED DURING AN ANNUAL REVIEW BY THE BOARD. THE BOARD SETS THE
COMPENSATION BASED ON THE ACHEIVEMENT OF GOALS AND COMPARABILITY TO OTHER
COUNCILS.
FORM 990, PART VI, SECTION C, LINE 19:
COPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL
STATEMENTS ARE AVAILABLE TO THE PUBLIC AT THE ORGANIZATION'S PHYSICAL
LOCATION LISTED ON PAGE 1, BOX C.