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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	r the :	2009 ca	lendar yea	r, or tax year beginning 01-0	1-2009 and ending 12-31-2009	9		
B Ch	eck ıf a	pplicable	Please	C Name of organization CAMP FIRE USA ALASKA COUNC			D Employer	identification number
☐ Ad	dress ch	613						
Г№	me cha	nge	label or print or	Doing Business As			E Telephone	number
┌ Ind	tial retu	rn	type. See Specific	Number and street (or P O box	r if mail is not delivered to street addres	ss) Room/suite	(907) 279	
Г те	mınate	d	Instruc- tions.	161 KLEVIN STREET No 100		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	G Gross receip	ots \$ 5,882,234
☐ Am	ended	return		City or town, state or country,	and ZIP + 4		1	
_		n pending		ANCHORAGE, AK 99508				
, ,,		. ponumy	E Non	L ne and address of principal o	fficer		J	_
				RA DUBOVICH	micei		iis a group reti ates?	urn for
				EVIN STREET No 100		4		,
			ANCHO	DRAGE, AK 99508			ll affiliates incl	
——— т Та	x-exem	not status	▼ 501(c)	(3) ◀ (insert no))(1) or	_		st (see instructions)
					7(1) 01 327	H(c) Gro	up exemption	number F
	ebsite	: ► WW	WCAMPFI	REAK ORG				
_			•	ion Trust Association Oth	ner 🕨	L Year of fo	ormation 1960	M State of legal domicile AK
Pa	rt I	Sumr		. ,				
	1			e organization's mission or r ALASKA COUNCIL BUILDS	nost significant activities CARING, CONFIDENT YOUTH	AND FUTUI	RE LEADERS	CAMPFIRE PROVIDES
		OPPOR	TUNITIES	FOR YOUTH TO REALIZE	THIER FULL POTENTIAL AND			
ĕ		DIRECT	ED INDIV	IDUALS				
喜								
Governance								
Ĭ	2	Check t	hıs box 🛏	If the organization disconti	nued its operations or disposed	of more than	25% of its ne	et assets
න් රා	3	Number	of voting r	nembers of the governing bo	dy (Part VI, line 1a)			312
Activities &	4	Number	ofındepen	dent voting members of the	governing body (Part VI, line 1b)	•	412
톭	5	Total nu	mber of en	nployees (Part V , line 2a) .				5 372
ă	6	Total nu	mber of vo	lunteers (estimate if necess	ary)			6137
	7a	Total gr	oss unrela	ted business revenue from P	art VIII, column (C), line 12 .	•		7a 0
	b	Net unre	elated busi	ness taxable income from Fo	orm 990-T, line 34			7b 0
					Prie	or Year	Current Year	
aı.	8			, , ,			1,943,454	
Rayenue	9			revenue (Part VIII, line 2g)		3,908,885	3,998,142	
	10				nes 3, 4, and 7d)		-230	,
	11		-	art VIII, column (A), lines 5			175,426	17,509
	12			dd lines 8 through 11 (must	equal Part VIII, column (A), line	₽	6,027,535	5,880,250
	13				umn (A), lines 1-3)		103,013	108,906
	14	Benefit	s paid to o	r for members (Part IX, colu	mn (A), line 4)			0
	15	Salarıe	s, other co	ompensation, employee bene	fits (Part IX, column (A), lines 5	i –		
Expenses		10)					3,665,463	4,076,599
₹	16a	Profess	sional fund	raising fees (Part IX, columi	n (A), line 11e)			0
五	b	Total fur	ndraising exp	enses (Part IX, column (D), line 25	5) • 323,301			
	17	Other	expenses (Part IX, column (A), lines 1	1a-11d, 11f-24f)		1,552,816	1,559,796
	18				l Part IX, column (A), line 25)		5,321,292	5,745,301
	19	Revenu	ie less exp	enses Subtract line 18 fron	n line 12		706,243	134,949
\$ ₹ \$ \$ \$ \$							g of Current Year	End of Year
Not Assets or Fund Balances	20	Totala	ssets (Par	t X, line 16)			2,795,518	3,102,604
쫑	21						347,201	<u> </u>
2 E	22			d balances Subtract line 21			2,448,317	<u> </u>
Pa			ature Blo				_,,	
		_			ned this return, including accompanying	schedules and s	statements, and t	to the best of my knowledge
		and belie	ef, it is true, o	correct, and complete Declaration	of preparer (other than officer) is base	d on all informa	tion of which prep	parer has any knowledge
Sigr	1	****	**			2010	11 11	
Her		I B	ture of office	er .		Date	-11-11	
		BARB	ara Dubovi	CH CHIEF EXECUTIVE OFFICER				
			or print nam					
		Preparer's	s k		Date	Check If	Preparer's ide	ntıfyıng number
Paid		signature		GETTY CPA	5	elf- empolyed 🕨 🦵	(see instruction	
	arer's					poiyeu r		
Use		ıf self-employed),					EIN 🕨	
	,	address,	and ZIP + 4	3601 C STREET SUITE 600			Phone no •	(907) 278-8878
	=	<u> </u>		ANCHORAGE, AK 99503			15116 /10 /	· · ·
May	the IR	S discus	s this retu	rn with the preparer shown a	bove? (see instructions)			▼Yes 「No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

CAMP FIRE USA ALASKA COUNCIL BUILDS CARING CONFIDENT YOUTH AND FUTURE LEADERS PROVIDE OPPORTUNITIES FOR YOUTH TO REALIZE THEIR FULL POTENTIAL AND TO FUNCTION EFFECTIVELY AS CARING, SELF-DIRECRED INDIVIDUALS

2	Did the organization und the prior Form 990 or 9		ant program se	rvices during the year	ar which were not listed on	┌ Yes ┌ No
	If "Yes," describe these	new services on Sc	hedule O			
3	Did the organization ceaservices?	ase conducting, or r	make sıgnıfıcar	nt changes in how it c	onducts, any program	┌ Yes ┌ No
	If "Yes," describe these	changes on Sched	ule O			
4		501(c)(4) organızat	ions and section	on 4947(a)(1) trusts	e largest program services are required to report the a n service reported	
4a	(Code) (Expenses \$	3,324,923	ıncludıng grants of \$) (Revenue s	3,626,249)
	CHALLENGING ACTIVITIES, ELEMENTARY SCHOOL WHE	LEARNING EXPERIENCES RE THE PARTICIPANTS A	S, AND MEANINGF ARE ENROLLED, C	UL OPPORTUNITIES FOR REATING CONSISTENCY F	OR THE CHILDREN AND ELIMINA	WHILE OFFERING THEM EACH PROGRAM IS LOCATED IN THE TING TRANSPORTATION WORRIES NKS SCHOLARSHIPS ARE AVAILABLE
4b	(Code) (Expenses \$	409,544	including grants of \$) (Revenue s)
	WITH SAFE AND PROTECTE	D PLACES TO PLAY, AN I N SKILLS THE PROGRAM	EXTRA MEASURE (MS ARE FREE OF (OF ADULT ATTENTION, AD CHARGE AND SERVE 300 \	OCATED IN LOW-INCOME NEIGHB DITIONAL HELP WITH HOMEWOR YOUTH DAILY THROUGHOUT THE	K AND OPPORTUNITIES TO EXPLORE
	(Code) (Expenses \$	553,611	including grants of \$) (Revenue s	371,893)
-TC	SUMMER CAMPING PROGRA WITH OPPORTUNITIES TO E LARGER THAN ONE'S SELF MEMBER EXPERIENCES A SI DESIGNED TO INCREASE SE APPRECIATION FOR THE NA RATE OF DROWNINGS IN T	AMS - RESIDENT CAMP A BE OUTSIDE, CONNECT V WITH THE SUPPORTIVE ENSE OF CONNECTEDNE ELF-AWARENESS AND PO ATURAL WORLD THE CO HE NATION, MORE THAN	AND DAY CAMP CO WITH NATURE, LE GUIDANCE OF CA ESS, AFFILIATION, DITIVE VALUES, II DUNCIL TEACHES ON TEN TIMES THE	DMBINED THE COUNCIL'S ARN NEW SKILLS, MAKE I RRING ADULT COUNSELOR BELONGING, SAFETY, AC NCREASE SOCIAL SKILLS COLD-WATER SURVIVAL T NATIONAL AVERAGE THE	S CO-EDUCATIONAL SUMMER CAI NEW FRIENDS, AND GET IN TOUC IS, CAMPERS BUILD THEIR OWN CEPTANCE, AND APPRECIATION AND SENSE OF BELONGING, AND	MPS PROVIDE 1000 YOUNG CAMPERS IN WITH A SENSE OF LIFE THAT IS JNIQUE COMMUNITY IN WHICH EACH SUMMER CAMPING PROGRAMS ARE INCREASE KNOWLEDGE OF AND A CONSISTENTLY HAS THE HIGHEST
4d	Other program service	s (Describe in Sch	edule O) See a	also Additional Data	for Description	
	(Expenses \$	•	luding grants o) (Revenue \$)
4e	Total program service	expenses ⊩ \$	4,297,72	6		

Dart TV	Chackli	ct of Do	auirad	Schedules
2 II T 1 A	CHECKII	SL UI KE	:uuneu	ociieuuie:

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part</i>			
	<i>IV</i>	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	26	Yes	

orm	990 (2009)			Page!
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
_	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	103	
	Statements filed for the calendar year ending with or within the year covered by this			
b	return			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		No No
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	79		110
	required?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the 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 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the			

161 KLEVIN STREET SUITE 100 ANCHORAGE, AK 99508

(907) 257-8817

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

Se	ection A. Governing Body and Management			
	Cool Al Governing Dody and Hanagement		Yes	No
1a	Enter the number of voting members of the governing body 1a 12			
b	Enter the number of voting members that are independent 1b 12	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		N o
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was			
_	filed?	4		No_
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		N o
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		N o
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
	evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11				
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by		100	
_	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	Yes	
			1 65	N.a
D	Other officers or key employees of the organization	15b		No
	These to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website. Another's website. Upon request.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			
	interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of t CARLA STEPHENSONDIRECTOR OF FINANCE	ne orga	ınızatıor	1 F

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

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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee										
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)				1		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Highest compensated employee Key employee Officei Institutional Trustee Individual trustee		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
RAY DINGER DIRECTOR	1 00	х						0	0	0
JOSEPH DARNELL DIRECTOR	1 00	х						0	0	0
MARK FRYER DIRECTOR	1 00	×						0	0	0
JACK GRIECO DIRECTOR	1 00	х						0	0	0
BARBARA HENJUM DIRECTOR	1 00	х						0	0	0
DIANNE TOEBE DIRECTOR	1 00	х						0	0	0
MATT KOLESKY SECRETARY	1 00	х						0	0	0
SARA PATE PRESIDENT	2 00	х		х				0	0	0
JOHN RODGERS TREASURER	2 00	х		Х				0	0	0
JOHN GLIVA 1ST VICE PRESIDENT	1 00	х		х				0	0	0
BARBARA ROSETTI 2ND VICE PRESIDENT	1 00	х		х				0	0	0
KEN LORD PRESIDENT EMERITUS	1 00	х						0	0	0
BARBARA DUBOVICH CHIEF EXECUTIVE OFFICER	40 00			х				106,325	0	20,363
CARLA STEPHENSON DIRECTOR OF FINANCE	40 00			х				61,244	0	14,412
1							_			

1b	Total	0		34,775
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1	•		
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	Individual	4		N o
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \(\mathbb{E}\)0			
		F	orm 990	(2009)

Page **8**

Form 990 (2009)

Form 990 (2009) Part VIII Statement of Revenue								
Part	/111 1	Statement	or Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
ats ste	1a	Federated camp	paigns 1a					
grai	b	Membership du						
fts, am	c	_	ents 1c					
<u> </u>	d e	Government grants	ations 1d s (contributions) 1e	1,103,984				
ons	f		ons, gifts, grants, and 1f	758,952				}
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no Noncash contri	ot included above butions included in					
a direction	-	lines 1a-1f \$	00,348	.				
<u>ة ن</u>	h	Total. Add lines	s 1a-1f	🟲	1,862,936			
e E		COLLOGI, ACE BROO	20.444	Business Code				
even	2a b	DAY CAMP PROGRA		624,410 624,410	3,626,249 284,774	3,626,249		
Program Serwce Revenue	"	RESIDENT CAMP P		624,410	87,119	284,774 87,119		
9. 2.	d			52 1, 113	37,113	0,,113		
ъ Б	e							
Ž Ž	f	All other progra	ım service revenue					
Ě	g	Total. Add lines	l 32a-2f		3,998,142			
	3		ome (including dividenc	. F	. = -			
			ar amounts) tment of tax-exempt bond p	-	1,563			1,563
	5			· · · · · · · · · · · · · · · · · · ·				
		,	(ı) Real	(II) Personal				
	6a	Gross Rents		16,642				
	b	Less rental expenses						
	С	Rental income or (loss)		16,642				
	d	Net rental inco	me or (loss)		16,642			16,642
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) O ther 100				
	b	Less cost or other basis and						
	С	sales expenses Gaın or (loss)		100				
	d	Net gaın or (los	s)		100			100
ດ່າ	8a	Gross income for events (not incline)						
Other Revenue		\$	reported on line 1c)					
e.	b	Less direct ex	a penses b					
₹	С		loss) from fundraising e	events ►				
	9a	Gross income f See Part IV, lin	rom gaming activities e 19 a					
	b c		penses b	vities				
	10a	Gross sales of returns and allo		2,314				
	b		oods sold b	1,984				
	С		loss) from sales of inve		330			330
	11a	Miscellaneous OTHER REVEN		Business Code 900,099	537			537
	b	O I HEK KEVEN	UES	,3				
	c							
	d	All other revenu	ue					
	е	Total. Add lines	s 11a-11d		537			
	12	Total revenue.	See Instructions	·	5,880,250	3,998,142	0	19,172

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.									
A	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	ot include amounts reported on lines 6b, o, 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 governments and organizations in the U S See Part IV, line 21								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	108,906	108,906						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	202,344		202,344					
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	3,262,710	2,797,166	299,385	166,159				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	22,428	13,573	8,049	806				
9	Other employee benefits	207,480	150,037	29,562	27,881				
10	Payroll taxes	381,637	331,166	35,379	15,092				
11	Fees for services (non-employees)								
а	Management	129,174	35,344	41,060	52,770				
b	Legal	652		652					
c	Accounting								
d	Lobbying								
e	Professional fundraising See Part IV, line 17								
f	Investment management fees								
g	Other								
12	Advertising and promotion	39,569	19,910	469	19,190				
13	Office expenses	92,967	47,904	41,862	3,201				
14	Information technology	33,660		33,660					
15	Royalties								
16	Occupancy	292,167	74,354	217,793	20				
17	Travel	122,286	99,985	17,189	5,112				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	34,323	17,712	7,645	8,966				
20	Interest	6,036		6,036					
21	Payments to affiliates	49,992		49,992					
22	Depreciation, depletion, and amortization	63,625		63,625					
23 24	Insurance	100,640	69,082	31,558					
	total expenses shown on line 25 below)								
а	PROGRAM SUPPLIES	403,987	403,987						
b	BANK FEES	62,479	52,669	9,760	50				
С	BAD DEBT	59,087	37,634		21,453				
d	MISCELLANEOUS EXPENSES	35,773	26,941	8,281	551				
е	EQUIPMENT	33,379	11,356	19,973	2,050				
f	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	5,745,301	4,297,726	1,124,274	323,301				
26	Joint costs. Check here ► ✓ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								
	campaign and landraioning solicitation	I	İ						

Pa	rt X	Balance Sheet					
				(A) Beginning of year		(B) End of year	
	1	Cash—non-interest-bearing		180,995	1	28,466	
	2	Savings and temporary cash investments		17,447	2	236,692	
	3	Pledges and grants receivable, net		1,183,757	3	732,577	
	4	Accounts receivable, net		40,381	4	69,455	
	5	Receivables from current and former officers, directors, trustees, key highest compensated employees Complete Part II of	employees, and				
		Schedule L			5		
	6	Receivables from other disqualified persons (as defined under section persons described in section 4958(c)(3)(B) Complete Part II of	n 4958(f)(1)) and				
		Schedule L			6		
ssets	7	Notes and loans receivable, net		977,000	7	977,000	
8	8	Inventories for sale or use			8		
⋖	9	Prepaid expenses and deferred charges		65,358	9	51,887	
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D 10a	, , , , , , , , , , , , , , , , , , ,				
	ь	Less accumulated depreciation 101	525,835	330,580	10c	1,006,527	
	11	Investments—publicly traded securities			11		
	12	Investments—other securities See Part IV, line 11			12		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)		2,795,518	16	3,102,604	
	17	Accounts payable and accrued expenses .		223,218	17	264,998	
	18	Grants payable		18			
	19	Deferred revenue		30,496	19	44,703	
	20	Tax-exempt bond liabilities			20		
<u>ē</u> ,	21	Escrow or custodial account liability Complete Part IV of Schedule D			21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties .		75,000	23	203,000	
	24	Unsecured notes and loans payable to unrelated third parties ${\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			24		
	25	Other liabilities Complete Part X of Schedule D		18,487	25	6,637	
	26	Total liabilities. Add lines 17 through 25		347,201	26	519,338	
φ		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and complete through 29, and lines 33 and 34.	lines 27				
inc	27	Unrestricted net assets		1,571,933	27	1,790,585	
<u>8</u>	28	Temporarily restricted net assets		876,384	28	792,681	
Fund Balance	29	Permanently restricted net assets		3.3,03.	29		
ū		Organizations that do not follow SFAS 117, check here ▶ ☐ and con	nnlete				
or F		lines 30 through 34.	присто				
	30	Capital stock or trust principal, or current funds			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31		
As	32	Retained earnings, endowment, accumulated income, or other funds			32		
Net	33	Total net assets or fund balances		2,448,317	33	2,583,266	
2	34	Total liabilities and net assets/fund balances		2,795,518	34	3,102,604	

Part XI Financial Statements and Reporting

			Yes	No			
1	Accounting method used to prepare the Form 990						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo			
b	Were the organization's financial statements audited by an independent accountant?						
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both						
	▼ Separate basis						
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No			
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 in Schedule O and describe any steps taken to undergo such audits	3b					

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection **Employer identification number**

Name of the organization CAMP FIRE USA ALASKA COUNCIL 92-0029613

Pa	rt I	Reas	on for Pul	olic Charity Stat	us (All orga	anızatıons ı	must compl	lete this par	t.) See ınst	ructions	
The	rganı	zation is	not a private	e foundation because	itis (Forli	nes 1 throug	h 11, check	only one box)		
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).									
2	Γ	A schoo	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	Γ	A hospi	tal or a coop	perative hospital serv	vice organiza	atıon descrıb	ed in section	170(b)(1)(A)(iii).		
4	Γ		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								
5	г	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	•	_	•	A)(iv). (Complete Pa	-		ээ. э. эр	, 9			
6	Γ	A feder	al, state, or	local government or	governmenta	al unit descri	bed in sectio	n 170(b)(1)(A)(v).		
7	▽	describ	ed in	t normally receives a		part of its si	upport from a	government	al unit or from	n the genera	al public
_	_			A)(vi) (Complete Pa		V :> /6					
8	<u> </u>			described in section							
9	ļ	_		t normally receives	• •		• •		•		-
		•		ties related to its ex	•	-			` '		
				ss investment incom						() from busi	nesses
40	_	•		anization after June 3	•			•	•		
10	<u> </u>			anized and operated							
11	ļ	one or r	nore publicly	anized and operated y supported organiza pes the type of suppo b Type II	tions describ orting organiz	oed in sectio zation and co	n 509(a)(1)	or section 50 11e through	9(a)(2) See	section 509	
e	Γ	other th		x, I certify that the con managers and oth							
f		If the o	rganızation r	eceived a written de	termınatıon f	rom the IRS	that it is a T	ype I, Type I	I or Type III	supporting	organization,
g		check t Since A		006, has the organiz	ation accept	ed any gift o	r contributio	n from any of	the		ı
_			g persons?								
				ectly or indirectly co	•	•		ersons descr	ibed in (ii)	110/1	Yes No
				governing body of the r of a person describ			10117			11g(i)	+
			•	ed entity of a person			0403			11g(ii) 11g(iii	
L				g information about t						119(111	<u>/ </u>
h		Piovide	the lollowin	g illiorniation about t	.ne supported	u organizacio	11(5)				
(i) Name o supporto organizat		ne of (ii) (described on col (i) listed in your governing		e ion in ted in rning	(v) Did you not organizat col (i) of suppor	ion in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?		
				instructions))	Yes	No	Yes	No	Yes	No	
-								1			
								1			
								1			
								-			
Tota	1		l	I	1	1	ĺ	1	I		1

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if yo	ou checked the	box on line 5, 7	7, or 8 of Part I.	.)			
	ection A. Public Support	1		1 1				
Cale	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual	868,21	4 2,249,698	1,138,381	1,943,454	1	1,862,936	8,062,683
2	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge	,						
4	Total. Add lines 1 through 3	868,21	4 2,249,698	1,138,381	1,943,454	1	1,862,936	8,062,683
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							
6	(f) Public Support. Subtract line 5 from line 4	n						8,062,683
S	ection B. Total Support	<u> </u>	1					
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	A mounts from line 4	868,214	24,347	1,138,381	1,943,454	1	,862,936	8,062,683
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	18,605	24,347	20,054	2,918		18,205	84,129
9 10	Net income from unrelated business activities, whether or not the business is regularly carried on Other income (Explain in Part	19,579	12,540	954	250		534	33,857
	IV) Do not include gain or loss from the sale of capital assets	19,579	12,540	954	250			
11 12	Total support (Add lines 7 through 10) Gross receipts from related activiti	as atc (Saa inst	ructions)			142		8,180,669
	·	,	·		01.	12		18,853,226
13	First Five Years If the Form 990 is check this box and stop here		· 	, tnira, rourtn, or fi	ntn tax year as a s	501(c)(3	organiz	
<u></u> 14	ection C. Computation of Pub Public Support Percentage for 2009			11 column (f))				00.560.00
		•		II Column (1))		14		98 560 %
15	Public Support Percentage for 2008	•	•		4.4 22 41=24	15		98 480 %
b	33 1/3% support test—2009. If the and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test-	alifies as a public organization did n qualifies as a pi	ly supported orga not check the box ublicly supported	nization k on line 13 or 16a organization	a, and line 15 is 3	3 1/3%	or more, o	▶ ✓
	is 10% or more, and if the organiza in Part IV how the organization med organization	ets the "facts and	l cırcumstances"	test The organiza	ition qualifies as a	a publicl	y support	ed ▶┌
b	10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.							
18	Private Foundation If the organizatinstructions	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this b	oox and	see	▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation

Schedule A, Part IV, Supplemental Information SCHEDULE A, PART II, LINE 10 MISCELLANEOUS INCOME - STATE OF ALASKA UNCLAIMED PROPERTY

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID: Software Version:

EIN: 92-0029613

Name: CAMP FIRE USA ALASKA COUNCIL

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services										
(Code) (Expenses \$	9,648 ınc	luding grants of \$) (Revenue \$)					
SERVICE LEARNIN	IG THE COUNCIL ENGAGES N	1IDDLE SCHOO	L YOUTH IN PROGRES	SSIVE EXPERIENCES THAT FOSTE	R					
COMMUNITY SERV	ICE THE PROJECT TERMINA	TED IN JUNE O	F 2009 STUDENTS GA	AINED A GREATER AWARENESS AN	ND SENSE					
OFCOMMMUNITY	WHILE PARTICIPATING IN T	HE INITIATION	, PLANNING, AND EXE	CUTION OF SERVICE PROJECTS						

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PROGRAM SUPPLIES	403,987	403,987		
BANK FEES	62,479	52,669	9,760	50
BAD DEBT	59,087	37,634		21,453
MISCELLANEOUS EXPENSES	35,773	26,941	8,281	551
EQUIPMENT	33,379	11,356	19,973	2,050

DLN: 93493315036310

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** CAMP FIRE USA ALASKA COUNCIL 92-0029613 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor	advised funds	(l) Funds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o	_			ed Tyes TNo
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit			,	purpose Yes No
Pai	rt II Conservation Easements. Complete	ıf the organızatıo	n answered "Yes	s" to Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space	- ·	Preservation o		ally importantly land area historic structure
2	Complete lines 2a-2d if the organization held a quali easement on the last day of the tax year	fied conservation c	ontribution in the f	orm of a co	nservation
					Held at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
c	Number of conservation easements on a certified his	toric structure incl	uded ın (a)	2c	
d	Number of conservation easements included in (c) ac	cquired after 8/17/0	06	2d	
3	Number of conservation easements modified, transfe the taxable year ▶	rred, released, exti	nguished, or termii	nated by the	organization during
4	Number of states where property subject to conserva	ation easement is lo	cated ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		oring, inspection, h	nandling of v	riolations, and Yes No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcin	g conservation ea	sements du	ring the year 🟲
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing co	nservation easem	ents during	the year ► \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	(d) above satisfy th	ne requirements of	section	┌ Yes
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	the footnote to the o			
Par	TIII Organizations Maintaining Collection Complete if the organization answered "				er Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibitio	n, education or res	earch in fur	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, ed			•
	(i) Revenues included in Form 990, Part VIII, line 1				► \$
	(ii) Assets included in Form 990, Part X				► \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS			ts for financ	
а	Revenues included in Form 990, Part VIII, line 1				▶ \$
ь	Assets included in Form 990, Part X				► \$

ion	
n	
	_ Г No
90,	
Yes	┌ No
ount	
Yes	No
(a)Four V	ears Back
(e)roul i	ears back
Yes	No
	┼
- + -	<u> </u>
<u>'</u>	
(d) Bo	ook value
5	787,301
	192,967
7	26,259
	1,006,527
	Yes

Part VII Investments—Other Securities. See (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total (Column (h) should agual Form 990, Bart V, col (R) line 12.)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. Ottion	
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) Should equal Form 990, Part X, col.(B) line 1	ne 15. vition	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	ne 15. vition	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,880,250
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,745,301
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	134,949
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	134,949
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	5,930,511
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	159,167
3	Subtract line 2e from line 1	3	5,771,344
4	A mounts 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		
b	Other (Describe in Part XIV) 4b 108,906		
c	Add lines 4a and 4b	4c	108,906
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	5,880,250
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	
1	Total expenses and losses per audited financial statements	1	5,795,562
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 159,167		
e	Add lines 2a through 2d	2e	159,167
3	Subtract line 2e from line 1	3	5,636,395
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b 108,906		
c	Add lines 4a and 4b	4c	108,906
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		5,745,301

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
		PART V, LINE 4 THE COUNCIL MAINTAINS A QUASI- ENDOWMENT FUND WITH THE ALASKA COMMUNITY FUND THESE FUNDS ARE 100% BOARD DESIGNATED FOR THE PURPOSE OF PROVIDING AN IMMEDIATE SOURCE OF SUPPORT TO FAMILIES IN NEED BY PROVIDING SCHOLARSHIPS FOR CHILDCARE, CAMP, AND COMMUNITY CENTER PROGRAMS PART X THE COUNCIL LEASES
		OFFICE EQUIPMENT UNDER A CAPITAL LEASE \$6,637 REPRESENTS THE LONG-TERM PORTION

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DLN: 93493315036310

OMB No 1545-0047

Open to Public

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Inspection

Employer identification number

CAM	P FIRE USA ALASKA CO	UNCIL					92-0029613	
Pa	rt I General Infor	mation on Grants	and Assistance				•	
1 2	Does the organization m the selection criteria use Describe in Part IV the o	ed to award the grants	or assistance?				•	▽ Yes ┌ N
Par	Form 990, Part	IV, line 21 for any r	Governments and recipient that receive 0) if additional space	d more than \$5,000	. Check this box if no	o one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(3)	(h) Purpose of grant or assistance

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS	126	108,906		FEE FOR SERVICE	
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					
Ident if ier	Return Reference	Explanation			
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 A SCHOLARSHIP APPLICATION IS COMPLETED SCHOLARSHIP APPLICATIONS ARE REVIEWED ON A CASE BY CASE BASIS BY THE C E O SCHOLARSHIPS ARE TRACKED AND MONITORED BY ACCOUNTING SOFTWARE			
	1				
					

DLN: 93493315036310

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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

NonCash Contributions

Name of the organization CAMP FIRE USA ALASKA COUNCIL

Employer identification number

					92-0029613			
Pa	rt I Types of Property			<u> </u>				
		(a) Check ıf	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(c Method of d revei	letermi	nıng	
_		applicable		1 g				
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Q ualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (CONSTRUCTION)	×	29		FMV OF ASSET LE INCURRED BY OR			
26	O ther ▶()							
27	Other ►()							
28	O ther ▶ ()							
29	Number of Forms 8283 received	by the org	anızatıon durıng the tax yea	ar for contributions				_
	for which the organization compl	eted Form 8	3283, Part IV, Donee Ackn	iowledgement	29			0
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti					30a	\longmapsto	No
	If "Yes," describe the arrangem							
31	Does the organization have a gif	tacceptand	ce policy that requires the r	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a		Νo
ь 33	If "Yes," describe in Part II If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

OMB No 1545-0047

Open to Public . Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Name of the organization CAMP FIRE USA ALASKA COUNCIL **Employer identification number**

92-0029613

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		BY LAWS ARTICLE IV MEMBERS MEMBERSHIP IN THE COUNCIL SHALL BE OPEN TO ALL YOUTH AND ADULTS THE MEMBERSHIP OF THE COUNCIL SHALL BE ALL PERSONS PARTICIPATING IN COUNCIL PROGRAMS, PERSONS INVOLVED IN DELIVERING SUCH PROGRAMS, ADMINISTRATIVE VOLUNTEERS AND MEMBERS-ATLARGE UPON BECOMING MEMBERS OF THE COUNCIL, INDIVIDUALS BECOME AFFILIATES OF CAMP FIRE USA CAMP FIRE USA ALASKA COUNCIL IS THE CHARTERD MEMBER OF CAMP FIRE USA THE BOARD OF DIRECTORS MAY ESTABLISH CATEGORIES OF MEMBERS, MEMBERSHIP DUES, AND PRIVILEGES PROVIDED THEY ARE NOT IN CONFLICT WITH THESE BY LAWS OR THE BY LAWS, POLICIES, REQUIREMENTS AND STANDARDS OF CAMP FIRE USA BOARD OF DIRECTORS, BY A 2/3 VOTE MAY TERMINATE OR WITHHOLD MEMBERSHIP, WITH OR WITHOUT CAUSE, PROVIDED THAT PROPER NOTICE IS GIVEN AND THAT THE MEMBER IS NOTIFIED THE VOTING MEMBERS OF THE COUNCIL SHALL BE ALL MEMBERS OF THE BOARD OF DIRECTORS NO OTHER MEMBERS OF THE COUNCIL SHALL HAVE THE RIGHT TO VOTE THE BOARD OF DIRECTORS MAY ESTABLISH A SUPPORTING MEMBERSHIP PROGRAM CATEGORY FOR FUND RAISING PURPOSES SUCH PERSON SHALL NOT BE VOTING MEMBERS OF THE CORPORATION OR AFFILIATES OF CAMP FIRE USA, UNLESS THEY ARE ON THE BOARD OF DIRECTORS OF CAMP FIRE USA ALASKA COUNCIL THE BOARD OF DIRECTORS MAY BESTOW HONORARY MEMBERSHIP BY A 3/4 VOTE AT A REGULAR OR SPECIAL MEETING HONORARY MEMBERSHIP CONTINUES FOR LIFE UNLESS RESCINDED HONORARY MEMBERS SHALL NOT BE VOTING MEMBERS UNLESS THEY ARE ON THE BOARD OF DIRECTORS OF CAMP FIRE USA ALASKA COUNCIL
Form 990, Part VI, Section A, line 8b		There are minutes kept for the board of directors meetings, but not for executive committee, finance committee, or any other sub-committees of the board
Form 990, Part VI, Section B, line 11		The 990 is reviewed by the Board Treasurer and Finance Committee, CEO and the Director of Finance Copies are provided to board members. The 990 is available on-line at www guidestar com. The organization allows public access to the most current three years 990 forms on the day of request for requests made in person. The organization will honor written requests for records within 30 days. Copies of Financial Statements, bylaws, articles of incorporation, etc., are made available to grantors as requested. Annual report brochures are mailed to members and constituents in conjunction with the Council's Annual Meeting.
Form 990, Part VI, Section B, line 12c		THE POLICY IS EXPLAINED IN BOARD TRAINING AND ORIENTATION BOARD MEMBERS SIGN CONFLICT OF INTEREST POLICY AGREEMENTS ON AN ANNUAL BASIS
Form 990, Part VI, Section B, line 15a		The Executive Committee reviews the CEO's performance annually based upon agreed upon goals and outcomes set each year for the next year Successful completion of goals and overall agency success is taken into consideration in determining any increases in salary. In addition, the Executive Committee review ed 990 forms from other similar organizations within the state of Alaska as well as other Camp Fire USA councils around the country of similar size and income/expenses for comparison purposes.
Form 990, Part VI, Section C, line 18		The 990 are available on-line at www guidestar com. The organization allows public access to the the most current three years on the day of request for requests made in person. The organization will honor written requests for records within 30 days.
Form 990, Part VI, Section C, line 19		Copies of Financial Statements, bylaws, articles of incorporation, etc., are made available to grantors as requested. Annual report brochures are mailed to members and constituents in conjunction with the Council's Annual Meeting.
FORM 990, PART XI, LINE 2C	COMMITTEE'S OVERSIGHT OF THE AUDIT	THE ORGANIZATION HAS A FINANCE COMMITTEE WHICH OVERSES THE PROCESS OF THE AUDIT
a a Danassusas la Da	duatan Ast Natas as	e the Instructions for Form 990 Cat No 51056K Schedule O (Form 990) 2'